Treating Patients in Nepal

By: Phillip Guillen, M.D. ‘10

On May 3rd one of my attendings, Dr. Scott Nelson, who recently won the AAOS (American Academy of Orthopedic Surgeons) humanitarian of the year, was contacted by the Adventist hospital in Nepal, Scheer Memorial, requesting urgent surgical assistance. He had been the primary responder to the 2010 earthquake in Haiti and had operated daily for 3 months there and was well versed in urgent surgical mobilization during a disaster situation. They always include a chief resident on their international trips and I was asked to join the small surgical team consisting of two orthopedic surgeons, one scrub nurse, one anesthesiologist and a logistics manager. Prior to the departure we packed up 26 suit cases full of operative material including mostly donated Synthes and Zimmer screws, plates, fixation systems, gowns, gloves and many OR instruments. In addition we brought with us supplies for local, regional and general anesthesia. We were essentially a walking OT (operating theater).

It was unsettling to arrive in a country just one week after a 7.8 earthquake knowing there would be aftershocks and almost anything could happen. You become very hyper vigilant. Living on-site at the hospital we had to boil and purify our drinking water. The day after we arrived there were already four surgical cases in the OT where we were asked to help the local orthopedic surgeon, as he was overwhelmed with the amount of patients needing orthopedic care. Most of the surgical cases were spine, calcaneous and long bone lower extremity fractures from those who jumped from buildings and houses.
Their drills had batteries, which, needed sterile gloves wrapped around them, and some parts of the drill were just sterilized by spraying alcohol to the exposed piece. All the gowns were cloth as were the drapes and 99% of anesthesia delivered was regional or local, very little general anesthesia was used. The supplies we had brought assisted with the surgical fixation and also helped stock their OT for future operations.

There were a few aftershocks, which occurred either during a breakfast or late in the afternoon. They lasted 2-5 seconds and felt like the earth had collided with another planet for a split second making a loud cracking sound and shaking the earth. I didn’t understand it at the time, but every time we felt an aftershock, one could hear screaming, shrieking and the pounding of footsteps as people were very stressed and traumatized thinking it would be another large earthquake. We had large cracks in the walls throughout the hospital and none of us knew how safe it was to even operate in the buildings that stood. We became acquainted with other local orthopedic surgeons 20 miles down the road in Dhulikhel, another city. They were more of a university-based hospital and we performed most of our spine surgeries and pelvic fractures there with their local surgeons. The breaks were short and the OT staff would have home made Nepalese noodles and rice for use to eat in-between operations.

In the afternoon on May 11th I was placing my last cortical screw into the ulna bone of Ram Chandra Regmi, a 47-year-old Nepali man, when there was a rumble and the building began to shake. After it lasted more than five seconds I knew something was very wrong. The entire building began rocking back and forth each time with more force. I remember wanting to run to an open doorway, then, I realized we couldn’t leave the patient. I looked at the Nepalese surgeon, who was operating with me, then at the surgical tech and finally at the patient. I knew we had to stay. Nepali Doctor, Pramod Baral, put his hand on the patient and emphasized that we were here for humanitarian work and God was with us. That helped calm me down. Then the building started to
shake with more force than I knew was possible. I sat there feeling so helpless with that realization that hits you when you know you have no control of life and death. I was just waiting for the roof or walls to begin collapsing. The shaking would not stop and we all just sat looking at each other, holding the patient.

The shaking stopped and the building hadn’t collapsed. I don’t know why, but at that moment it felt like I was accepted as more than a helping hand but as a brother among the people who now endured the trauma, endured the fear and we were all there doing God’s work. The meaning of serving others meant something different that day and the days after that incident. I can’t explain the difference, but I think because it was, maybe, the first time I felt selfless out of all the mission trips I have been on. Even though we are there to serve and there to help, this felt different. It was as though when your life is potentially on the line while serving there is no other secondary gain, even if it is as little as feeling better that you helped. There is nothing but you, death and the service you are rendering for someone who needs it. It is a feeling I hope to never forget.