



Scalpel's Edge

Total Hip Arthroplasty: Jungle Style

By Joe Schmiesing, October 2011 Mission Team Member

As a three-year veteran of the Stryker Orthopaedic's sales force, preparing for and covering total hip procedures is a routine occurrence. However, routine was turned on its head when that task became performing two total hips in the setting of Pucallpa, Peru. I requested a donation for instruments and implants like I would for any other hip I would do in the States. To my surprise, corporate approved it all. This was wonderful news, but I now had a real challenge on my hands. The approved volume of implants and instruments usually ships in a dozen large totes or so. I, however, was going to be limited to three airline-approved checkable luggage chests – all of which had to be 50 lbs. or under. Needless to say, the shippers at my office looked at me as if I were crazy when I showed up with only three luggage chests and started filling and weighing them with great precision. I will spare you the details of the numerous trips to the scale and the re-packs necessary to get what I needed to fit within the specified confines of three chests. With the help of Dr. Caron, we were able to discern exactly what was needed and what we could get by without.

During the preparation process for this trip it became easy to forget what this trip, in actuality, meant. The paperwork for donation approval and all of the other work associated became part of the “daily grind.” It seemed to be just another exercise in corporate bureaucracy. This being said, once in Pucallpa it quickly became apparent that what we were doing was so much more than “business as usual.” These were not

typical patients. We are used to seeing patients suffering from arthritis that keeps them from living normal active lives. The patients seen in Pucallpa, however, were in painful conditions which oftentimes kept them confined to hospital beds. It not only kept them from living a “normal” life, but in reality kept them from living a functional life altogether. Scalpel at the Cross and the wonderful doctors who donate their time have given these patients an opportunity to live life with as much normalcy as possible. I am so thankful to have been given a chance to be a part of making that happen.

This trip was a first for me. I have never been on any sort of medical mission. The weeks prior to departing, I spoke to everyone I knew who had served in this capacity. They all told me the same thing, namely, “You will gain more than you give!” At the time I wasn't sure how that could be true. I now know exactly what they were referring to. For me, the gain was a clearer perspective. The first day of clinic, for instance, a young girl in a wheelchair came into the room. Her wheelchair was made of a plastic lawn chair and bicycle tires. She, like most in Pucallpa, probably had next to nothing in her possession. Although I did expect to see this level of poverty, I did not expect to see the huge smile that accompanied it. This became a reoccurring theme. It shocked me to realize how these people who have so very little can be so very content. It became a quick reality check in my own life and has since given me a new perspective on what is truly important.

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A Gift of Light, Hope and Surgery to Peru

Thoughts About Peru

by Peter A. Schmitz, MD, October 2011 Mission Team Member

Our trip to Pucallpa, Peru, was for me both an inspiring and humbling experience. This was the first mission trip I have ever participated in and I learned a great deal from not only the patients that we treated, but also the medical staff in Pucallpa and other members of the mission team.

We treated many patients during this trip. Many of the patients that had major orthopaedic surgery on their extremities were able to handle their post-operative pain amazingly well. The answer most often given as to what medication they had taken for pain post-operatively was one to two Motrin. Another example of that type of stoicism was observed in a mother moving a 5-year-old (in traction for a femur fracture) into bed; that child never complained once about discomfort. It was nothing short of remarkable.

The staff was incredible to work with. What I think was a most important

aspect of the trip was the educational piece for the native Dr. Romero and his eager-to-learn staff who scrubbed in during surgery with me and the other Scalpel physicians numerous times. This is definitely one of the most critical components to the mission trip in my opinion because the more the local doctors and staff can be instructed in and shown new techniques, the better the outcome for these patients as well as those who present in the future.

This experience with Dr. Romero has made me realize my need for communicating in Spanish, even if it's rudimentary at best. Hopefully, I will have another opportunity to go on a mission trip and if I do I am going to make sure that I have some fluency in speaking the language.

I want to commend the other doctors, Dr. Jason Caron, Dr. Amy Lelwica, Dr. Greg Stewart, and Dr. Mark Hedrick as they



were outstanding to work with. It was humbling that I was the “old guy” on the trip and these young orthopaedic surgeons who are extremely intelligent and skilled took the time to teach me their new techniques as well. It was a pleasure learning from them. I would like to thank Dr. Peter Cole for allowing me the opportunity to go on this trip. I would also like to compliment Lisa Schroder on being the Consummate Mission Director, as she handled her duties most flawlessly.

If you have any questions about my reflections, please feel free to contact me via email at: pschmitz@hotmail.com.

Peter A. Schmitz, M.D.
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Scalpel At The Cross Trip Report

Mission Trip September 29 – October 9, 2011

Peru, South America – Lima / Pucallpa

by Kelli Hooks, Mission Team Coordinator

The October 2011 Scalpel At The Cross mission trip included 5 orthopaedic surgeons, a Peruvian doctor, 1 physician's assistant, 1 anesthetist, and 6 support members. The team evaluated 106 orthopaedic patients in clinic, 86 patients during a tribal village clinic, and completed 32 surgeries/clinic procedures on 27 patients. We also did final follow-up on 8 patients and donated implants for 3 others to receive surgery by local surgeons post-trip.

- Patient 1:** Left Ankle – Talar Process Non-Union Excision and Exostectomy
- Patient 2:** Left Hip – Open Reduction / Internal Fixation with Dynamic Hip Screw
- Patient 3:** Left Foot – Excision of Supranumerary 5th Digit
- Patient 4A:** Right Tibia – Irrigation & Debridement of Open Wound
- Patient 4B:** Right Tibia – Internal Fixation with SIGN Nail
- Patient 5:** Left Knee – Irrigation & Debridement of Open Wound
- Patient 6:** Right Forearm – Irrigation & Debridement of Open Wound
- Patient 7:** Left Humerus – External Fixation Removal
- Patient 8:** Right Hip – Open Reduction / Internal Fixation with Dynamic Hip Screw
- Patient 9:** Left Hip – Hardware Removal
- Patient 10A:** Right Femur – Traction Pin Placement
- Patient 10B:** Right Femur – Internal Fixation with SIGN Nail
- Patient 11:** Right Tibia – Hypertrophic Non-Union, Nail Dynamization
- Patient 12:** Left Foot – Hallux Valgus Deformity Correction with Plates & Screws
- Patient 13:** Left Humerus – External Fixation Hardware Removal
- Patient 14:** Right Femur – Non-Union Reconstruction with SIGN Nail, Plates, Screws & Cable
- Patient 15:** Left Distal Femur – Open Reduction / Internal Fixation with Blade Plate
- Patient 16:** Left Hip – Total Hip Arthroplasty with Stryker Implants
- Patient 17A:** Left Femur – Traction Pin Placement
- Patient 17B:** Left Femur – Internal Fixation with SIGN Nail
- Patient 18:** Right Hip – Total Hip Arthroplasty with Stryker Implants
- Patient 19A:** Right Tibia / Fibula – Irrigation and Debridement
- Patient 19B:** Right Tibia – Antibiotic Nail Insertion
- Patient 20:** Right Tibia – Revision of Below Knee Amputation
- Patient 21A:** Left Knee – Irrigation & Debridement of Open Wound
- Patient 21B:** Left Knee – Open Reduction / Internal Fixation of Patella with Kirschner & Cerclage Wire
- Patient 22:** Right Radius / Ulna – Open Reduction / Internal Fixation with Plates & Screws
- Patient 23:** Right Hand – Excision of Duplicate Thumb
- Patient 24:** Left Knee – Clinic Procedure – Injection
- Patient 25:** Left Foot – Clinic Procedure – Excision of Foreign Body in Heel
- Patient 26:** Right Hand – Clinic Procedure – Contracture Release of the Index Finger
- Patient 27:** Both Feet – Clinic Procedure – Plantar Warts Excisions





Giving The Blood of Life

by Jamie Womack, October 2011 Mission Team Member

“Blood Relations. Blood Brothers in Christ. Blood Ties. Thicker than Water. Blood, Sweat, and Surgery. You Can’t Get Blood from a Type B Minnesotan with Thin Walled Veins.”

Durbia [Cordoba] [Johnson] and her family have long been associated with Scalpel at the Cross and its associated ministries in Pucallpa, Peru. Durbia’s mother has worked with S.A.M. (South American Mission) families for more than 20 years, and Durbia herself has worked with Scalpel personnel at the Cashibo bunkhouse since its creation seven years ago.

In September, Durbia fell ill with what turned out to be thrombotic thrombocytopenic purpura, a rare bleeding disorder that caused internal hemorrhaging and bleeding in her brain. She fell into a coma in a Lima hospital the day the Scalpel team arrived in Lima.

Because of Peru’s limited resources, some medical items—including blood products for transfusions—are available only after equal donations from friends or family members. Durbia’s illness was best treated by removing unhealthy components of her blood and replacing them with platelets (cell fragments that help form blood clots) from healthy donors.

Although much of her family was a plane ride away in Pucallpa, fourteen members of Durbia’s extended Scalpel family had just arrived from Atlanta and were eager to help by donating blood.

After an initial screening, members of the Scalpel team whose blood did not match Durbia’s blood type donated whole blood, which allowed her to have credit for an equal quantity of whole blood from the blood bank. Six members of the team had type O blood that matched Durbia’s and were selected to give platelets later on that Friday.

When the team returned that afternoon, the blood bank was closed and all the staff had left. With the help of translators, the Scalpel donors made their way to the central laboratory and tried to find how they could donate before they left for Pucallpa the next day. Communication

was difficult, but the translators kept asking if it was possible, and eventually they were told to wait.

After a delay, the team was taken back to the donation room. They donated six units of platelets by plasmapheresis—a process that involves removing blood, separating out the desired components, and then returning the remaining blood to the donors’ bodies. The process takes approximately two hours, during which the team was able to talk with the workers and practice their Spanish.

It was revealed that the lab manager had called the plasmapheresis staff when the Scalpel team arrived at the hospital lab. Although the staff members were on the bus on their way home for the weekend, they had all returned for several hours so that the Scalpel team could complete their platelet donations.

Durbia responded well to an initial trial of platelet transfusion and during the ensuing week she underwent the process of substituting damaged portions of her blood for healthy donor platelets. By Thursday, news reached the Scalpel team in Pucallpa that Durbia had awakened from her coma, recognized family members, and was able to be taken off her ventilator.

She continued to improve and returned to Pucallpa two weeks later. Although she will need physical therapy to regain strength and motor skills, doctors expect her to make a near complete recovery.

Team members from the October trip are thrilled that she is doing well and feel honored to have been able to help her in some small way. Just as the blood of Christ brings near those who were once far away, it was moving to see the October team be able to minister to a fellow Scalpel family member with the blood of their bodies.

But now, in Christ Jesus, you who once were far away have been brought near by the blood of Christ. – Ephesians 2:13



Reflections

by Corey Domin, October 2011 Mission Team Member

We spent a few days back and forth between the Scalpel mission clinic and the Pucallpa hospital performing cases.

We ended up performing 28 cases in the time that we spent in Peru. We corrected deformities, fixed broken bones, and from what I am told, saved a few patients from having to have leg amputations.

WHAT I LEARNED FROM THIS EXPERIENCE

When I agreed to take time out of my busy life here in the United States, I thought that I was going down to Peru on an adventure from home to help the Peruvian people.

What I didn't realize was that by taking this adventure, not only would I be helping them, but they would also be helping me. It helped me open my eyes to things we have here in the United States and things that we take for granted. It made me appreciate life.

This mission helped me to see that I complain far too much about the little things; a department store not carrying a color of a t-shirt that I want, or a gas station not having the flavor of Powerade in stock, or my shower water not being as hot as I'd like it to be in the morning before work.

We always hear people talk about how the United States of America is the greatest country on the planet. I always just nod my head as to say, "Sure whatever." After seeing the conditions that these people live in, I can honestly say that the US is truly the greatest place in the world. I found myself so happy to land in the US and be back home.

This trip was extremely rewarding and I would be very inclined to embark on another such mission trip.

I have to thank everyone who supported me in this Christian medical mission. Whether it was a financial contribution or just your thoughts and prayers, all were extremely important and very much appreciated. I couldn't have done it without you.

In the end, all I can hope to pass along is that each moment you are questioning "Lord, why me?" take a moment and think—are things really that bad? When you lay down to bed each night and pray for this or that, also take the time to thank Him for the things that you do have... your friends, your family, your job, running water, socks, pizza, or maybe just a shower curtain.





Vida en la Selva (Life in the Jungle)

by Corey Domin, October 2011 Team Member

I am no doctor, I'm not even a physician's assistant, but I found that my role was extremely important. It was my job to make sure that the surgeons had what they needed to have, when they needed to have it. I was essentially a room circulator. I would communicate with the local surgical team to track down equipment while the doctors were hands deep into someone's fractured leg. I had organized all the donations that we transported in a manner that I could race to the stockroom, find the item, and race back to the OR to keep things moving along.

One of the coolest experiences for me was when I was invited to take a floatplane further into the jungle. The people of the jungle village had almost zero ability to receive health care; for them they would have to hike for a few hours to a location where they would be able to catch a three hour ride back to Pucallpa. I thought that the conditions were bad in Pucallpa, but when I landed at the jungle village I was proven wrong. The living arrangements in the village were similar to camping for us. Their houses were open huts that were made of what looked like 50 year old boards. Most of the walls were open-air with a hammock or an extremely old mattress for a bed.

To dry their clothes that they wash in the Amazon River they would hang them over a tree outside their homes. The nicest building in the village was the

school - the only building in the village made of concrete. Their church was another open-aired wooden shack with dirt floors, two benches, and a podium.

When we landed in the jungle village all the towns people came running down to the shore and greeted us with open arms. Everywhere we would walk the children would hold our hands and guide us around. I couldn't understand much of what they were saying, but of what I could understand they were so grateful that we came.

At the village we put on a makeshift clinic session where the villagers would tell us of their injured shoulder pain, their knee pain, their rashes or burns. Unfortunately there was not a lot that we could do for them. Most of our conclusions ended up with a Tylenol or Benadryl remedy with a recommendation to drink more water; which unfortunately was just contaminated river water.

Because of my lack of medical knowledge, the other rep and I ended up keeping the kids company while the adults went through clinic. We ended up playing soccer for a few hours with the children, who were no older than 12; they would still pass around us with ease!

One of the young girls noted: "You are whiter than my palms. I did not think it was possible to be that white!"

Patient Spotlight: Señora Erika Panduro

by Dra. Guida Rosa Escudero de Vera, Peruvian Medical Director, Scalpel At The Cross

Dear friends,

At this time I would like to share with you the story of one Scalpel At The Cross patient whose name is Erika Panduro. One afternoon in August 2010 in the pouring rain on Federico Basadre Street, Erika was on her way to visit her family. She had no idea at the time that she was about to experience a terrible accident as a passenger in a moto-taxi, which is by far the most common mode of transport in the jungle.

As a result of a crash, Erika experienced an open fracture of her right femur and was brought to the hospital emergency room. Erika's treatment involved 10 surgeries with multiple iterations of cleaning and debridement of her wound, as well as skin grafting procedures. Erika, her family, and her medical team were cautiously optimistic about a favorable outcome for bone healing, lest the leg require amputation.

In spite of these efforts, by July of 2011 Erika was told that nothing more could be done to aid the yet unhealed bone in her femur. She had no hope for anything other than amputation, but even so, could not fathom what life as a mother of 12 and 16 year old daughters would be like as an amputee. The only surgical alternative (short of amputation) not yet attempted was one which required the use of hardware (plates and screws) that is of limited availability in Pucallpa as well as extremely expensive. In desperation Erika's family began to try to raise the money required to obtain the necessary implants, but it seemed practically futile because they also needed to cover the cost of the surgery and daily medicine that Erika would require during recovery. This was a "dark" season for the Panduros. Erika blamed God for her accident, and found herself bitter as she lay in bed for over a year unable to help support her family and without a solution in sight.

At this time, Erika's surgeon, Dr. Ronald Donayre, contacted me, Dra. Escudero, to see if Scalpel At The Cross could help Erika in any way. He had done everything he could to assist the family, but without the help of free implants and orthopaedic care provided by a medical campaign like Scalpel's, there was no hope of saving Erika's leg.

I communicated directly with Erika and encouraged her to trust in God's plan for her life. We read together Jeremiah 32:27: "I am the LORD, the God of all mankind. Is anything too hard for me?"

During Scalpel's October 2011 trip, the day came for Erika to be operated on by the mission team with the implants/instruments necessary to hopefully preserve her leg. Being close to the situation, I found myself both nervous and confident for Erika and recalled with her the Scripture which we had read together previously. It was a difficult surgery, lasting 5 hours and requiring 2 units of blood. Following surgery Erika stabilized and began the necessary recovery process.

In the ensuing months when I have met with Erika for follow-up appointments, I see God's work in her life and how He has transformed her bitter feelings into joy-filled ones. Although a slow process, Erika's bones and wounds are healing and she is grateful that God brought her together with the medical team of Scalpel At The Cross. Now Erika prays for others in similar situations to her own. Erika has a renewed faith and hope in God and His healing abilities.

Warmly, Dra. Escudero

"Nevertheless, I will bring health and healing to it; I will heal my people and will let them enjoy abundant peace and security."

Jeremiah 33:6



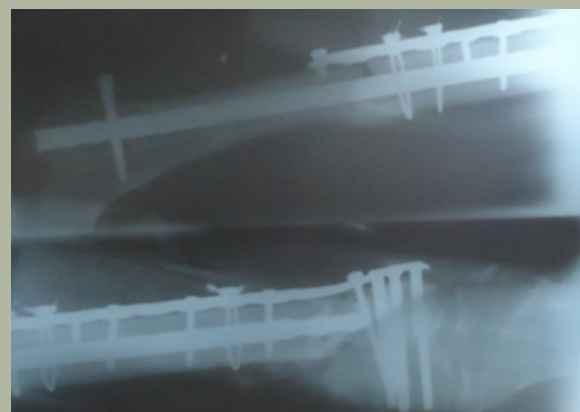
Patient Erika Panduro during her pre-surgery clinical evaluation.



Erika Panduro's leg before her surgery.



Erika's pre-surgery x-rays.



X-rays from Erika's post-surgery follow-up.

A Christian Medical Mission to the Peruvian Amazon



Prayer & Praise Points

Psalm 33:22 “May your unfailing love rest upon me, Oh Lord, even as I put my hope in You.”

Remembering God's unfailing love in 2011...with blessed thanks for deepening Scalpel's dependence upon God moment by moment, episode by episode, “seeming” roadblock by roadblock. So very grateful for many accounts of lives turned to faith having been impacted by Scalpel, and God's faithfulness in meeting our ministry's financial needs to close out the year within budget. Also indebted for corporate support in donations of implants which permitted our surgical team to complete its first milestone hip replacements in Peru.

Anticipating with hope in 2012...for mercies extended towards 2-3 team trips beginning with one slated for January 12-22; for the “covering” of our board and its decisions as we convene in St. Louis in February and then again late summer; and specifically, for the appointment of a reliable, on-site maintenance caretaker of our jungle bunk's abode and property.