

# Three Weeks at Kagondo (Tanzania) with ‘Einstein’

***“I go back because without me, much of the orthopedic problems would go untreated.” This is a report from our Board Member Wend Schafer, who gives hope to some nearly crippled patients in Tanzania.***

This was my 7<sup>th</sup> trip to Kagondo St. Joseph Hospital in the NW corner of Tanzania on the shores of Lake Victoria. At age 77, I find some of the days very stressful but I made it through the journey. I was joined by RN Tom Marsh who spent his entire civilian career in the operating room. Tom and I had other common bonds. He spent 2 years growing up in Pewaukee, WI, my home town. We were both in the Navy. Tom was a Navy corpsman and served 13 months with the USMC defending a hill in Viet Nam. Tom was in the thick of combat. The next two corpsmen that replaced him were both killed on that hill.



Kagondo is the North West part of Tanzania, on the shores of Lake Victoria

As I am near the end of my volunteer life many of you may wonder why I go back. I go back because I can still perform the surgical procedures and without me, much of the orthopedic problems would go untreated. I return to Kagondo because we have the freedom to work to late into the evening and the staff are better trained than anywhere I have been. We have good equipment and the hospital is clean and orderly.



Kagondo wards

The goal is to reach a point where the Tanzanians do not need our help anymore. We have three Tanzanian orthopedic surgeons who come there from Mwanza one to two times a year. When the residency in orthopedic surgery starts, we envision that the residents will travel to do surgery under

supervision of a senior staff surgeon from Bugando Medical Centre in nearby Mwanza.

We held Saturday morning clinics at the IZAAS Islamic charity on two occasions and a third Clinic at the Mugeza School for the Handicapped. The children at Mugeza live in isolation and rarely, if ever, see their parents. A large number of the students there have spastic cerebral palsy with tight joints in the lower extremities. In some cases, the hips are so tight that they urinate on themselves. At this point we were unable to offer any surgery for Mugeza children because we could not get parental consent. We are working with Bishop Kilani to develop a power of attorney for health care to be given to the board that runs the school.



This little boy has a severe gibbus or hump in the spine from kyphoscoliosis which reduces his lung capacity to under 40%. He was having difficulty breathing and will have a short life span. The likely cause is tuberculosis of the spine. I wanted to send him to the university in Dar es Salaam.

Spinal deformity



This little girl had one of the most disabling burn scars I have ever seen. Her hand was flipped 180 degrees to be scarred against the back of her wrist. I could have released the scar and attached the open area to skin from the abdomen. The abdominal area is then covered with a split thickness skin graft

Burned hand

which would be taken by our wonderful Padgett dermatome. We had no way to get parental consent, but perhaps on the next trip? We saw over 20 patients at Mugeza.

We saw this little girl in the IZAAS clinic. She is about two years old and had been given a child's walker. On the L side she had a congenital amputation and on the R a large section of her femur was missing. She hopped all over the clinic on one foot and was obviously very proud of herself. We were able to fit her with a prosthesis at our Jaipur Center for artificial limbs.



Congenital amputee



The girl who didn't show



Child with bow legs corrected

We performed 55 procedures and 41 were major cases. Many procedures were done on little children with bowed legs or knock knee deformities which I did not feel would self-correct. If they are not operated on, they end up like the girl in figure on the left. We gave this girl bus fare to the hospital but she pocketed the money and did not show.

We did three SIGN procedures. Pictured is a man with a nonunion of a fractured tibia, 5 months old and originally open. The cause was a MVA which is the new epidemic in developing nations. The usual victim is a man who is head of household and then the family is thrust into poverty. We are currently the only SIGN center in the area.



Figure 2 pre op tibia

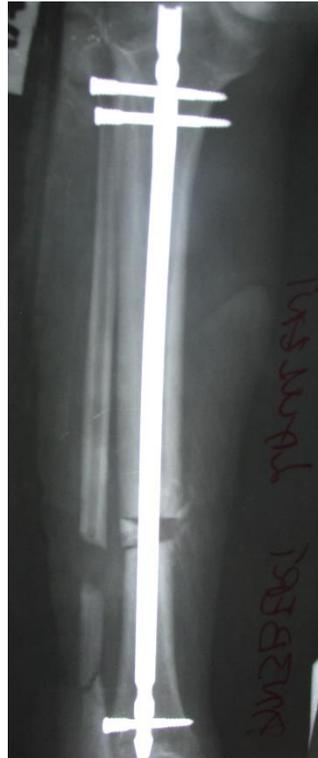


Figure 1 Post op AP



Figure 3 post op lateral

Finally, who is Einstein? You can figure it out from the pictures. Tom has a head of hair that would rival Einstein. He was a great companion and helped me through some tense days. It was amazing to watch him interacting with the children at the school for the deaf at Mugeza. He pumped up a soccer ball and threw it onto the field; the kids went wild kicking the ball all over the place.

At the handicapped school he brought sun glasses for every one of the 59 albino children there and little gifts for all of them as well.

Tom was indispensable in the theatre. He taught the staff on preparation for procedures and instrument selection and sterile technique including “no touch gloving”.



Figure 4 Wend Tom & Angelo



Tom & staff



Figure 13 blessing from Sr.

I hope I have one more trip in my future. Next year I hope to go with my fellow Rotarians who will care for the albinos and the deaf children at Mugeza. Next Rotary grant- rain collection system.

Wend Schaefer, M. D.