

## INLEIDING

After Titus and Joel's visit to the Netherlands, the next 3 weeks were devoted to organizing the very first surgical camp at Titus' hometown Kumi which is the capital of Kumi district. Kumi is located in the east of Uganda and is a 4-hour drive from Kampala on quiet days and about 8 hours on busy days.



Board member of Interplast Holland and former theatre nurse Dorien was part of the team and wrote the following report about the visit:

### **“We treat and God heals, a lesson in humility (slogan of Kumi Hospital)”**

On Thursday, September 28, we left with a small team for the “Pearl of Africa” Uganda, packed with instruments and suitcases full of medical supplies. Our destination is Kumi, the capital of Kumi district in eastern Uganda.

Plastic surgeon Margot Lemmen had already been to Uganda several times, but for the rest of our team, the destination was new and turned out to be a pleasant surprise. After a 12-hour flight with a short stop at Kilimanjaro airport, we arrived in Entebbe and stayed the night in an Airbnb in Kampala, the capital of Uganda.



*Breakfast with Stephen Kato(logistics) before leaving for Kumi*

The next morning after a short visit at the other Interplast team working in Kiruddu Hospital we left for Kumi, a trip that would ultimately take us more than 8 hours. We got a nice first impression of a beautiful colourful country. The people are very friendly, cheerful and interested. Once we arrived we were more than warmly welcomed by Dr Titus Opegu, plastic surgeon. Titus had recently visited the Netherlands where he had already met Muriel. We were immediately invited to his home for

something to eat and to meet his wife Maria, a midwife in Kampala but, as it turned out, was also very interested in the profession of theatre nurse. It was a warm welcome. The next day consisted of screening the patients who had come from far and wide to Dr Titus' clinic, the Midas Touch Medical Services (photo), to be seen by us.



Some had travelled more than 200 km. We were supported by Titus who provided us with background information and was familiar with every patient who was brought into the small consultation room. The patients were hopeful, friendly and open and you felt the connection with Titus who, where necessary, also acted as an interpreter. The background information was sometimes shocking and gave us an insight into the norms and values and habits of the patients. Life can be hard, especially when you are rejected by your family or spouse because you look different. Some children could not go to school because they had facial neurofibromas and mothers who had been rejected with their children for that reason. We also saw many contractures on the extremities due to untreated burns. In addition, many patients with keloids but also ulcerative breast carcinomas. A nice operation program could be filled.

It was therefore very exciting when we drove to the Kumi hospital for a first introduction where we would perform the operations. What we saw there exceeded our expectations. The Kumi Hospital was founded in 1929 as a Leprosy centre. It has now grown into a well-maintained general hospital with approximately 300 beds and 200 employees. The hospital serves approximately 2 million people within a radius of 60 km and has a regional care function.





The hospital is controlled by the church. More than 40% of the population cannot afford basic health care. Enthusiastic OR staff, both surgical and anaesthesia staff, were ready for us and indicated that we could count on their cooperation. The director of the hospital, Dr Raymond Malinga, an orthopaedic surgeon we met in the operating room, was also very enthusiastic and clearly looking forward to it. The operating rooms looked clean and tidy, by African standards, and there was an organized working environment. Experiences were exchanged and, together, the largest operating room was furnished with two tables and all necessities. That evening, Corstiaan Breugem and David Brinkman, together with Dr Joel Wandabwa, also a plastic surgeon and colleague of Titus, arrived to strengthen our team.

Sunday was spent getting to know the community, an impressive experience. The cordiality, sincerity and hospitality were so special. Poverty in the Kumi region is enormous. The families often consist of just a mother and sometimes as many as ten children. There is only what they grow themselves and that was happily shared with us. We met the community health worker Irene, a lady who has been elected by the community and makes all her energy and time available to inform and support the people. We were allowed to visit her house and her land, which is completely equipped as an “educational centre” where she shows the people from the area how to grow their crops, for example.



Five intensive days followed where we operated on numerous patients together with Titus and Joel, who absorbed all the information and surgical techniques intending to be able to perform this independently after our departure. The nurses were also enthusiastically taught about sterility and the profession, including Maria, the wife of Titus. A huge amount of know-how has been exchanged and good agreements have been made about the follow-up of the patients operated on by the teams. For example, a Zoom meeting is planned where we will jointly discuss the patients' progress.



We can look back at an inspiring 10 days with very committed Ugandan colleagues, where we learned with and from each other. We promised that we would not let each other go and that we hope to meet again next year in this beautiful country and this hospitable hospital so that we can once again make a difference “together for the patients” and their families.





