Report ManguMarch2018

It is a great experience to accompany Cees Spronk to Nigeria, committed to the hospital in Mangu since the seventies.A month earlier the entire team of ten persons, met for the first time at the Spronk's. And suddenly it is time to go to COCIN hospital.First a trip that could feature in 'Floortjeto the end of the world', a travel programme. From Amsterdam we fly via London, to Abujaand from there we travel by road toMangu. Already on Abuja's airport the cordiality of the population is evident. We notice how welcome we are. Three persons from Manguare waiting for us for a six hours' trip, during which the world gradually changes into the third world, with bad roads and houses and service points that become more and more primitive.
The site of the COCIN Hospital, where we will stay for two weeks, is a small community in itself. The hospital consists of many buildings with different wards and operation theatres. But there is also a school and a church opposite the road. The site is between a residential area and farmland. There's much going on: scurrying goats and piglets, people cooking supper or carrying all sorts of things on their heads or on their mopeds on which we even see a coffin pass. For two weeks we stay in a beautiful guesthouse where we are spoilt by Phoebe, who cooks all our meals, cleans the rooms and does the laundry, which made our stay really comfortable.

There's much to do for us. In all nearby churches and mosques the medical mission was advertised by Kefas, who describes himself as a nurse but in fact runs the entire hospital. The result of that work is waiting for us on Monday outside the outpatientsdepartment.That day we see a great variety of patients and fortunately we can schedule most of them foran operation in the next two weeks. We are a small efficienthospital, with plastic surgeon and anaesthetist in one room so we can decide quickly who to operate and when. Sometimes we cannot operate young patients because they are too small and because of the dangers of the operation. They will return in half a year. But patients who linger in our minds are those we cannot help because there is no proper operation for their problem.We also see a number of patients with a serious Volkmann's contracture, with a non-functional hand/wrist due to acompartmentsyndrome with a previous fracture in the lower arm which frequently was treated wrongly by a local 'bonesetter'.
In the next ward there is more privacy for the patients of (children's) urologist Tom de Jong, who has many patients waiting for him with all kinds of (innate) genitalabnormalities. At the end of the afternoon we have no waiting patients but a full operation scheme for days to come.

The day after the real works starts in the operation theatres. It is such a pleasure to work here in a small team without the bureaucracy of a modern hospital. We operate with two teams in one room,which is cosy and also functional. The Dutch team is assisted by four locals helping out with circulation, preparation, aftercare and sterilisation.With this team we succeed in doing much work every day. At the end of the mission we have done more than 100 urological and plastic operations.

With the plasticteamwe regularly operate burn scars. Burns are common in Nigeria, mainly caused by cooking on open fires on the ground. Despite the new

burns-department in Mangu most patients from the region have no medical care in the acute phaseof their burns, resulting in lastingopen wounds which eventually result in enormous scars. They prevent knees, elbows, fingers, etc. from stretching thus leading to serious limitations in daily life. Scores of patients with these problems come to us each half year. This is a poignant contrastwith the Dutch prevention of burns: excellent multidisciplinary, highly-quality care in the acute and reconstructive phase, because of which serious scar problems as in Manguhardly occur. It is a rewarding job to treat these patients as you immediately see the results. Fortunately aftercare in the form of wound care and physiotherapy is done well by the local staff.

Nigerian staff is enormously interested in urological operations. Tom operates scores of patients with hypospadias(abnormal end of the urethra) and other genital diseases. Children with uncertainty about their gender are examined and diagnosed, which are serious problems with enormous consequences for the entire family. The language barrier and the lack of money for further treatment in a neighbouring hospital (Jos) are problematic. This makes us realise how lucky we are to be born in the Netherlands and have access to fantastic medical care. During this mission Tomshares his knowledge with a local urologist, who daily joins the urological operation team and even helps the plastic surgery team with a complicate abdominal wall fracture.

Visiting patients on the ward each morning and afternoon is always very special. Usually they come from all over the region and bring relatives to look after, which is necessary as the ward actually has one bed house and nurse and no more. Each day patients and relatives welcome us cordially showing constant gratitude: thank you, well done and God bless you. And many pictures are taken on both sides.

We are also invited to jointheir community, on our Saturday off we are invited to a wedding and on Sunday we are expected in church. It is strange to leave these people after two weeks. We explain how to continue with treating wounds and how to look after the patients who had an operation. We will not see the greater part of the patients again. Some will return for more surgery during the mission planned for October. It was a great experience, that could have taken longer. We will certainly return toMangu!