

Anaesthetic Report

MOTEC TRIP JUNE 2008

By Dr. Christine Ama Amakye

We arrived in Accra on the evening of Friday the 13th of June with Mr Paul Ofori-Atta after a pleasant flight.

I met up with Veronica MacQuarshie, Atul Kamat, Vimisha and Paul Ofori-Atta on Sunday the 15th at 1pm the Lister hospital from where we went to lunch at Golden tulip Hotel.

We were picked up by Akosombo hospital transport after lunch and taken to Akosombo where we were accommodated for our four day stay.

We met up with Dr and Mrs Nkrumah Mills on Monday the 16th as well as the Medical Superintendent Dr Rebecca Arhin. We spent the whole day in orthopaedic outpatients clinic with Drs Agbemey (resident orthopaedic surgeon) and Berko (Surgical Resident in training from Komfo Anokye Teaching Hospital, Kumasi). We saw a total of 32 patients and compiled theatre lists from the clients seen that would span the next three days.

Tuesday we spent the whole day operating in theatre in company of nurse anaesthetists Mrs Josephine Opare, Mr Benjamin Boateng and senior nurse anaesthetist Mr Isaac Hammond.

Akosombo hospital had not acquired a new anaesthetic as suggested in February but we were assured that it was being worked on and the suggestion had been taken very seriously. We used the machine brought by the visiting anaesthetist.

We met up with old friend and patient Mrs Grace Boahemaa who was a whole lot better after the operation to her leg in April.

I anaesthetised my first patient with sickle cell disease. He had a total hip replacement under regional block where exchange

transfusions are never practiced pre-operatively in sickle cell patients. There are no active warming facilities and oxygen is almost never used on the ward. His peri-operative management was arranged with great precision and care. He was very well the next morning, sitting up in bed about to have his breakfast when we visited. Very successful outcome!

It was disappointing to find that the pre-assessment form which was completed on the February visit before we left, was not up and running when we arrived on the June visit. This was discussed this with Dr Nkrumah-Mills and he said it was having a final review and would be printed and in use by the next visit.

A couple of days were spent in theatre operating and some good work was done. The hospital surgeons and nurse anaesthetists were in close attendance.

I was very happy to hear pethidine was now being used in the regional anaesthesia for hernia repairs. Late afternoon lectures were given from 5 till 6.15 during our stay at Akosombo.

We moved on to Nkawkaw and did a tour of the hospital with the medical director. We were housed for the stay. An orthopaedic clinic was held for 60 patients. One patient was operated on. He was a protégé of the nuns working there. Lectures were given to the Nkawkaw Nursing Training College, which were well received.

The visit to Koforidua was short.

On the visit to Pramso lectures were given. Some of the team spent time in the theatres with staff. We were accommodated in a very nice hotel for the period, as the accommodation was not suitable for the group,

The visit to Sefwi Asafo was an eye opener. It is a very isolated hospital with very hard working and dedicated doctors and nursing staff but very overworked. The surgeons had to multi-task across surgical specialities as a matter of routine.

The theatre environment and equipment were in a sorry state. The anaesthetic machine was extremely inadequate. There were no recovery facilities. A lecture given on pre-operative assessment and was well received. The medical and nursing staff were encouraged to help each other out and not work in isolated pockets.

We looked at two buildings, one for an intravenous fluid factory and the second for the set up of a state of the art surgical centre. There are plans afoot to turn the project into reality. We were accommodated in the monastery.

Suggestions for the future:

To give one or both **anaesthetic machines** to Asafo as would be of most benefit to them out of all the hospitals that we visited.

Theatre shoes – My hospital the QEII is changing over to washable footwear and therefore will be plenty good quality ones to send to Ghana.

Anaesthetic charts in Ghana to be updated and made more user friendly to accommodate more information to make it a proper legal document

Consent forms: To educate surgeons and theatre staff to give proper explanations to patients and put specific details of operations and complications on them

Pre-assessment: impart the importance of giving a safe anaesthetic to patients in optimal clinical condition.

Pain relief: To impart importance of benefits of good analgesia to patients and use the drugs available in an efficient way. The range of drugs could be expanded but may not be possible due to economic input.

Educate doctors on how to mix and match **analgesics** without putting patients at risk: especially non-steroidal anti-inflammatory drugs.

Watch for antagonistic attitudes from Ghanaian hospital staff and try to work round them. **Our aim is to help and improve.**