

LOMA LINDA UNIVERSITY • DEPARTMENT OF SURGERY • DIVISION OF PLASTIC & RECONSTRUCTIVE SURGERY

OPERATION GOOD SAMARITAN



DAMOH, INDIA
February 2004

MISSION TRIP REPORT



Authors

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Faith At Work

“For even the Son of Man did not come to be served, but to serve...” *Mark 10:45*

And so our mission team approached the journey to the Central India Christian Mission as an opportunity to serve, and to “give back” some of what we have so abundantly been blessed with—technical skills, knowledge, technical equipment. What we did not know was that we received so much more than we could possibly give to these people.

The humility, graciousness, and hospitality, with which we were met, even at 3 am in the morning, were the living testimony the people at the Mission were to us. Our patients were not the only ones to be privileged with a “once in a lifetime” opportunity. In the two weeks spent with these people, we saw how abundantly God blesses and answers prayer when you only open the door and allow Him to. By making themselves available to Him, the Central India Christian Mission showed us that, indeed, with God all things are possible. It was our privilege to have been in their midst, and to be blessed alongside them as they sought to do God’s will for the people of India.

The Good Samaritan



A man was going down from Jerusalem to Jericho, and he fell among robbers, who stripped him and beat him, and departed, leaving him half-dead. Now by chance a priest was going down that road; and when he saw him he passed by on the other side. So likewise a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan, as he journeyed, came to where he was: and when he saw him, he had compassion, and went to him and bound up his wounds, pouring on oil and wine; then he set him on his own beast and brought him to an inn and took care of him. And the next day he took out two denarii and gave them to the innkeeper, saying 'take care of him; and whatever more you spend, I will repay you when I come back.

*from the Gospel of Luke,
Chapter 10, Verses 30-37*



Operation Good Samaritan



Operation Good Samaritan mission trips bring treatment to children and adults in underserved regions of the world who are suffering with congenital or acquired deformities. At the same time, the program provides international outreach experience through medical mission trips for residents and attending physicians in the Division of Plastic and Reconstructive Surgery.

Since its inception in 1987, Operation Good Samaritan volunteers have provided care and training around the world, freely donating their time and efforts "to make man whole."

Mission Statement

- To provide direct patient care in underserved regions of the world
- To train local caregivers in these developing regions
- To inspire our residents to a lifelong commitment of international service to promote health, healing, and wholeness





The Mission Trip

February 2004

Operation Good Samaritan is committed to providing free surgery in underserved regions of the world for individuals who through no fault of their own were born with terrible disfigurements or experienced traumatic childhood accidents.

On January 29, a team from Operation Good Samaritan departed from Loma Linda, USA to Damoh, India.

Damoh is smaller than the state of Connecticut and has a population of over 1 million. Infant mortality is 123 in 1000 births compared to just 6.9 in the United States.

Plagued by drought and earthquake, and with very few natural resources due to it's landlocked location, Damoh remains poor, with 55% of its population living in poverty.

The target of this mission trip was the Central India Christian Mission.



Statistics of Damoh

District: Madhya Pradesh

Area: 7,306 km²

Population: 1,081,909

Infant mortality rate: 123/1000 births

One in 9 children dies before age 5

Central India Christian Mission

Central India Christian Mission (CICM) was established by Ajai and Indu Lall in 1982. Interestingly, Mrs. Lall's father was a plastic surgeon missionary who worked at a leper's colony.

The primary task of the mission is Evangelism and Church planting. Over the past 20 years, they have established 375 churches throughout India and into Nepal.

They have also focused on Leadership training with the Central India Biblical Academy and the Mid-India Christian Services.

The mission has a burden for the children, who are often sold into bondage. Over 44 million children between the ages of 5 and 14 are employed as child labor.

Although slavery is illegal, the government turns a blind eye as parents are forced to sell their children to make rugs, marble arts, and other things.

The mission has made a commitment to buy these children back—some of whom have grown up to work for the mission and become strong church leaders. One of their early rescuees will be starting medical school this year.

More recently, they have developed their commitment to medical care as a means of serving the people and evangelizing. In addition to this Mission Hospital, they have an eye hospital, outlying clinic, and provide periodic cancer screening and wellness camps. At the facility we were at, they had an ultrasonographer, radiologist, two gynecologists, EKG, and a surgeon.

CICM Mission Statement

To provide compassionate competent and quality health care to all regardless of religion, community and socio-economic status with focused emphasis on the poor, discriminated and underprivileged.





We Praise God for our partnership with Loma Linda University

Loma Linda, California, USA

**Central India
Christian Mission**

Overview

Our partnership with Central India Christian Mission began when Dr. Linda D'Antonio responded to an email from the Lalls on the American Cleft Palate-Craniofacial Association website, which asked for someone to train their surgeon to do cleft repairs.

Dr. D'Antonio met Dr. Rajesh, Medical Director of CICM, for the first time in October 2002 while she was in Chennai (formerly Madras) in Southern India. She was impressed by the compatibility of their needs with our goals and so in January of 2003, she asked Dr. Anil Punjabi to go for a site visit. He performed the first 15 cleft lip and palate repairs in Damoh.

One year later, we were able to send a full team of four attendings and two residents. The trip was structured so that we residents stayed for the full two weeks for continuity, while the attendings took shifts according to specialty. Dr. Andrea Ray screened and operated for the first five days, then Dr. Duncan Miles came for two days. Dr. Anil Punjabi arrived for five days following Dr. Mile's departure.

The two residents were Dr. Georgeanna Huang and Dr. Andrew Wongworawat.

The Operation Good Samaritan team arrived at Damoh on Monday, February 2, 2004. Over the next two weeks, more than 400 patients were seen and examined. Of those, 61 surgeries were performed. Types of surgeries ranged from cleft lip repair, cleft palate repair, release of burn contractures, and hand surgery. The combined worth of the surgeries exceeded \$300,000 for an investment of only \$11,000.

Financial Summary of Mission Trip

Patients seen: 400+
Surgeries performed: 61

Investment: \$11,000
Worth of surgeries: \$300,000

Types of surgeries performed:

- Cleft lip and/or palate repair
- Release of burn contractures
- Hand surgery



First Day

Monday - February 2, 2004

Although we arrived at the Damoh train station two hours late at 3 o'clock Monday morning, we were greeted by a crowd of over 50 people. After the formalities, we were taken to our quarters to unpack and get ready for clinic later that day.

Before starting clinic, a welcome inaugural ceremony was conducted followed by a tour of the facility.

A large tent had been set up for families who had walked several hundred kilometers. Some had come from as far away as Delhi.

Many patients stayed for the full two weeks of our stay, waiting patiently,



▼ Poster advertising Operation Good Samaritan



hoping to meet the criteria for surgery.

Several weeks prior to our arrival, the Mission Hospital had put up advertisements and sent teams of people to remote places to spread the excitement that we were coming.

Over 500 people registered at the hospital to be seen.

Inside the hospital, a ward consisted of ten or more patients sharing the same room. There was a general ward, as well as one for women, and another for children.



After the ceremony and tour, which was around 1 o'clock in the afternoon, we started setting up for the clinic. An electronic database was created to keep track of patients seen. Dr. D'Antonio was designated as our official record keeper.

Once we were ready, the doors were opened for clinic. It didn't take long before we were overwhelmed by the sheer number of patients and types of deformities that we encountered.

In the first day alone, we screened over 200 patients, diagnosed them, and entered them into our database. As we saw each patient, we had to categorize the severity of their disease as well as prioritize them in order select cases for surgery.



At first, triaging the patients seemed easy. Young women should have the highest priority because the stigma associated with their deformities prevent them from getting married. Older children came next in line, followed by the youngest kids who may have future opportunities for repair. Adult men was placed in the last category.

After the first hour, it became apparent that the criteria system was under strain. As more and more patients streamed through the door, it literally became impossible for us to categorize.

We constantly had to re-prioritize the list. Patients who were told that they may have their surgery done had to be located and told they would have to wait.



As the day continued, the patients continued to stream in. For over five hours after clinic was scheduled to have closed, we were told that this was the last patient—only to find out that twenty more just showed up at the door.

We worked way into the night and finally had to end clinic around 9 o'clock in the evening. Exhausted, we had dinner and returned to our quarters to get ready for another full day.



Operating Days

We spent a total of ten days operating. The operating room there is called the Operation Theatre.



The operating suite consisted of one main room with general anesthesia capabilities and a minor local anesthetic room.



The condition was somewhat primitive. Surgical gloves were washed and dried so that they can be reused. Gowns and towels were handwashed outside, hung to dry, and soaked in formaldehyde for sterility.

Machinery littered the operating room. The anesthesia machine was an odd collection of bottles and tubes.



Even with these conditions, the operating room ran smoothly and with great efficiency. Turn around time in between patients was remarkably quick.

Our primary goal was to teach Dr. Ashish, the local surgeon at the Mission Hospital, the technique of cleft lip repair.

Although hesitant at first, he soon gained confidence. By the end of our time at Damoh, he was confident and proficient—booking his own cases for the following week.



After surgery, the patients were admitted into the hospital for recovery. They were started on some food and their pain was controlled. After the first few days, the recovery room became overwhelmed by the number of surgeries, patients had to share beds with those waiting to have surgery.



In addition to cleft lip repairs, we were met by a number of burn patients. One particular surgery was especially difficult.

There was a man whose burn was so traumatic, that his lip had turned outwards and attached to his chest. His neck was severely scarred to the point where he was unable to turn his head and could barely eat.

Because his chin was stuck to his chest, it was impossible to intubate him so the surgery was conducted under local anesthesia with some sedation.



The neck contractures were first released and then skin grafts were obtained from the patient's thigh.

In our ten days of operating, we performed a total of 61 surgeries on a wide variety of cases ranging from cleft lips and palates, release of burn contractures, and hand surgery.

Not only was our primary goal of teaching Dr. Ashish how to repair cleft lips achieved, but he also learned the skills needed to reconstruct burn contractures.



After Surgery

Every morning to start the new day, we visited patients in the hospital who have had their surgeries done.



Wounds were checked and dressings removed. Questions were answered and many times, the parents needed to be reassured.



The surgeries we have done, while they seemed basic and routine for us, were miracles for the people at Damoh. It was extremely humbling to see the faces of gratitude and disbelief that they actually look normal again.



What do you say when people push their way through the crowd just so that they can bow and touch your feet?

What we take for granted, these people see God at work.



How You Can Help

The Division of Plastic and Reconstructive Surgery enthusiastically upholds the humanitarian mission of Loma Linda University “to make man whole,” and Operation Good Samaritan tangibly supports this commitment. All who participate in the program’s mission trips contribute their services, but there are still significant costs to provide medical and surgical supplies, to transport the team, and to provide housing.

We welcome you to our team. The “ripple effect” of your contribution will be far-reaching.

Support for Operation Good Samaritan can be given in many ways. The greatest need is for gifts of cash for direct support of the program. Gifts of appreciated stocks, property, and real estate also help to ensure continuation of Operation Good Samaritan far into the future. All gifts are tax deductible.

To extend a helping hand, send your gifts to:

Operation Good Samaritan
Loma Linda University
Division of Plastic & Reconstructive Surgery
Loma Linda, CA 92350

Or, you may call at (909) 558-0999

Photographs

The next few pages show photographs of patients before and after surgery. In addition, there are photographs of patients seen in clinic that could not be scheduled for surgery due to various factors such as the severity of the deformity, lack of available resources, or the most common factor of simply not having enough time.

WARNING

The following pages contain photographs of patients seen in clinic and may be quite graphic



























Loma Linda Today

International Destinations

Argentina
China
India
Mexico
Nepal
Peru
Philippines
Sri Lanka
Thailand

...and many requests we
have not been able to
accommodate

Loma Linda University and Medical Center are known around the world for excellence in medical education and health care. Founded in 1905, the institution has a vision of teaching and healing that emphasizes what is now known as "whole-person" care—the heart of Loma Linda's stated mission "to bring health, healing and wholeness to humanity."

Today, Loma Linda is fulfilling that vision in ways the founding leaders could not have imagined. Opening with only a nurse training course, what has become a prominent University has grown to offer more than sixty degree and certificate programs. A medical center specializing in many areas of advanced care, a children's hospital, a behavioral medicine center and a rehabilitation center are part of a vast array of health care services. Medical research, at both the basic science and clinical levels, is recognized worldwide.