

Interplastmission Mangu, Nigeria (7-21 October 2017)

Team:

Cees Spronk	Plastic surgeon, team leader
Neeltje Spronk	Deputy Faridpur
Dick van der Duijn Schouten	Treasurer Faridpur Foundation
Rens Huisinga	Plastic surgeon
Fatima Ben Bouazza	Operation assistant
Clemens Herbrink	Operation assistant
Gaby Eichhorn	Anaesthesia assistant
Gert Scheepstra	Anaesthesiologist
Paul-Michel de Grood	Anaesthesiologist
Lesley Bouwer	Trainee Plastic surgeon, author travelogue

After the disappointment that the mission of March 2017 was cancelled shortly before departure as the authorities had decided to renovate the landing-track of Abuja airport and as there were no suitable alternative flight paths, our humanitarian mission began on Saturday 7 October with a trip to Mangu, Plateau State, Nigeria.

We spent the night at the nuns' after an excellent flight from Amsterdam via Frankfurt to Abuja. The next morning we continued our trip by car and got the first impressions of the country. The roads around Abuja are paved roads as we know them, but in the inland the roads had many potholes, which required some knowledge of the terrain and needed expert driver's skills.

Somewhere in the afternoon we arrived in Jos for a lunch with the staff of the COCIN (Church of Christ In Nations) hospitals. After their cordial reception we travelled to Mangu, where we were welcomed by Phoebe in the guesthouse next to the COCIN hospital.

On Monday 9 October Fatima, Clemens and Gaby prepared the operation-rooms. The large operation-room has two operation-tables on which we operated simultaneously. There is also a room for changing bandages and for operations with local anaesthetics.

The plastic surgeons and anaesthesiologists screen the patients, of whom there were 250 with a great variety of problems.

Although the consultation room had a skeleton of vertical and horizontal bars, which made efficient work harder, we managed to see all the patients before it became dark. We saw patients of all ages having contractures of burns of their joints in all extremities and some young patients with congenital abnormalities such as a Chiari-schism (lip gap) and syndactyly.

The consultation hours in the Netherlands are far less impressive than the ones in Nigeria. We all clearly remember the child suffering from Zika, a child with an enormous facial gap and patients with enormous burns.

So many serious burns. Children and adults falling into open fires or having boiling water over them. So much misery! In the consultation room there is a poster about the prevention-programme. Only twenty meters away we see relatives of hospitalised patients cooking their meals on open fires on the hospital site, while young children are walking between these fires.



Tuesday 10 October is the first of ten days to operate, together with some locals of the operation-unit (Timothy, Alysha and Noah) and the hospital doctors (Mike, Luka and Precious) for the post-operative care on the nursing departments. The first day we were all a bit hesitant. Despite our many years of experience, we feel the tension if we will succeed and if we can complete our programmes before dusk. Planning is something magical in Nigeria, as carefully made lists of patients are completely disrupted by the sudden absence of some of them.

A standard working-day in Mangu begins with a shower (bucket of cold water), a cup of instant coffee on the courtyard followed by a Dutch breakfast with freshly baked bread. Then an early visit to the nursing-ward, where young and old patients, male and female are mixed. Hospitalisation is longer than we are used to in the Netherlands, resulting from the longer travel distance that some patients experience to come to Mangu. During this visit we decide which patients can go home after having completed their antibiotics treatment and which patients need a bandage change.

When we arrive in the operationtheatres the anaesthesiologists hadpremedicated and prepared the first patients. It was good to see how everybody worked hard to optimise the care for our patients. When time went by we started cooperating much better and we were all in a good mood, working very hard. Each afternoon we withdrew briefly in the guesthouse where Neeltjeand Phoebe had prepared a delicious lunch.



Besides the many operations for burns there were some operations that nobody will ever forget: the child with the vascular malformation in the cheek, the girl with enormous burns in the face, neck and chest, the young woman who had lost her lower leg by electrocution and had a wound on her skull. How are they now?

After dinner in the evening we discussed next day's operation programme after which we read or talked about former days, literature (I had never heard of Adriaan and Oliver) and about Nigeria. Or we played at cards sipping a glass of whisky. In the weekend we went for a walk, visiting a volcano and on Sunday morning we went to church. On the Friday of our departure we went to the market. So much activity there compared to our Albert Cuyp in Amsterdam.

Time flew and before we realised we were travelling by bus to Abuja. Farewell Mangu, farewell Plateau State, farewell Nigeria. I hope to see you again.

It was an honour to be part of this ambitious and experienced team.

