

The Southampton Press

THURSDAY, MAY 29, 2008



Two-year-old burn victim Jose Luis is scrubbed to remove dead skin that could cause infection.

DANA SHAW PHOTOS

Sad Cases Among Patients in Peru

By Joseph Shaw

Juanita, the 37-year-old mother of little Jose Luis, the 2-year-old burn victim in Pucallpa, Peru, waits quietly in the hallway outside the burn unit of the Re- A woman chooses not to give her name, fearing political repercussions if it appears in print, even 3,400 miles away—talks to her quietly, soothingly, in Spanish, with an arm around her shoulder. Juanita has just spoken with one of the doctors treating her son, who was burned by boiling water over more than 75 percent of his body in a household accident one day earlier. Swaddled from neck to toe in bandages, his breathing aided by a ventilator, Jose Luis lies semi-quarantined in the burn unit; masked nurses come in and out regularly, but so does another little boy with less extensive burns, clad in a hospital gown, peering curiously at the tiny dark-haired boy, who is quietly whimpering. The doctor, Joseph DeBellis, a Southampton Hospital plastic surgeon, had broken the news to the boy's mother, with the help of the interpreter: there was not much they could do to heal Jose Luis. All they could do was make him as comfortable as possible, create the best possible conditions for his recovery, and hope for the best. The best the doctor could do when it came to a positive message was, "There are always miracles."

Later, Thomas Hough, another mission-

ary who is the key helper in Pucallpa for the medical team sponsored by International Surgical Mission Support, finds out more from Juanita. Asked to describe the little boy, Juanita answers in her native tongue, and Mr. Hough smiles. "She's used a Peruvian word that is like 'Dennis the Menace,'" says Mr. Hough, a native of Peru who could pass for a lifelong resident of any American city. Jose Luis is active, always into things, she says. But he also helps his mom wash clothes and wash the plates after meals, even at age 2.

Mr. Hough learns darker things, too. Juanita's husband, an independent laborer named Francisco, blames his wife for the accident that has put his beloved youngest child in the hospital. He has beaten her, several times, and has pledged that if Jose Luis dies, he will leave Juanita and Jose Luis's seven siblings.

In the hallway, the female missionary leaves to tend to other business, leaving Juanita with a warm embrace and a mumbled prayer. Dr. Medhat Allam, a general surgeon from Southampton Hospital, is a founder of ISMS, its president, and its clear leader. On the mission trip, he is the one barking orders, herding the team with a sharp "Let's go!" and keeping the members focused.

The Pucallpa hospital, despite its shabby surroundings, actually has the capability to do laparoscopic surgery. The procedure involves

making a series of tiny incisions instead of a single larger one, then using a camera and other tools inserted through the slits to perform surgeries without subjecting the patient to more invasive surgery that can require more recovery time and pose greater risk for complications.

Dr. Allam's specific goal on this trip is to work with the host doctors to teach them more advanced laparoscopic techniques, and to improve their skills to make the procedures more widely available. At the same time, the procedures are rarely done in Pucallpa, because patients who might benefit from them simply cannot afford them. So ISMS has provided new equipment, including reusable metal sleeves that serve as an entryway to the body; the single-use plastic ones can be prohibitively expensive, one obstacle for local patients.

Throughout the week, Dr. Allam will perform a series of surgeries on bowels, gallbladders and other organs using laparoscopic techniques, with local doctors observing quietly and sometimes assisting. His operating room differs from most of the others in that it is frequently dark: at a key moment, the lights go out, and all eyes are on a monitor, as the patient is illuminated from the inside, and a tiny camera helps guide the blades and forceps.

The irony is, the lights do go out at one point—the entire city of Pucallpa loses power. But Dr. Allam continues his surgery with darkness all around him, since the hospital's emergency generators provide enough light and power until service is restored some 20 minutes later.

As Dr. Vito Alamia and Dr. Geri Schmitt, two ob-gyns from Southampton Hospital, focus on hysterectomies and other procedures on women, Dr. Ravi Kothuru, a general and thoracic surgeon from Brookdale Hospital in Brooklyn, and also a co-founder of ISMS, performs the first of more than a dozen surgical procedures on patients with hernias. The procedures are numerous, not surprising considering the life of hard labor most Peruvian men and women endure.

Throughout the five days, Dr. Kothuru performs a long series of hernia operations, one after another, moving Dr. Allam to jokingly dub him "the king of hernias."

Dr. Kothuru is quiet and focused in the operating room, and a series of hernia patients ranges from typical to unusual. Comfortably

in the latter category: The 28-year-old graphic designer named Paul whose intestines have broken through the membrane that normally contains them, and moved into his scrotum, stretching it nearly to the size of a football. He has been living life in this condition, until the ISMS team offers medical intervention.

Mr. Hough notes that the ISMS team is much in demand, so much so that some patients, when told that local doctors would have to perform some of the required surgeries, abruptly left. "They trust these guys, not the local guys," he said. "That's just the way it is."

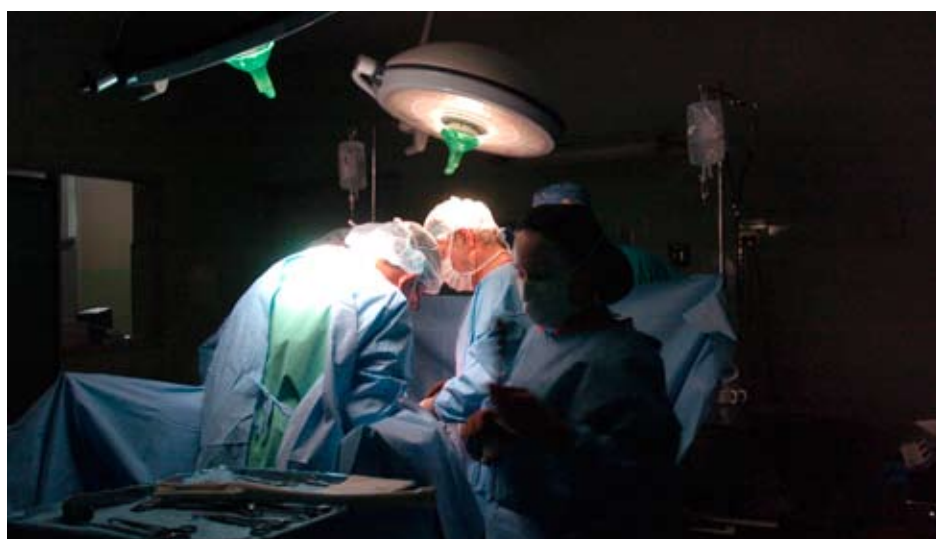
It is Monday, the first day of scheduled surgeries, and Dr. Schmitt is talking with OR nurse Ellen Herfield; as they set up for the first of many surgeries, they trade stories about what brought them into medicine. For Ms. Herfield, seeing her first caesarian section immediately illuminated a path: "I said, 'I have to be here,'" she recalls. For Dr. Schmitt, it is the thrill of emergency cases—far from being disruptive, she finds them exhilarating: "It can be 3 a.m., but suddenly you're awake as anything."

Erin O'Driscoll, RN, of Speonk has worked closely with the local nurses to craft armbands to distinguish among the patients. She has nothing but praise for the nurses: "They are very, very good. They are a pleasure to work with."

The operating suite is bustling with activity, and excitement is palpable in the air—this is, after all, what everyone came for, both from the streets of Pucallpa and from faraway New York.

In the OR supply room, Grace Mc-Carthy, RN, is widely acknowledged to be the most important member of the team: She manages the supplies, schedules patients and generally makes sure the doctors and OR nurses can focus on their patients. She seems to have an unending supply of energy and is in constant motion, always monitoring the items in the supply room, moving back and forth to the ORs to make sure everything has been provided, then troubleshooting other issues, always trying to stay one step ahead of problems. Team member Dr. Rajesh Patel calls her "the MacGyver of the group," crediting her resourcefulness. When, or whether, she takes a break is a mystery.

Dr. George Dreszer, chief resident at St. Luke's Hospital in Roosevelt, talks with Dr. DeBellis, discussing a report from nurse anes-



Doctors Ravi Kothuru, Medhat Allam and George Dreszer, along with nurse Stephanie Porey, foreground, continue to work on a patient during a power outage with lights supported by a generator.



Doctors work to remove the badly burned skin from Jose Luis. Jose Luis is swaddled in bandages to protect his skin.

DANA SHAW PHOTOS

thetist Michael Sherwood, who has visited the burn unit and checked in with Jose Luis, the 2-year-old burned by boiling water. The news, for a change, is positive: the boy is making urine, a significant amount, which is a very good sign indeed, one that suggests he is still recovering rather than slipping away.

Dr. Allam walks his first patient into an OR, carrying the IV for her. Bob Mineo, a nurse anesthetist from Southampton Hospital who is a close friend of Dr. Allam and also a co-founder of ISMS, follows.

The woman's name is Ofelia; she is stocky and 42, though she looks much older. Dr. Allam will operate on her gallbladder, using the laparoscopic technique; if any doctors from the Pucallpa hospital arrive, they will observe.

Stephanie Porey, RN, who will work with Dr. Allam throughout the week's surgeries, notes that gallbladder disorders are common in the United States, mainly because of the diet, but in Peru the surgery is far less common—not because it isn't needed, but because of the cost. "If they can't afford the surgery, they simply can't afford it. They just go without," says Ms. Porey, an OR nurse at Southampton Hospital. "We've seen so many major cases that would have been minor back home."

As Mr. Mineo sedates Ofelia, Dr. Allam gently pats the patient's stomach: "OK, sweetheart."

Finally, the chief surgeon and another surgeon arrive and are sent to put on gowns so they can take part. Soon, they are huddled around the monitor as Dr. Allam deftly uses the equipment, demonstrating what it can do in skilled hands.

Maryellen Spandonis, an RN who works at Eastern Suffolk Cardiology in Southampton, has perhaps the most difficult job of anyone on the ISMS team. With the help of Dr. Rajesh Patel, a Quogue resident who is a pulmonary physician at Peconic Bay Medical Center in Riverhead, she mans the recovery room for the entire week. For the most part, though, the room is Ms. Spandonis's, with help provided by nurses from the host hospital.

Unlike the operating rooms, and even the supply rooms, which are mostly kept reasonably comfortable in the Peruvian heat and

humidity, the recovery room must be warm, since post-surgical patients are often cold, and even a few degrees can scuttle a complication-free recovery. As a result, not only is Ms. Spandonis sequestered in warm, stuffy rooms for the duration of the trip, she is working with a staff with which she does not share a language.

Meanwhile, as teams of doctors and nurses focus on patients, only she will see every single one during the week; it is, as she notes, "feast or famine," with almost no famine after the first day.

Praise for Ms. Spandonis among her colleagues on the ISMS team is universal, and effusive. Her bedside manner is immediately evident with the first patients who arrive in recovery. The first to wake is Gina, who had the hysterectomy: Cheerfully, Ms. Spandonis greets her with, "Hello! No problems. All better." Then to a local nurse, "Tell her ..." and a thumbs-up sign, with a smile. No need to translate.

Dr. Alamia shakes his head.

The head of the hospital's ob-gyn unit went on rounds with him, and Dr. Alamia learned that the doctors don't give pain medications—not even to people who are recovering from surgery—because the drugs are so closely controlled by the government. On Dr. Alamia's orders, his patients had received small doses of pain medication to help with post-surgical pain. "He was amazed at how quiet and calm everyone was," he says, wryly.

Jose Luis lies alone in the burn unit, cartoon characters painted on the wall above him. He remains wrapped in bandages from chin to knees, and a metal-framed canvas tent is placed above him. He lies on his right side, his left arm folded over him, his right arm stretched out. He is sedated but not unconscious. Beneath the bandages is a special antibacterial cream made of silver. There is no cream on his face, something that Dr. DeBellis notices on a visit. He presses the nurses for an answer.

Soon, the story is clear. The cream for his burned face is 20 Peruvian soles, or about \$8. Also, the silver cream is nearly gone, and the toddler was receiving his final dose of pain medication. In Peru, medical care truly is pay-as-you-go, ruthlessly so, and Jose Luis's family

ly and regularly bleeds.

Asked what would cause such a scar, Dr. DeBellis says acidly, "If your mother stabbed you in the leg, do you think she'd hang around to take care of you?" As nurse anesthetist Chris Torres puts her to sleep, her big, dark eyes roll left and right. "Buenos noches, Gladys," Dr. DeBellis whispers.

When he completes the surgery on her knee, Gladys will actually have a larger scar, but it will be much less prominent. Dr. DeBellis then turns his attention to the base of her skull and decides she has a neuroma, a nerve trapped in scar tissue, which is causing her pain. A surgical repair is quick.

Later, after the day's surgeries wrap up at about 7:30 p.m., the doctor bumps into Gladys on his way out the door: she is going home, still clutching the giant stuffed cell phone, patches on her knee and neck. The scar on her knee will fade, and the scar on her head will be covered by her hair. There's no way of knowing how her deeper scars will heal.

Dr. DeBellis is intrigued by a case that has just come in: a woman who had been bitten in the face by a bat. The 85-year-old, named Trinidad, has a terrible deformity on the right side of her face, beside her eye, which is completely closed with swollen and rotted tissue. Initial reports are that the bat bite came two years earlier; later, the doctor will learn it actually occurred 20 years ago. Ideally, Dr. DeBellis says, she should have X-rays, CT scans, MRIs, and a series of reconstructive surgeries. The ISMS trip will soon be over, though, so he must operate and essentially decide on the fly what to do. The goal is to simply repair the damage as much as possible and leave her with scars that are something less startling; if she has the money to follow up, she can, but if she can't afford it, she will be okay. Surgery begins shortly after 11 a.m.

A few hours later, he opens the swinging doors to the OR suite just as Gladys is walking down the hallway for surgery. He beams and greets her with open arms. The tiny girl smiles back; she wears a blue cap and white gown, and is carrying a giant stuffed pink cell phone under her arm with heart-shaped buttons, a gift from the ISMS team. The dark scar below her knee is visible; it has never healed proper-



Dr. Joe DeBellis, Dr. George Dreszer and nurse Kathy Berger in the operating room with Trinidad, the woman who was bitten on the face by a bat.



Jose Luis's mother, Juanita, explains how her son was burned.



Doctors Joe DeBellis and George Dreszer remove dead tissue from Trinidad, a woman who was bitten on the face by a bat.

The first step is to remove a 2-inch circle of dead skin. Buried deep inside is her right eyeball, now worthless and, later, removed. The bone, her eye socket, has deteriorated to the point where even removing the eye is a difficult procedure.

In the hallway, Mr. Hough explains to her common-law husband, 74-year-old Francisco, and Francisco's 46-year-old daughter, Gina, what is happening. Francisco says the bite came when she was working in the backyard two decades earlier; she had seen doctors over the years, and been scammed by other medical professionals. Early that week, they simply walked in, taking a chance that the ISMS team might be willing to help.

Members of the team gather around Jose Luis's bed as the bandaged little boy lies on his back, spread-eagle. The burns on his face appear more evident now, but the boy is making urine at a furious pace, which is reassuring. Dr. Rajesh Patel and nurse anesthetist Chris Torres arrive and do a quick examination. He then turns to a translator, motions to a nurse, and says, "Tell them anything they need for the kid—medicine, dressings, anything—come to the ward."

The boy's mother, Juanita, wants to visit with Jose Luis, but she has been steadfastly kept in the hallway outside the burn unit and has not seen her little boy since arriving at the hospital days earlier. A nurse moves to stop her, but Dr. Patel intervenes, saying, "It's good for the mother just to see that he's fine." Mr. Torres is reserved, worried that any sign of recovery is misleading. Infection is the issue, he notes, saying it will be weeks before the tiny patient will be considered safe, if then.

Later, Dr. Patel reveals that he has had the team's first personal interaction with a conscious Jose Luis. He came into the little boy's room and began talking to him. "He was very frightened," Dr. Patel says, his voice catching. He then began making faces at the boy to amuse him, stuck his tongue out at him. When he asked the boy's name, he wouldn't answer, so the doctor ran through a list of names before arriving at what he knew was the right one.

"Jose?"

"Si, si," the tiny child answered weakly, with a lisp.

It is after 2 p.m., and Dr. DeBellis and Dr. Dreszer are still working on Trinidad, the woman affectionately, and efficiently, referred to as "bat lady." Dr. DeBellis takes a muscle in the temple that is used to help with chewing and moves it over to help fill the space where dead tissue was removed, shaping the woman's face into something closer to normal. Skin grafts will cover the spot.

At about 4:15 p.m., as he puts in a few staples horizontally above the patient's ear, she starts to bleed a bit more. That is worrisome, since the doctors have been unable to get blood for use during the procedure. Suddenly, the bleeding gets worse, and her readings begin to slip. There is later a long debate about why this happened; suggestions range from the Peruvian anesthetist possibly using too much of one medication, or a simple drop of a few degrees in the air-conditioned operating room that caused her body to simply stop forming blood clots to stop bleeding. It is testimony to the delicate balance that exists in surgery that tiny miscalculations can lead to such disasters.

A frantic search for blood gets underway. Dr. Dreszer dashes to the blood bank and, long minutes later, sprints back with a bag—of nearly frozen blood. It must be warmed before it can be used. Miraculously, a second bag of blood appears, also frozen, and the team works to thaw it quickly for use. The patient's head is tightly wrapped with bandages, and the surgery is suspended for the time being to allow her to stabilize. She is wrapped in blankets, and bottles of warm water are placed around her.

Dr. DeBellis snaps off his gown at the collar, then wrestles it off. As a plastic surgeon, he admits to being a little uncomfortable with a case that has suddenly turned into a trauma case. Fatalities are rare on ISMS trips, and nobody wants to have one this time.

The next morning, at breakfast, the rest of the story is told. While the bulk of the team headed back to the hotel on the previous evening, others stayed behind to take a closer look at "bat lady." Dr. DeBellis, Dr. Allam and Dr. Kothuru, working with Dr. Patel and

Dr. Dreszer, Ms. McCarthy, Mr. Mineo and Mr. Torres, had brainstormed about the case. Finally, the decision was made to operate again that evening—the wounds were cauterized, and Dr. DeBellis finished the procedure, including the skin grafts. Trinidad is now recovering in intensive care.

Despite the trials, when the woman awakened, her first words were: "Thank you."

There is more good news: Dr. Lucas examined little Jose Luis again, and he now estimates that the third-degree burns cover only about 10 percent of the child's body. That is significantly more promising—his chance of recovery might actually be better than 50-50. Likewise, the burns do not appear to encircle his torso, which means his breathing is not likely to be affected when it begins to heal. A tremendous amount of nutrition is required.

One day before the team is set to leave, the news about Jose Luis continues to get better. He is given a second unit of blood, and Dr. Lucas says intravenous nutrition is not required—the boy has begun to eat.

It is time to change his dressings. Although sedated, the boy's eyes look piercingly around as he is moved to a table covered with plastic. The bandages are pulled away from his face, and a mask is applied to supply both oxygen and something to put him under. He lets out a tiny peal, and then his rhythmic grunts are muffled by the mask. Working with Dr. Lucas, Dr. Kothuru and Dr. DeBellis peel the bandages off and examine Jose Luis more closely.

Bad news. On his torso, areas that were pink have turned white, evidence of third-degree burns that now cover 30 to 40 percent of his body. His chances have dropped dangerously.

The doctors scrub the sleeping boy's damaged skin with yellow medicated soap, both to clean it, to remove dead tissue that can be a magnet for bacteria, and to stimulate the tissue underneath. As they do, some areas begin to bleed—ironically, a good sign, because it means there is circulation. He then is doused with water. It now is clear where the boiling water cascaded over him: Its deadly path is clearly traceable by the damage it left behind.

When they finish, the boy is slathered with the silver cream, which is the consistency of cake frosting, then bandaged again.

The last day, the team is still discussing the "bat lady" and the problem with the surgery, trying to figure out what went wrong. A short time later, Dr. Kothuru goes to visit her and comes back with a positive report: "I have some good news. The flap is beefy red." Translation: The skin flap has blood flowing through it and is healing. Dr. DeBellis goes for a look and comes back beaming. "Unbelievable. She looks so freaking good today." He added, with some relief, and much emotion, "That's as close to a miracle as I've



Doctor Ravi Kothuru rests in a supply room after a long day of surgeries.

ever seen."

The good news about Jose Luis is that five full days later, he is still alive; the consensus is that at two weeks, his chances will improve significantly. But his outlook is still grave, and the longer he stays in the hospital, the more susceptible he is to infections that can kill him.

That kind of burn treatment can cost \$7,000 a day in America. In Peru, it is the equivalent of more than \$500 a day—an impossible sum for working families. The government will contribute, and there is a charity just for burned babies that will help. But his medical outlook is no better than his family's financial outlook, and it's hard not to think that the two are related.

Still, the team has clearly done its best for the little boy, and Dr. Allam, for one, is proud to say that the teamwork of the ISMS team has made a difference for a child who "would have had no chance in hell" without them.

On the final day, the team members exchange gifts with their hosts: necklaces, fans, hats, other handmade items. Maryellen Spandonis seems more moved than anyone, considering the close connections she made in the recovery room with the local nurses on this trip. "One thing about these people, more so than anywhere, they are nice to people—to each other, to family members," she says. "It's incredible."

The hospital holds a ceremony to thank the team, toasting them, and it is clear that both sides have great affection for each other. As the team leaves the ceremony, Juanita waits in the hallway, hugging nearly everyone, grateful that they gave her tiny child a chance at life. Also there is Trinidad's common law husband, Francisco, shaking hands.

The hospital has 50 doctors and 100 nurses, and 160 beds—roughly the same number as Southampton Hospital. In a typical month, about 50 to 60 surgeries are performed by the staff, mostly for vehicle accidents. That's hardly a surprise: Intersections in Pucallpa are a series of individual negotiations involving speeding vehicles, and traffic lights appear to be mere suggestions.

By comparison, the ISMS team, in a total of less than seven days, performed 122 surgeries—the most ever for a mission trip sponsored by the organization, and about double what the sizable staff in Pucallpa performs in a

typical month.

Dr. Allam is genuinely moved by his own team and its commitment. It is a "hard-working group—when they're done with one case, they're always looking to help with the next."

Ironically, it is the most difficult case—the "bat lady," Trinidad, who nearly died from surgical complications—that is the most satisfying, the one that pulled this particular ISMS team together. "Our teamwork showed when that woman bled and we almost lost her," Dr. Allam said. "We gathered together the most experienced people and said, 'What do we do next?' You get the most experienced people together, and you find something to fix it."

For Dr. Allam, it is confirmation of the team's approach to medicine, at home and in foreign lands: "A patient comes in with trust, lays down, and you're there with the knife in your hand—it's such a privilege. You have to honor it."

Everyone helps with the packing; in a matter of hours, the ISMS team will leave Pucallpa for good.

In the supply room, Grace McCarthy's Ipod plays the Beatles. Paul McCartney sings: "Get back, get back, get back to where you once belonged."

Epilogue:

About three weeks after returning home, the ISMS team members receive an e-mail from Thomas Hough. There is good news: Trinidad, still called the "bat lady" by everyone, including Mr. Hough, is doing splendidly. She had subsequent skin grafts, which was expected, and has begun to heal. She is thrilled about the way the surgery turned out.

But there is tragic news as well: "Our little 'burn boy,' Jose Luis, did not make it and passed on."

There are no further details, but the doctors say it could have been one of any number of factors, most likely infection. Although the entire team had agreed all along that the odds were stacked against little Jose Luis, the 2-year-old's death affects the team members who came to appreciate his struggle. In the end, it is a reminder of how bleak the outlook is for so many cases, and of how many lives are saved thanks to the ISMS team's intervention.

But, as Dr. Geri Schmitt notes, "It's the ones you lose that you remember most."



Doctors Vito Alamia and Geri Schmitt take a break between surgeries.



Maryellen Spandonis readies a patient for surgery.