

# Scalpel's Edge

## The Wise Winsome West Virginia Whistler

by Peter A. Cole, MD, Co-Founder & President, Scalpel At The Cross

He tells me I met him at the Southern Orthopaedic Association Annual Meeting in 2007 in Hot Springs, Virginia at the Greenbriar. I had just given a keynote address on Scalpel At The Cross entitled, Birth of a Jungle Mission. Then president, Dr. John McGraw, flagged him over from the back of the auditorium to the base of the podium to introduce me. John looked me in the eye, and said, "I want you to meet Dr. Joe Snead, he is interested in your mission." I do not clearly recall meeting him, but I recall what Dr. McGraw said, "I guarantee, you go on a trip with this guy and you won't be dispensing pills."

Far be it for me to judge the need in many circumstances to dispense meds, but such is the bias of a surgeon, and Dr. McGraw

was making no apologies! Reflecting on that exchange 5 years later, Joe Snead says, "Man, the second I heard that line I was hooked!" Dr. Snead kept in touch with our mission through the mail, time and again, writing short notes accompanying each gift, and expressing a desire to join us some day. Each time I would reflect with gratitude to God, "Thank you, Lord, for placing this sweet donor in our midst." It is true that a multitude of similar providential "happenstances" has kept our humble mission afloat for 8 years, but it is rare when the intrigue is acted upon to the extent that such a person actually consummates a trip. When God chooses the man or woman, and the time—He is always right, and we are always blessed!

This essay is a reflection on the blessing to our team of Dr. Joe Snead. At times giftings seem particularly rich or at least perfectly placed. Both are true in Joe Snead's case. Now every member of our intimate November 2012 Scalpel team was very special in their own right (God insures that every time) but Dr. Snead was a sage in the midst of a half dozen whipper-snappers! He seemed to enjoy this role. This was the smallest team I had taken to the jungle, and we were richer for it. Our relationships could penetrate in a different

way—and they did!

Joe is a proud West Virginian, a large fit frame about 6'3", whose twang has a Shenandoah rhythm, polished a bit by big city Morgantown. West Virginians are wonderful folk apparently, lacking the arrogance of Texas, the elegance of Carolina, the elitism of Virginia, the bayou redneck and Delta hick—indeed it just may be the perfect blend of all those endearing qualities that distinguish a region. The full story however, is that he is not a native West Virginian, but a Georgia boy from Savannah who moved up the Appalachian trail to West Virginia after training. Dr. Snead attended Duke University School of Medicine back in the day, and a Tulane Orthopaedic Residency, clearly laying an excellent foundation for the clinical week of jungle medicine. He had the tales to prove it too, as he would often pay homage to mentors and a bygone glory era of medicine.

Joe was a joy! He took playful delight in delivering wise pearls to his younger teammates. He would lighten our day and refresh it with common sense. We shared devotions and reflections at nighttime, inside the screens that separated us from

*Continued on page 8*

### Inside This Issue:

- 2012 In Review
- Amazonico
- Taken For Granted?
- Visit Us on Facebook
- November 2012 Trip Report
- Our Prayer Vineyard
- January 2013 Trip Report



# 2012 In Review!

by Lisa K. Schroder, Mission Director, Scalpel At The Cross

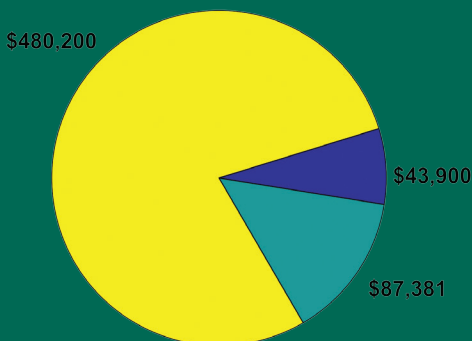
As we reminisce upon the many joys of this past year, we find ourselves humbled by the work God that has accomplished through so many! We wanted to share some 2012 highlights with you, because your support through prayer, financial gifts and volunteer time make it all possible.

Scalpel completed 3 Mission Trips in 2012 with the help of 35 team members, who faithfully followed the Lord's leading in the sacrifice of time and resources to venture to the Amazon. Including 9 medical doctors, the estimated value of the donated team member time was \$43,900!

During these trips over 100 patients were evaluated in our clinics, 43 patients received operative care, while an additional 31 patients were able to be helped through non-operative treatments such as cortisone injection or closed reduction and casting. In addition to this on-site care, our Ortho surgeon volunteers also responded to 20 electronic consultation requests by evaluating x-rays and case details and providing medical and surgical recommendations. The total value of the medical care provided in 2012 is estimated to be the equivalent of \$480,000 US! In addition, this medical and surgical care would not be possible without the products and supplies, which are continuously donated by many wonderful supporters. In 2012, Scalpel At The Cross received over \$87,000 worth of medical supplies.

Finally, our surgical ministry would not be complete without the diligent work of our Peruvian Medical Director, Dra. Rosa Escudero, and the Surgical Follow-up Program, which she runs between our campaigns. In 2012, Dra. Rosa completed 5 additional trips to Pucallpa, during which she provided clinical care and consultation to 64 of our patients for a total of 127 follow-up visits at 2-week, 6-week, 4-month and 12-month intervals post-surgical care. Incredible!

## 2012 Medical Impact



■ Value of Medical Care Provided ■ Donated Team Member Time ■ Donated Supplies







## Amazonico

By Jason J. Caron, MD, January 2013 Team Leader & Scalpel Board Member

It is amazing to see the hand of God at work in the circumstances of our lives. It builds our faith when we recognize God's grace in these circumstances. Each time I have been to Peru, we have held clinics and performed our surgeries at Hospital Regional, the larger of two hospitals in Pucallpa. At Hospital Regional, we had a certain comfort level with the staff and a familiarity with their internal operations. Other than brief clinics and an occasional surgery at the second and smaller hospital in Pucallpa, Hospital Amazonico, the lion's share of our work had been at Regional. Additionally, the only surgeon we had been previously connected with at Hospital Amazonico, Dr. Basagoitia, had been killed in a tragic plane crash. So, it was initially discouraging when, in December before our January trip, we were notified by several people, including the director of Hospital Regional and missionary friends in Pucallpa, that we would be unable to carry out the campaign at Regional.

There had been an outbreak of Dengue Fever and the hospital was at maximum capacity, caring for people who were ill with this disease. The planning and organization necessary to complete

a successful surgical campaign into the jungle of Peru is staggering. Plans are made well in advance of a trip to secure supplies, assemble a team, arrange time away from work, book airfare, etc. We were faced with a dilemma; either cancel the trip due to the outbreak of Dengue, deal with the disappointment of not carrying out the mission and forfeit the costs incurred, or press on and pray that God would provide for our safety as well as make a way for us to be to be fruitful in Peru. After prayerful consideration, we felt that we should press on.

Just weeks before departure, we learned that Hospital Amazonico had expressed eagerness to have us come and carry out the entire campaign at their facility. This was an answer to prayer. My fear had been that we would bring a full team down and, lacking a facility to operate in, not have enough to do to stay busy and be productive. In particular, we had a special team member on this trip, one of Dr. Cole's residents, Erica Petersen. I really wanted her to experience a taste of using her surgical skills to help people in this underserved area. I think it is natural to want the team members to find the trip worthwhile and fulfilling. Just having a hospital to be able to potentially perform surgeries in was a huge encouragement.

From our arrival in Pucallpa until departure, the staff at Hospital Amazonico rolled out the welcome mat. We connected well with the

main surgeon, Dr. Cahua. He is a believer who shared his faith with Dr. Hedricks and was engaged with our team throughout the trip. He expressed his gratitude for our care of the patients and was keenly interested in the techniques and philosophies that we brought from the States. He asked for advice on cases, and gave his insight into cases we had taken on. It was a blessing to share such a collegial atmosphere. We also discovered the main anesthesiologist from Hospital Regional, Dr. Roche, had transferred to Hospital Amazonico, so we had a familiar face providing anesthesia the entire time. They all worked hard to provide us with the hospital resources necessary to complete the 39 cases that we performed. It was truly a blessing. We were able to help many patients, and I think all agreed that the trip was fruitful.

In hindsight, I am thankful for the way that God orchestrated the events leading up to this trip. He turned what could have been discouraging inconveniences into a new opportunity to partner to a greater extent with the other hospital in Pucallpa. He really is at work in all the circumstances of our lives, including those that may seem at first glance to be barriers or hardships. Praise be to God.



*"And God is able to make all grace abound to you, so that having all sufficiency in all things at all times, you may abound in every good work."  
-2 Corinthians 9:8*



# Taken For Granted?

By Bryan Matanky, MD and Danielle Cole, July 2012 Team Members

We are all taught to not take things in life for granted. This includes the basics like our health, our family and friends, or the food we eat for nourishment. It can be easy to lose sight of what is important, but it is crucial that we keep our sights on what is real and essential, and to appreciate the true beauty around us.

A crucial item, one that we do not directly think about very often, is the air we breath. In this case, more specifically, the life giving oxygen in each breath that we take. Air is mostly composed of Nitrogen (78%) and Oxygen (21%). As we elevate, even as far as 69,000 feet, the percentage of oxygen in the air surprisingly remains at 21%. What occurs though is that the number of molecules of oxygen in each breath that we take drops significantly. As the altitude increases, the air density itself, or the number of molecules of oxygen and/or nitrogen per given volume will decrease. Therefore, the amount of oxygen in each breath significantly reduces at increasing altitudes.

After a recent trip to the Amazon treating the patients of Pucallpa, which is at 505 feet elevation from sea-level, a group of 16 team members travelled on an expedition to Colca Canyon, which is said to be the second

deepest canyon in the world at 13,650 feet deep. (more than twice the depth of the Grand Canyon.) In the canyon, we had the opportunity to view the awe inspiring rock formations with breathtaking views and vistas. In addition, the canyon is home to the Andean Condors, which have the largest wingspan of any bird at up to 9 feet! These majestic creatures were surely a magnificent sight.

On the way to Colca Canyon, via Arequipa, we passed along extinct volcanoes with elevations up to 18,500 feet, although the trails between the volcanoes were at “only” 16,040 feet! It is there, along these ancient roads, that we experienced the early onset of “**Altitude Sickness.**”

Altitude sickness, also known as acute mountain sickness (AMS), is the effect on humans of the low pressure of oxygen at high altitudes. It generally begins to occur at 6500 feet and can encompass many symptoms even in otherwise very healthy individuals. Early mild symptoms can include headache, fatigue, stomach unrest, dizziness, and sleep disturbance. More severe symptoms can include cough, bronchitis, fever, shortness of breath, nausea, and worse.

There are a variety of treatments and preventative measures which can make a trip like this safe, (and just so no one is worried, all 16 in the group made it back home safe and sound and without significant incident!) Preventative treatment options include an acclimatization technique, maintaining proper hydration, limiting strenuous activities (especially in the first 24 hours), a variety of oral medications, oxygen therapy, and decent to a lower altitude. By using a combination of these, our group found this trip, at elevations of up to 16,040 feet, enjoyable, awe-inspiring, and medically safe.

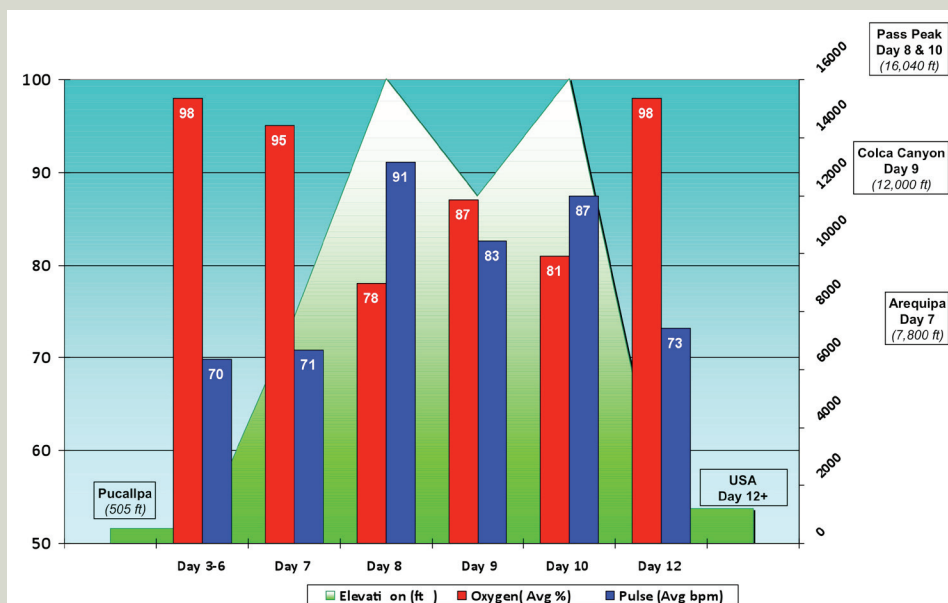
As we are a medical group, at various intervals during our ascent, we took physiological measurements to observe our body’s response, confirm our safety, as well as satisfy our scientific curiosity. From the data, averages illustrated in the figure below, it is interesting to note a few critical observations.

1) Our team ranged in age from 12-51, divided among males and females, with a variety of backgrounds and athletic abilities, even including a marathon runner.

2.) Levels (SpO2) (defined as the amount of oxygen that the blood is carrying as a percentage of the maximum it could carry, with a normal of approximately 96-99%) levels (SpO2) at close to sea level, were all very similar and all in the normal range of 97-99% with an average of 98%.

3.) As the elevation increased to 7800 feet, we all noticed a slight drop in our oxygen saturation, with an average of 95%, still within a normal range. This minimal change was not noticeable unless we engaged in strenuous physical activity.

4.) As we reached 16,040 feet, significant changes were noted. The average SpO2 dropped 17 points





to 78% range of 69-92%. This was a noticeable difference for all. Symptoms of headache, fatigue, and mild shortness of breath with mild or moderate activities were common. Appropriate precautions were undertaken, and no severe symptoms were reported.

5.) It was interesting to note, that at the maximum elevation, we did test 2 local Peruvians who routinely live at these significant elevations (our bus driver and our knowledgeable guide) and they averaged a full 11% greater than our U.S. group.

6.) Approximately 2 days later, when the group was somewhat acclimatized to increased elevations, upon reaching the summit once again, we noted a partial improvement in the oxygen saturation level for most, with our average now increased to 81%.

7.) Later, during the descent, all oxygen saturations gradually increased towards normal, and it was clearly noted that any symptoms of altitude sickness gradually abated.

8.) Upon return to the States, all numbers returned to their baseline

status, without significant incident. Altitude Sickness can be dangerous, and at extremes, even life threatening. By undertaking proper precautions, one can still experience the wonders of the world, even at significant elevations, in a healthy and safe manner.

All members of the mission group gained a greater understanding of one crucial element that sustains our life and are less likely to take the simple things “for granted”.



*Surely God is my help; the Lord is the one who sustains me. - Psalm 54:4*

**Visit Us on Facebook!**



Have you seen our new Facebook page? We have been able to post “real-time” photos and stories from our latest mission trips, and we love to hear the comments you all have made! Please join the 113 people who have “liked” the page so far and you will be able to interact with us as we share our news, prayer requests, and concerns. Since we started the page on August 22, 2012, we have been overwhelmed with how many people have been eager to learn how God has used the ministry of our mission teams. Thanks also to Ginger Korljan for teaching us that a Facebook page was important and for getting us started with this great social media tool. <http://www.facebook.com/ScalpelAtTheCross>



**Ginger Korljan**



# November 2012 Trip Report by Kelli A. Hooks, Mission Coordinator

The November 2012 Scalpel At The Cross mission trip included 3 Orthopaedic Surgeons, 1 Peruvian Doctor, 1 Physician Assistant and 1 support personnel. The team saw 31 patients in clinic, administered 8 Clinical procedures and performed 17 Surgeries on 16 patients.

Patient	Diagnosis	Procedure
1	Elbow Dislocation	Open Reduction & Casting
2	Tibia Plateau Fracture	Irrigation & Debridement with External Fixation
3	Tibia Fibula Dislocation & Nerve Injury	Open Reduction Internal Fixation
4	Medial Femur Osteochondroma	Excision Osteochondroma
5	Open Proximal Tibial Fracture	Irrigation, Debridement with External Fixation Placement
6	Foot Metatarsal Fracture	Open Reduction Internal Fixation & Tendon Repair
7	Supracondylar Femur Fracture	Hardware Removal, Debridement & Internal Fixation
8	Distal Radius Styloid Fracture	Open Reduction Internal Fixation with Plate & Screws
9	Tibial Non-union	Hardware Removal, Debridement & Intramedullary Nailing
10	Femoral Neck Non-union	Femoral Head Resection (Girdlestone Procedure)
11	Lower Leg & Foot Chronic Osteomyelitis	Above Knee Amputation
12	Forearms Midshaft Malunion	Reconstruction
13	Ankle Rupture Open	Irrigation and Debridement - Internal Fixation
14	Tibia Infection Non-union	Below Knee Amputation
15	Olecranon Fracture	Open Reduction Internal Fixation
16	Femur Non-union	Irrigation & Debridement
16a	Femur Non-union	External Fixation Placement



## Our Prayer "Vineyard"

By Nancy E. Cole, Co-Founder and Director of Halo Ministries

For those of you newer to our ministry, we wanted to take the opportunity to share with you the function of our **Prayer Posse** whose role is that of undergirding the life and vitality of this ministry through adoration, confession, thanksgiving, and supplication on Scalpel's behalf. Our posse is comprised of those who "co-labor" with us as missionaries of prayer, through making both *praises of* and *appeals to* our heavenly Father. We send out prayer matters (via email) throughout the year, and keep our posse particularly advised of urgent concerns that accompany our teams traveling to Peru.

The Lord has continuously shown favor to us, which we attribute most certainly to the faithful and steadfast prayer cover of those sacrificially giving of themselves in this manner. We are hemmed in on every side, bolstered and strengthened by God's righteous right hand, in large part because our posse goes before us in prayer and blankets our way for smooth passage! The remuneration



Scalpel is able to be conduits of God's people's generosity to "some of the least of His brethren" in Latin America because of the intercession of His saints and the burdens that are borne upon the shoulders of our faithful prayer warriors. Our ministry has been multiplied a hundredfold by the help given to us by the prayer posse's "ministering angels"

We covet your prayers, even now, for both Scalpel's mid-May Board Meeting in Wisconsin and the coming together of plans for our next pilgrimage to Peru early June. May "no weapon formed against us prosper," as we continue seeking to bring hope and healing to our beloved people groups of the Amazon!



# January 2013 Trip Report *by Kelli A. Hooks, Mission Coordinator*

The January 2013 Scalpel At The Cross mission trip included 4 Orthopaedic Surgeons, 1 Emergency Room Physician, 1 Peruvian Doctor, 1 Anesthesia, 1 Physician Assistant, 5 Registered Nurses, 1 Certified Surgical Technician, 2 Physical Therapists and 3 support personnel. They evaluated 195 Patients in Clinic and performed Clinic Procedures on 32 Patients. Most importantly the team completed 38 surgeries on 37 patients!

Patient	Diagnosis	Procedure
1	Lateral Tibial Osteochondroma with Fibular Bowing	Excision of Osteochondroma
2	Subtalar Arthritis	Subtalar Fusion
3	Both Bone Forearm Fracture	Open Reduction Internal Fixation
4	Elbow Chronic Dislocation	Open Reduction & Casting
5	Medial Femur Osteochondroma	Excision of Osteochondroma
6	Foot Gun Shot Wound	Irrigation & Debridement
7	Tarsometatarsal Arthritis	Interphalangeal Joint Fusion
8	Femur Non-union	Hardware Removal of Broken Plate w/Intramedullary Nailing
9	Proximal Tibia Fracture with External Fixation	Open Reduction Internal Fixation
10	Foot Chronic Clubfoot	Surgical Correction of Deformity
11	Hip Painful Hardware	Hardware Removal
12	Bilateral Chronic Clubfoot	Bilateral Surgical Correction of Deformity w/K-wires & Cast
13	Elbow Cubitus Varus Malunion	Valgus Supracondylar Osteotomy with Pinning & Casting
14	Humeral Shaft Non-union	Open Reduction Internal Fixation & Iliac Crest Bone Graft
15	Knee Contracture s/p ORIF	Manipulation of Knee
16	Tibia Segmental Bone Loss with External Fixation	External Fixation Removal, Debridement & Antibiotic Bead
17	Tibia Osteomyelitis Post ORIF	Hardware Removal with Irrigation & Debridement
18	Knee Painful Hardware	Hardware Removal
19	Clavicle Painful Prominent Hardware	Hardware Removal
20	Distal Tibia/Fibula Open Fracture	Irrigation & Debridement with ORIF of Fibular
20a	Distal Tibia/Fibula Open Fracture	Intramedullary Nailing
21	Radius Painful Prominent Hardware	Hardware Removal
22	Radius Non-union	Open Reduction Internal Fixation & Iliac Crest Bone Graft
23	Radius Painful Prominent Hardware	Hardware Removal & Replacement
24	Tibia/Fibula Fracture	Intramedullary Nailing
25	Tibia Painful Prominent Hardware & Foot Osteomyelitis Post Medial Tarsal Amputation	Hardware Removal with Irrigation & Debridement - Transmetatarsal Amputation with Irrigation & Debridement
26	Fibula Osteomyelitis Post ORIF	Hardware Removal with Irrigation & Debridement
27	Knee Gun Shot Wound-Femur Non-union Osteomyelitis	Irrigation, Debridement & Antibiotic Bead Placement
28	5th Metatarsal Non-union	Exostectomy of 5th Metatarsal Head
29	3rd Metacarpal Contracture	Contracture Release with Skin Graft
30	Tibia/Fibula Open Fracture	Irrigation, Debridement & Intramedullary Nailing
31	Elbow Cubitus Varus Malunion	Valgus Supracondylar Osteotomy
32	Humerus Painful Hardware	Hardware Removal
33	Foot Chronic Clubfoot	Surgical Correction of Deformity
34	Ankle Post-traumatic Growth Plate Arrest	Osteotomy with Epiphysiodesis
35	Tibia Segmental Bone Loss & Osteomyelitis	Irrigation, Debridement & Antibiotic Bead Placement
36	Distal Radius Fracture	Open Reduction Internal Fixation
37	Femur Wound Infection	Irrigation, Debridement & Antibiotic Bead Placement
38	Hand/Wrist Gun Shot Wound	Irrigation & Debridement with External Fixation Placement





## *The Wise Winsome West Virginia Whistler* continued from page 1

loud critters of the Amazon night, and we would tip our necks closer to hear just what he would share with a drawl and serious tone which said, "I've been where you are, and it just don't matter. The Bible says so!"

Nothing like being cherished by a wife to make a solid man, and anyone who spends an iota of time with Dr. Snead will get to know his wife. "You gotta meet Charlotte, ma wife!" he would say at least once a day. Joe convinced us that we were missing out because Charlotte was not on the trip. He was proud to talk about the 50th wedding anniversary that had just passed, and the Snead progeny which manifested in a number of beautiful and handsome grandchildren. "Best wife I coulda ever found! She was a substantial pay-grade higher, and indeed I had to git to the other side of the tracks to find someone of that caliber. I can't for the life of me figure out what she saw in me!"

Joe would continuously say of Charlotte, "If she were here she'd be beside herself with all these kids!" Indeed at times it seems they are all over the place, and Charlotte apparently loves kids.

The best surgical teams have one soldier who is willing to do "whatever," someone to do the bread and butter of

surgical and medical care, and assist in the OR. With a keen medical background and common sense, this team member can shoot over to clinic to work up a patient who shows up while the operating team is... operating. Joe was that utility man! "Just tell me where to go," he would say. "Give me the injections. I'll wrap the casts and sling the splints. Just show me where the plaster is and I'll be fine." In addition, he would say daily, "I'm happy in the OR just to assist and learn, you guys can do the big stuff."

Americans have a tendency to think that the jungle folk don't have much of an agenda. Rather than the rat race of ladder climbing, accomplishments, milestones, and dollar signs, Pucallpas just enjoy surviving for a day, and leaving tomorrow for tomorrow. They enjoy each moment in a way that is hard to describe to our stateside friends. Joe would chuckle in this observation and say almost once an hour, "We all need a little mo' Peeuuue-kahl-pa in us!"

Joe caught one of the young ladies on our team consuming the high calorie fried delectables of the jungle. She was lamenting that it was creating a bodily disaster on her figure. He stopped her in her tracks. "Don't let a pound here or there bother you none. The boys ain't gonna notice nothing!" We all had a

great laugh. Joe had a way of dissipating tension and just chilling people out when they took themselves a little too seriously.

To the great Peruvian Cuisine he would say, "Delicious, just delicious!" and that would include virtually every jungle species of flora and fauna that ended up on his plate. What a trooper, tourist and teammate, just a grateful man! Every morning Joe woke up, whistling his way to the kitchen just after the crack of dawn, "Never slept better in ma life....didn't wake up 'til the sun started shinin'!"

On the last day of team reflections, Joe commented that he was moved by the people of Pucallpa. In spite of The unacceptably deplorable conditions, I will always remember the memories of smiling moms and children, the grateful doctors with whom we worked, and the patients with crippling conditions who wore authentic smiles. "If only some of my patients with their petty complaints could see this. I'm gonna hang a sign outside my office when I get back home. It will read, Git a life!"

*Job 12:12*

*Wisdom belongs to the aged, and understanding to the old.*

