

Holy Spirit Hospital, Makeni, Sierra Leone.

It is by no means the first time I have travelled in West Africa, so the heat and noise in the arrival hall in Lungi airport, near Freetown, are familiar. We present our Yellow Fever vaccination cards and landing permits. The landing permits seem of interest, but the vaccination cards get waved away.

Someone hands me a piece of paper with my name on it and motion towards the exit. I go outside of the terminal building. Amadu, the hospital's indispensable driver and general 'Mr Fix-It' has come to meet us. I immediately recognise him from previous teams' pictures: it is the same big, big smile.

We are on our way to the Holy Spirit Hospital in Makeni.



The hospital jeep is stuffed full and piled high with our suitcases and boxes of every conceivable piece of medical equipment and dressing we have borrowed, bought or been given. We are even bringing anaesthetic gases with us to try the new anaesthetic machine. We are the first team to have the luxury of an anaesthetic machine, but there are no anaesthetic gases in Sierra Leone. None: I checked. So we had to buy them, in fact the anaesthetist paid for them, drove to Heathrow to the freight forwarder and had them packed for the flight.

Customs' memory is jogged by a little cash and a small cardboard box filled with green polystyrene and bottles of volatile anaesthetic is found the next morning in a warehouse piled full of other boxes. I can't see how anyone can find anything in there.

As we drive off, I wonder whether the anaesthetic bottles are safe in the camera bag, but nobody seems to drop off to sleep.

Sierra Leone lies on the west coast of Africa; covers an area of about 30,000 square miles and has a population of 5.5 million (WHO 2010). Typically of African countries, it is a collection of many tribes whose territories have little to do with political borders. In Sierra Leone there are about 20 tribes, the largest being the Temne in the north and the Mende in the south. The

majority are Muslim, then Christian and animist; and the country is famed for the peoples' religious tolerance.

In the 17th century many slaves were brought to America from Sierra Leone. In 1787, the British help freed slaves return to Sierra Leone to what was named the 'Province of Freedom'. This was the beginning of Freetown. In 1792, Sierra Leone became the first British colony in West Africa and the educational centre of British West Africa.

In 1961 Sierra Leone gained independence. Intermittent stability followed, until early the 1990s when the country enters a 10 year long vicious civil war which ends in January 2002. The civil war notoriously sees many, many systematic amputations of an unimaginable scale. People are asked whether they wanted short sleeves or long sleeves....i.e. where do they want the amputation.

As we drive through Sierra Leone, it strikes me how lush the countryside is. It is true we have arrived in the rainy season, but I have the impression that if I stay still long enough, I will sprout roots and leaves.

It is green.

In fact I have never seen so many shades of green.



The Holy Spirit Hospital (HSH) in Makeni was established 10 years ago by Dr Patrick Turay, with two nurses and two rooms. With the help of the Italian Diocese and a lot of determination, the Holy Spirit Hospital now has 70 beds, an Outpatients Department, x-ray, a Pharmacy and two operating theatres.

Italian surgeons, from the Don Gnocchi Foundation (<http://www.dongnocchi.it/>), identified the HSH for potential development in 2005 and built an operating theatre, but money ran out in 2008.

Tom Johnson, a former US Peace Corps volunteer in Sierra Leone, who now coordinates the efforts of local physicians, volunteer surgeons and medical missions, approached ReSurge Africa (<http://www.resurgeafrica.org/>) for help in 2009.

Later the same year the first ReSurge surgical mission arrived at the Holy Spirit Hospital.

In 2010 the British Society for Surgery of the Hand (BSSH) (<http://www.bssh.ac.uk/>) agreed to provide funding, which was used to provide a regular stream of teams of Hand surgeons, both from Orthopaedic and Plastic Surgery, Anaesthetists, Hand Therapists and Nurses to the Holy Spirit.

The programme so far, has assessed over 850 patients and conducted over 230 operations. Often the problems are complex and require multiple operations in staged reconstructions. This is only possible due to the regular visits, full teams, accurate hand overs and expertise. To date the BSSH has funded the airline ticket, the compulsory landing permit and the first night's accommodation for 9 teams, and a further 7 teams are scheduled to visit during 2012.

Usman, our cook, greets us and insists we eat lunch. I soon see why: about 100 patients are waiting and we have work to do. There is barely time for proper introductions to the local staff, but they seem to take it in their stride. Everybody gets stuck in, falls into a rhythm and the operating lists fill up. Theatres are inspected, and after assurances to the remaining patients that we will come back tomorrow, we retire. It is 8 pm.

We are exhilarated and exhausted.



We sleep in a little compound, set across a wasteland behind the hospital. The wasteland is used by the local boys as a football field, and sometimes, on our way home, we get to return a wayward ball to great encouragement from the footballers, though I don't think they are impressed with our footballing skills.

The walls around our accommodation are topped with barbed wire; both houses have iron doors and Ibrahim, our watchman, is always around. I am sure the precautions are from days gone by, but I feel safe.



Two of us take a stroll in the streets behind the hospital and suddenly a small girl runs up to me and flings her arms around my knees (she can't reach much higher) and I recognise her: she is Ibrahim's daughter, a very pretty 3 year old, who was introduced to us a few nights ago.

The children drag us over to their house and we are introduced to everyone; it is obviously hair plaiting day. Everyone shakes hands and I try to remember all their names.

The prevalence of HIV in Sierra Leone is 1.6%: 8 times higher than in the UK (<http://www.avert.org/africa-hiv-aids-statistics.htm>). Malaria protection is essential (Malorone) and recommended vaccinations include Hepatitis A, Hepatitis B, Typhoid, Polio and Yellow fever (without which you can be denied entry), MMR and Tetanus. Two kits for post-needlestick HIV prophylaxis are available in the accommodation, should we need them, and the laboratory can turn around a HIV test in 30 minutes.

Many homes still use Kerosene for cooking and lighting, and there is no available treatment for Burns. Khediya is 7; suffered extensive burns of her upper limb and chest. She cannot straighten her elbow, so she is listed for an operation to release the constricting scar tissue.



We see smaller patients with inborn problems: radial club hands with floppy wrists, and missing thumbs, and lots and lots of bone infections (osteomyelitis) from untreated ulcers and open fractures. It is not surprising as there is very little treatment available for broken bones. Sometimes someone, somewhere, puts Plaster of Paris on some fractures, but when the plaster is removed there are often festering wounds underneath.



Kabba was treated by a witch doctor. A previous team released his wrist: our team releases his fingers and puts another flap over his finger joints. This flap will need to be divided later by the next team or by John Kanu, the local scrub nurse.

Kabba writes to me and sends a letter, enclosing a picture of himself with the next team. As he puts it: the 'sequential operations will make him half way perfect'. That is good to know. He is a young man and can now use his hand to work, to hold down a job and to provide for himself. In a country like Sierra Leone, if you can't work, you can't provide for yourself; there is no social security. There are no benefits. And this is what Hand surgery does: it provides the opportunity for people to regain the use of their hands; to earn their living, and survive.



Most of Sierra Leone's hospitals and doctors are concentrated in Freetown. The WHO bulletin in 2010 counted 80 doctors in the country (<http://www.who.int/en/>). The US Embassy lists 40 doctors in Freetown (<http://freetown.usembassy.gov/index.html>)

- In any case, it is not many, and nowhere near enough.

The Mercyship lies in Freetown's harbour, when we are there (<http://www.mercyships.org.uk/>) and once they know we are at the Holy Spirit Hospital, they refer all their hand injuries and burns contractures to us. There is a steady flow of emails, with pictures of children with burns contractures and phone numbers for us to contact them. We try and get as many to Makeni as possible, but it is 3 hours away from Freetown and some can't make it.

The BSSH visits are announced nationally and people come with all sorts of medical problems. Some we can help, some we can't. One afternoon a car pulls up to the front entrance of the hospital carrying an elderly lady who was knocked over by a motor bicycle. She has broken her wrist, her leg and probably a rib or two. These are the only acute fractures we see during our trip. We put her arm and leg in plaster. She'll probably heal well as it is a simple treatable injury, but had we not been there she would not have been treated.

We see children with bowed legs who can barely walk, stroke patients, cerebral palsy patients, chronic dislocated elbows, shoulders and kneecaps, facial and intra-oral tumours, cleft lip and palates, brachial plexus injuries, bones sticking out through the skin from non-united fractures and ulcers. Lots of ulcers. Some from small abrasions, some from tropical infections; some from plain infections.

One of our patients is a war amputee; he plays on the local amputee football team. Now he has an ulcer on his remaining leg. He can't afford to lose that one too. We need to treat it. The whole team including the 4 UK medical students who are on their elective at the Holy Spirit Hospital are invited to watch the amputee football match at the weekend. The match is played in the football field behind the Bishop's offices in Makeni, and Usman and his son walk us there. We arrive as the players are warming up; some are missing a leg, some a hand, some an arm.

It is a terrific match. The crowd cheers on from the sides, interfere, and have to be asked to step back behind the stones which mark out the touchlines.

I can see the men talking serious football with some of the small boys.



ReSurge is funding Dr Eric Wongo, a local doctor, to be trained in surgery in Ghana. When he is finished he will come back to Makeni and the visiting teams will teach him all they can. Further interviews are being held to identify another surgeon for the reconstructive unit at the Holy Spirit Hospital, but it takes time to find the right doctor. Funding to fly Dr Wongo to Makeni for some of the BSSH visits for training is being sought. A return ticket from Ghana to Sierra Leone costs £500 with Kenya airlines.

In the meantime John Kanu, the local theatre nurse, has been taught to use the K-wire driver, take partial and full thickness skin grafts, debride wounds, remove smaller lesions and divide flaps, as well as basic wound care.

The nursing staff and student nurses are being taught, wound care and the use of different dressings so, if they will have access to dressings, they know how to use them correctly. Francis, the therapist, has been taught soft and hard casting, post op hand therapy for the operations we have done, rehabilitation and preparation for surgery of the chronic conditions we see.

There is no twilight in Africa; darkness arrives quickly. The local toads don't seem to mind our torchlights and there is a smell of wood fires in the air as we walk home.

We are due to leave all too soon, and the last day Amadu takes us to the beach on the way to Freetown and the airport. We walk on the sandy white beach: beautiful, were it not for the litter everywhere, including used syringes and dirty needles.

We quickly put our shoes back on.

As we cross from Freetown on the ferry to Lunghi, I wave at the Mercyship though I don't think anyone there can see me.

*It was a good trip. I think we managed to help some people.
We'll be back.*



Barbara Jemec, January 2012