



# 2024 Malawi, Africa

## TRIP REPORT - PART 1

### THE PLACE:

Located in the East African Rift Valley, Malawi is a landlocked country in the southeastern part of the continent that is also known as “The Warm Heart of Africa.” While there are a few more populated cities located throughout the country, the majority of people live in traditional tribal villages. Operation Medical’s team of volunteers stayed at the property owned by Access Health Africa (AHA), located in Area 3 of the capital city, Lilongwe. Though we stayed only 15 minutes from the Kamuzu Central Hospital, many of the patients we saw during the week were coming from the outlying villages, traveling anywhere from 30 minutes to 12 hours in order to receive the needed care.

In Malawi, around 70% of the population engages in smallholder farming, cultivating crops like maize, tobacco, and sugar-cane, while other common jobs include construction and household management,

primarily relying on manual labor. Most homes, typically made of brick, stone, or clay, consist of one or two rooms and often lack electricity and running water, necessitating daily trips to community wells for water. While life can be simple and joyful, signs of prosperity include iron sheet roofs and livestock, and while some rural residents may own cars, many are grateful for a bicycle, which costs about 200,000 Kwacha (around \$100 USD).

For those in need of medical care, just the cost of transportation is a challenge for many. Common medical conditions that need treatment in this area include infections such as Malaria, Cholera, TB, and HIV. They also experience a substantial rate of high-risk pregnancies, malnutrition concerns, and cardiovascular and digestive diseases. These are all in addition to the more common emergency injuries, which tend to include burns and motor vehicle or bike accidents.

Our collaboration with AHA allowed us to provide care free of charge for patients as well as ensuring that their transportation fees were also reimbursed. During our mission week, our team of 20 volunteers were able to complete 59 surgeries including colostomy reversals, hernia repairs, hysterectomies, and other procedures that will enable these patients to return to a higher quality of life.





## OUR STORY:

## Access Health Africa (AHA) Lilongwe, Malawi, Africa September 22-27, 2024

After a period of 10 years, the Operation Medical team returned to Malawi, Africa to partner with Access Health Africa (AHA). Having a presence in this country for over 20 years, AHA started as an educational group and then evolved into a medical/surgical coordination group. Their focus on Malawi stems from the significant shortage of professional healthcare providers available in the region. AHA partners with 3 local hospitals: Kabudula and Mitundu Community Hospitals, as well as the Kamuzu Central Hospital (KCH) where our team was stationed for the week.

KCH is a very large tertiary care facility, receiving many referrals from surrounding clinics and healthcare facilities where they do not always have the resources needed to appropriately care for their patients. While licensed as a 750-bed facility, most days they carry a patient census between 1,500 - 2,000, with patients finding hallway space and sharing beds, hoping to receive care.

With more than 19 million people in the country, there exists only 19 fully trained surgeons. Each year, more than 45,000 Malawians will undergo a surgical procedure from someone who is not licensed, or even formally trained, as a surgeon. The shortage of surgeons leads to a large backlog of cases which can go weeks, months, or even years without surgery to correct and/or improve their physical conditions.

Operation Medical's mission was two-fold here in Malawi. First, we sought to help relieve some of the backlog of cases by performing needed surgeries. Instead of performing a large variety of procedures during the week, our team focused on what the hospital most needed, our assistance. Secondly, we set out to share as much education with their local team as possible. Information was provided to the local surgeons, anesthesiologists and nursing staff in order for them to learn new surgical procedures and patient care techniques which would benefit their patients long after our mission week completed. Below you will find more details about the cases we completed and in the 2nd part of this Trip Report which will be released next week, you can learn more about the education and resources that we were able to provide to the local teams.

As it related to the general surgeons' lists of cases, we were asked to primarily focus on colostomy reversals and hernia repairs. In Malawi, bowel obstructions, injury, diverticulitis and other conditions can lead to the need for emergency colostomy procedures. The standard practice is to then reverse those procedures after a few months, when the body has healed, in order to return the patient to a more normal way of life. However, because



the reversal procedures are not emergent and their condition is no longer life-threatening, these patients may have to wait for many months, sometimes years, in order to have this procedure due to the shortage of providers. Hernias, primarily inguinal, are also a common condition for Malawians that are not treated in a timely manner because most of the time, they are not life-threatening. However, severe hernias can cause trouble for the individual as they perform normal activities and can affect their quality of life both at home and at work. The backlog of both of these types of cases is great for KCH.

From an OB/GYN perspective, their local team is kept quite busy with a high volume of cases regularly. Each month, they have between 250-300 deliveries, including a large percentage of high-risk patients. 25% of their OB patients have preeclampsia and their c-section rates are approximately 30%. Other women's health needs include hysterectomies, which average around 4 every day. They also have many patients who suffer from pelvic organ prolapse and/or urinary incontinence, though they were not providing any treatment for these conditions.

Dr. Jeff Segil provided a wealth of knowledge to the local OB/GYN surgical teams that he worked with throughout the week. His patient list included many hysterectomy and prolapse patients in hopes that his team would be able to not only assist with the backlog of hysterectomy surgeries which needed completed, but also provide care for the prolapse patients that they likely would not be able to receive otherwise. By Friday, 14 OB/GYN procedures were successfully performed.

At the end of the week, we were happy to hear that all of our patients were recovering well, many already discharged and able to return to their homes to fully heal. Though we know that the work we did was not just directed towards those patients, but also to the hospital staff.



Our team truly hopes that through shadowing and training together throughout the week and also providing tools, education, and supplies that the local team will benefit from our partnership long into the future.

## PATIENT STORY #1 - BLESSINGS KAMTAMBE ILEOSTOMY REVERSAL DR. YI WILSON WANG & DR. PAUL KUNKEL

During our mission week, we had the pleasure of getting to know Blessings Kamtambe. She lives in a simple home, with a roof made from iron sheets, with her husband and her two children, a son and a daughter. They own goats and chickens at their home, as well as having the luxury of owning both a bike and a car to get around.

Living in the city of Lilongwe, Blessings is a Nurse Anesthetist who regularly provides healthcare to others. However, she recently experienced some health challenges of her own that has caused her to experience healthcare from a patient perspective, rather than from a caregiver perspective.

After experiencing severe stomach pains, vomiting, weakness, and visible distention of her abdomen, Blessings sought out assistance. She was surprised to find out that what she thought may be a peptic ulcer was actually a rectosigmoid cancer. She receives routine care from the local Bwaila Clinic, though they were unable to assist her with this current condition due to a lack of resources.

Once she was referred, Blessings underwent a surgical resection and end colostomy, while also receiving chemotherapy. Her treatments were successful in reducing the size of her tumor, though it caused her some other challenges within her digestive tract. She was in need of a loop ileostomy procedure to get her through those acute challenges. In the 2nd phase of her treatment, she then had a colostomy reversal and a diverting loop ileostomy.

We were all grateful to hear that she is now in remission! The next step for Blessings was to reverse her ileostomy in order to return to a more normal way of life. Accompanied by two of her sisters, she arrived at KCH in hopes of having an ileostomy reversal surgery to relieve her current physical discomfort, restricted movements and general daily complications that have arisen from the loop ileostomy. This was the second trip she made for this procedure, as last month they were unable to schedule her and she was sent home to wait for the camp this month.



Her ileostomy reversal, performed by Dr. Yi Wilson Wang and Dr. Paul Kunkel on Monday, September 23, 2024 was successful! When the team completed rounds on their patients the next day, she was already recovering quite well. We are grateful to have had the opportunity to assist Blessings in this manner and we look forward to her being able to return to her normal lifestyle. We admire her spirit through these circumstances and her bright outlook for her future, looking forward to having both her chemotherapy and this surgery behind her. She hopes that moving forward her local healthcare facilities will be able to add additional specialists to their teams and increase the number of available operating theaters to be able to assist more patients.

## PATIENT STORY #2 - RODRICK CHITHIRA HERNIA REPAIR DR. MARC NORTHERN

Growing up on an island in Lake Malawi, Rodrick Chithira, learned the importance of food. The lake has long been a major food source for the local people, as well as tourists who visit the area. Learning the necessary skills, Rodrick grew up to become a chef and has served customers at a restaurant in Salima, where he has worked since 1992.

Rodrick lives a simple and happy life, renting a home made with iron sheets along with his wife. They do not own any animals, nor do they own any type of transportation such as bikes or vehicles. When he needs to travel for healthcare, he has to pay the costs associated with public transportation. His five kilometer ride via minibus to KCH cost him \$5,000 kwacha, approximately \$2.50 in USD.



While this may not seem like much, money has been extremely tight since he had to quit his job last year. Beginning in 2021, Rodrick started to experience challenges at work due to a hernia. After receiving treatment, his situation improved for a bit before coming back again in 2023.

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## PATIENT STORY #2 - RODRICK CHITHIRA HERNIA REPAIR DR. MARC NORTHERN

This time it caused him more trouble and there were several times where he had to leave work for the day due to pain and discomfort he was having. Rodrick has made the journey for treatments before we met during our mission week, though due to a shortage of available surgeons and other care providers needed to perform these surgeries, he was turned away.

After Dr. Marc Northern performed a successful hernia repair, Rodrick told us that he wished that he could have expressed his gratitude by preparing some of his favorite dishes for us-nsima and chambo! For our team, the pleasure was simply in getting to know Rodrick and helping him move forward in his health journey. Now, he looks forward to returning to work and hopefully opening his very own restaurant one day.



## PATIENT STORY #3 - SOPHINA BASHANI TOTAL ABDOMINAL HYSTERECTOMY DR. JEFF SEGIL

Sophina Bashani, a 24-year-old woman from Nathonje, arrived at KCH just 1 week after delivering her twins. Her beautiful babies, Evilista and Sylvester, were delivered via c-section at Nathonje Health Center. The young family was discharged and returned back home shortly after. Though the babies experienced no complications, Sophina started to experience some concerning symptoms after the surgery. Suffering from extreme abdominal pain and nausea, she knew she had to go back to the health center. They quickly assessed the level of infection and referred her to KCH.

The week before our team arrived in Malawi, Sophina traveled 2 hours by bus and was admitted to KCH with the diagnoses of postpartum endometriosis, peritonitis, and septicemia. Her infection was significant. After having received high doses of antibiotics for the last several days with no improvement, the local team shared her story with Dr. Jeff Segil, and the decision was made for Sophina to undergo surgery in order to improve her condition.



On Monday, September 23rd Dr. Jeff Segil and his surgical team wheeled Sophina into the operating theater. Due to the extent of her infection, a total abdominal hysterectomy was performed, along with a washout, adhesiolysis and a scar revision procedure. Her post-op directions were to continue on a high-dose antibiotic treatment for several days since the infection had been so severe. The day after surgery was performed, Sophina was still very uncomfortable, however, the next day she was already feeling much better physically and was in good spirits overall.

Grateful to Dr. Jeff Segil and the entire Operation Medical team, she is now looking forward to returning home to care for her babies and heal completely. Eventually she plans on returning to work, assisting with housework for several local families. Sophina was smiling from ear to ear, while she introduced us to her family. Her mother and mother-in-law were by her side at KCH the entire time, taking care of her babies and making sure they stayed close to their mother while she was recuperating. She is now looking forward to returning home to care for her babies and eventually returning to work assisting with housework for several local families.





## Special Thanks

During the planning phases of this mission, Operation Medical had the support of many generous donors. We wanted to take a moment to extend an extra token of thanks to both Timir and Harish Patel, who made a donation to assist us with covering our volunteer stipend fees. These costs provide for the temporary licensing fees, local staff stipends, and interpreter wages. The total amount also helps to cover volunteers' lodging, meals, and in-country transportation costs. Their incredibly generous donation of \$20,000 made a tremendous impact, covering more than 80% of these specific fees.

Operation Medical would like to extend a sincere thank you to the AHA team! We are grateful to Dr. Baker Henson for inviting us to partner with their organization and equipping us with information critical to planning and logistics. Having Karen Clark, Board President, involved in planning and coordination every step of the way and even joining us in person while on the mission was incredibly helpful. Our group was well taken care of by these two volunteers as well as the entire AHA house staff and our interpreters throughout the week.

We would also like to thank the staff and medical providers at Kamuzu Central Hospital who welcomed our team into their facility. We benefited from them sharing their knowledge of the hospital, equipment, and more. We were honored to be able to share some techniques with them and provide them with a supply of donations to assist in their procedures long after our mission week concluded.



## The Team

### Surgeons

Paul Kunkel, MD  
D. Marc Northern, MD  
Jeffrey Segil, MD  
(Trip Leader)  
Yi Willson Wang, MD

### Anesthesia

Lindsay Devers, CRNA  
Rosemary Kunkel, CRNA  
Mukul Parikh, MD  
(Trip Leader)  
Ben Segil, MD

### Internal Medicine

Nichole Jensen, MD

### Surgical Technologists

Karmae Amsbaugh, CST

### Nurses

Emily Knight, RN  
Suzanne Miller, RN, CRNA  
Christine Otto, RN  
Bonnie Pepper, RN  
Katherine Staniforth, ARNP  
Erin St. Gelais, RN

### 4th Year Medical Student

Samantha Kunkel

### Support

Lindsay Hoke  
(Trip Coordinator)  
Margaret Marchaterre  
Stacey Segil

## Team Reflections



### Team Leader

Jeffrey Segil, MD

Thank you to all participants. What an incredible trip! Operation Medical's collaboration with AHA yielded an exceptionally successful medical mission. We owe a huge debt of gratitude to our dedicated volunteers, who worked tirelessly to make this mission a reality. Truly, we assembled an extraordinary team for this endeavor. The care and compassion displayed in treating our patients at Kamuzu Hospital were truly inspiring. At every level, this team went above and beyond to support one another and provide the highest quality care to our patients. Rest assured, we made a significant impact on countless lives, and we hope the legacy of our work and training will continue to benefit the hospital for years to come. With sincere gratitude, I thank each and every one of you for contributing to this unforgettable mission.

## Team Reflections



### Team Leader

Mukul Parikh, MD

It was an absolute delight (deja vu) visiting KCH and AHA (formerly world camp) in Malawi after 10 years for another surgical mission. Our team of 20 volunteers gelled perfectly to perform the expert services our team could provide. AHA, our host organization, did a superb job of coordinating the whole camp with patient selection and other arrangements with the host hospital (KCH). Based on our experience and satisfaction, we would love to come back here regularly.



Operation Medical is thankful for all of the participants and welcomes them to join us for another camp. Please check our website at [www.operationmedical.com](http://www.operationmedical.com) to see how you can get involved in providing global healthcare.