



Scalpel's Edge

Fixing Bones and Losing Souls

By Peter A. Cole, MD

The anxious orthopaedic resident stands at the podium in a room filled with a blur of white coats, distinguished surgeons and nurses, medical students, fellows, residents and other medical staff. They are all peering at him with anticipation of the “case” he is about to present at this morning’s Fracture Rounds. He is weary. The lights are dim and the x-ray image projects to the front of the darkened auditorium. He clears his throat and begins to describe the history and physical condition of a trauma patient who arrived at the hospital the night before with a shattered femur at the level of the knee.

“The patient is a 25 year-old, intoxicated male, driving an estimated 110 miles per hour, running from police in an SUV when the vehicle struck a tree. The patient was thrown 30 feet from the accident scene and the only passenger in the vehicle was killed. The driver was leaving the scene

of a party where a drug bust was made. There was a suicide attempt at the home, as well, knife wounds to the wrist and OD, by the patient’s girlfriend. The girlfriend was brought into the general surgery trauma bay and her stomach evacuated. The male patient’s skin had complex lacerations over the distal thigh, but pulses were palpable below the isolated lower extremity injury, and he was noted to be moving all four extremities. He had a head laceration, neck pain, and was somnolent. He was intubated in the trauma room. Neurosurgery placed him in a neck collar and General Surgery cleared him by 2:00 a.m. to go to the OR with Ortho. We left the OR an hour ago and the patient is now in SICU.”

The resident, more alert now, continues, “the x-rays show a multifragmentary fracture of the distal femur extending into the joint. Our preoperative plan was to definitively fix this fracture with periarticular screws from anterolateral to posteromedial based on the preoperative CT scan, and then a locking plate to connect the articular surface to the femur diaphysis. This fixation would follow a debridement and thorough washout of the wounds with 9 liters of saline given the open and contaminated fracture. The postoperative x-rays show adequate stability and a well reduced joint. Our plan is to get the knee moving today in a CPM machine 0-90°, and we have ordered him

to be up with physical therapy tomorrow—crutch training, pending neck clearance by Neuro.”

The “white coats” proceeded to pepper the young resident with critical evaluations of his x-rays, alternatives to immediate timing of surgery, and the quality of the films. The resident was now wide awake fending off questions. The faculty spent the next ten minutes continuing to ask about fixation options.

Anything wrong with this real life story?

Similar vignettes play out every morning during fracture rounds in hundreds of hospitals throughout the world. The orthopaedic surgeon, in a crude sense, is like a carpenter, who assembles broken pieces of bones using metal instruments and implants. Surgical instruments, such as hammers and drills, are used to implant orthopaedic hardware, like pins, nails, plates and screws. For a number of reasons, I prefer the analogy of an orthopaedic surgeon to the woodworker rather than the carpenter. A woodworker is an artisan, implying a greater sense of creativity, craftsmanship and, perhaps, pride in their work. I know carpenters who feel the same!

The orthopaedic trauma surgeon, who fixes a fracture, relies on intraoperative and postoperative x-rays to assess their work. X-rays or radiographs give the

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ALEJANDRA:

A Courageous Spirit in the Amazon Jungle

by Chad L. Robran, U.S. Field Director

For months before my last mission trip, I had been reading emails about a young lady, who we had hoped to help obtain a prosthesis. I first saw the casting and measuring equipment loaded onto the plane in the U.S. Then, it was unloaded and loaded onto another plane in Peru, and again unloaded from that plane onto pick-up trucks, which would take us into the jungle to the mission house. During the travel down to South America, and over the first half of the trip, the amputee patient frequently came up as a topic of team conversation. First, we were supposed to see her on this day and then the next, but the surgery and clinic schedules kept filling up. We didn't know for sure if she had been brought from the depths of the jungle to the mission compound, or if we were going to get the chance to fit her for her future prosthesis.

By this time, I had started to form a picture in my mind of this one-legged lady coming from a village deep in the jungle. I don't think anyone on the team really knew the whole story about how she became an amputee, much less what her condition was now. Not yet having seen even a photograph of Alejandra, I wondered what she might look like, what her mental status was, and how in the world we were actually going to get this young lady a prosthesis. I had started to picture a weak and unhealthy person, who might have been beaten down by the challenges of the jungle and hoping for a chance to restore some normal function in life.

Well, finally the day came. We heard through the local missionaries that Alejandra was picked up by the SAMAIR float plane and brought to the mission compound. A time for her to come to the mission clinic had been coordinated. My curiosity really started to kick in as we were driving to the clinic and getting ready to see this mysterious patient. We arrived, prepared the fitting equipment, and waited while peering anxiously out the window. Before too long, she appeared outside and words cannot explain my first thoughts as I saw this strong, healthy, young lady smiling nervously as she walked up to the clinic. At first, I thought it was some other patient; I couldn't even tell that she was missing a leg. Then, below the hem of her ankle-length skirt, I noticed the tree branch that she was using for a walking stick. I was amazed at the way she walked with strength and courage on this stick along with her one leg. Wow, you couldn't even tell! She walked so well, and her arms were so strong and defined. I was impressed. (I remember thinking that some of the sports teams in the U.S. should try this type of work-out!) Imagine living in the jungle, carrying a load of wood on your back and a baby in the front, all while walking with a

tree branch and one leg... This is what Alejandra does everyday to survive.

As we continued the clinic visit in amazement, the missionary family, who had found, cared for and encouraged Alejandra for many years shared the complete story with us. They told of Alejandra's childhood snakebite and amputation, of her rejection from her tribe because of her disability and of how these challenges and hurdles had molded her into the strong, independent and content-with-life person.

These circumstances rival even the most challenging situations that I could imagine back here in the U.S. At that moment in the clinic, tears rolled down my eyes as I realized this young lady, who just entered my life through this amazing journey and without even knowing it, was having a profound impact on me as her story gave me strength. By having such a courageous spirit and through her amazing persistence, Alejandra made me realize even more, how anyone can overcome the challenges they are dealt with in life as long as they have the courage to stand up to them. By putting faith by our side, we too can walk one-legged in the jungle and face life-threatening challenges. After all, back in the U.S., some days feel like you are in the jungle with one leg and everyone is coming at you. The question is... Will you be Alejandra and fight to survive? Remember Alejandra's story when times get tough... if she can do it, so can you!



**A note to our readers: The April 2009 Scalpel At The Cross team is excited for the opportunity to deliver a custom prosthetic leg to Alejandra, which has been hand-crafted by Mr. Robert Tillges of Tillges Orthotics of St. Paul, Minnesota. We are profoundly grateful for Bob's willingness to assist with this project. We are even more excited by the possibility of establishing a prosthetics lab in Peru in the future.*

Through the Eyes of a Child

by Danielle, Peter Jr. and Channing Cole



JUNGLE TRIVIA

What tastes similar to chicken when fried yet is a little more novel in the “catching and cooking” departments? Is it:



A. Anaconda



B. Pirannha



C. Llama

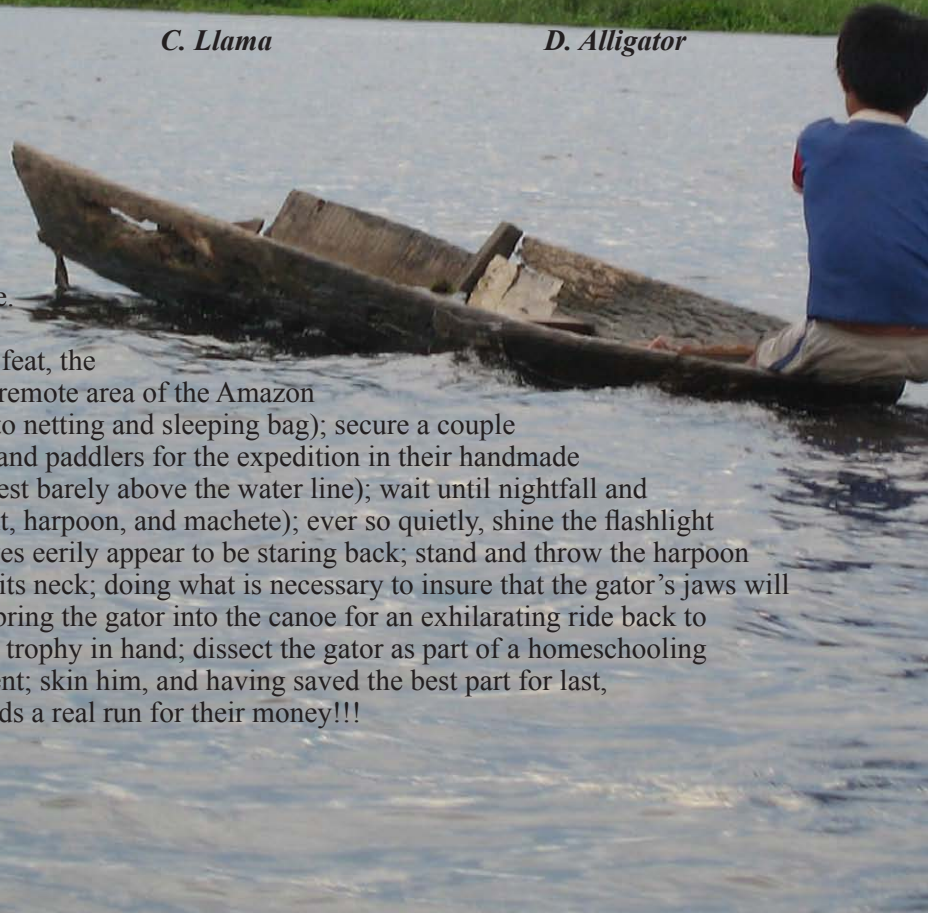


D. Alligator

You guessed it? Gator McNuggets!

We Cole kids had the thrill, this past Christmas, of flying to the Utucaro Tribe with our dad and bush pilot, Craig Gahagen, to experience the pains/pleasures of “gator hunting,” Steve Irwin style.

For those of you who have never considered such a feat, the protocol goes something like this: fly to a tribe in a remote area of the Amazon and set up basic sleeping accommodations (mosquito netting and sleeping bag); secure a couple Indians from the tribe who will serve as navigators and paddlers for the expedition in their handmade dugout canoes (huge hollowed out tree trunks that rest barely above the water line); wait until nightfall and then set out with the necessary equipment (flashlight, harpoon, and machete); ever so quietly, shine the flashlight across the mud-based Amazon until two glowing eyes eerily appear to be staring back; stand and throw the harpoon with great thrust in an attempt to nail your target in its neck; doing what is necessary to insure that the gator’s jaws will not wrap themselves around anyone’s appendages, bring the gator into the canoe for an exhilarating ride back to the tribe; sleep a few hours, and fly back home with trophy in hand; dissect the gator as part of a homeschooling project, taking plentiful photos of this Kodak moment; skin him, and having saved the best part for last, enjoy those succulent nuggets which give McDonalds a real run for their money!!!



What Motivates My Wife and I to Support Scalpel At The Cross?

By Patrick M. White, Donor

I was thirteen years old and attending a weekend Catholic retreat in Binghamton, New York, when I had a vision from God to go and heal. To this day, I remember those words as if it occurred yesterday. Years went by, I went on to engineering school (not to medical school), and “forgot” about this vision. At various times spanning my college years, I spent significant time engrossed in the Bible, enjoying theological discussions with friends, attending a variety of different Christian churches and being involved with Campus Crusade for Christ. However, nothing really drew me toward healing people, whatever that meant to me at the time.

I eventually found my way into the orthopaedic industry and, as an engineer in the medical field, I feel that I’ve had an impact on patients. I’ve been fortunate enough to be involved in projects that have made a difference in people’s lives. During one of those projects, I met Lisa Schroder, who introduced me to Scalpel At The Cross. I remember thinking at the time, now here is a start-up orthopaedic ministry. What better environment could I find to exercise God’s vision for my life? I became an advocate at our company to raise financial support and, in return, my wife, Mary, and I started to receive the mission newsletters.

One particular story moved me; I was touched by the dedication that one mother had for her suffering

daughter with a club foot. She had spent 15 hours paddling in a canoe to reach the hospital in the hope that someone would help her daughter. I thank the Lord today for the young surgeon, who wrote the article, because the Holy Spirit used him as a messenger. At the end of the newsletter, that surgeon asked God to bless the ministry with someone to provide the funding for the SIGN Nail System. I realized for the first time in my life that healing can be done by financially supporting those who do it. Not only did God use us, but also through a divine set of circumstances, several of my coworkers decided to donate the money needed for the construction of a Scalpel At The Cross clinic building. We really hope that the new clinic and the nail system will make a major impact on people’s lives. My wife and I are more than happy to be a part of the team.



Pre-surgery photo of the young girl and her mother



Patrick and Mary White & Family



Dr. Jason Caron repairing the foot.

Travel Log of A Missionary's Mom

By Marla Cole, November 2008 Mission Team Member

Pucallpa, Cashibo, Jungle Bunks, the Ucayali River... all words I'd heard for a number of years relating to the Scalpel At The Cross medical mission somewhere in the Peruvian Amazon. Then in the summer of 2008, the word came again – was I interested in joining as a member of the team on their forthcoming mission trip towards the end of the year? Having been invited a year before but unable to travel at that time, it did not take me long to accept the invitation this time!

After receiving an email with all the must-do's prior to being able to travel, my first task was to get the needed inoculations in time for them to take effect prior to travel – no easy task to find the party who could administer these in Massachusetts. That taken care of following many phone calls to different health centers and doctors' offices, a few weeks later I sent the payment for the trip from Boston to Lima.

Living in Venezuela was my first experience with a South American country many years ago, but never having traveled to Peru, I wondered if this country would be much different? Time would tell... The five members of this small team (Lisa and son Justin, Dr. Ryan Will and Dr. Peter, and I) were flying from different states to meet in Atlanta for the final leg to Lima, so once we were all there we boarded the Delta 349, which left on schedule for our 7-hour flight. The sixth team member was to meet us there – Dr. Rosita Escudero.

Arriving at the Lima Airport close to midnight, the Peruvian customs agents (who were not too busy due to few planes arriving at that time!) were anxious to check out the three very large trunks which had come from Minneapolis with supplies – medical, toys, linens... After Dr. Peter explained that we were a missions team and these supplies were all to be used and distributed to those who had few

financial means in the country, the agents said to close them up, and they sent us on our way without having to pay a cent for bringing the things into the country. The Lord was certainly hearing the prayers of those of us who were on the sidelines not doing the talking! By the time we were met in the van by Berta, the able driver who transports the teams each time they are in Lima, we headed for the hotel after everyone thought it was too late for snacks at 1 a.m. (even though we could see that many restaurants were still open and busy – that's Latin America, folks!).

We arrived at the hotel, and after ringing the bell to enter the iron gates and walking through the small front yard, the young lady at the front desk of the Antigua Miraflores Hotel was waiting for us with a smile. We were each given keys to our rooms, and as I walked the foyer and lobby and up the stairs, it was exciting to see the old and beautifully-kept antique Peruvian door moldings and furniture. I had seen much of the same years ago in Caracas in the homes of some of my grammar school friends – furniture which had been preserved and passed down for generations, I'm sure. Then... right there on one of the antique tables, I spotted a symbol of the 21st century – a desktop computer for the use of their guests!

The next day following a delicious breakfast, we all took off to the Hospital de Emergencias, a facility unlike any hospital I've ever seen in the States. Literally hundreds of men, women and children (some in the arms of a parent) packed at the entrance waiting to be taken care of medically. After touring the operating room and other rooms filled with patients, we were escorted up to the Conference Room, where we met at length for about an hour and a half of back and forth information and conversation with the Director of the hospital, as well as with Dr. Cangalaya, the Chief Surgeon, and Dr. Rosita Escudero, the latest permanent and now liaison team member of Scalpel in Peru. Dr. Peter asked many questions relating

to the facility's day to day operations and how Scalpel At The Cross might be involved in helping them. I was able to assist in the translation of Spanish to English and vice versa. for those who did not understand or were not fluent in either language. Extending the hand of friendship, they served us a delicious meal at the end of our time there.

That evening with some local invited guests we all enjoyed a buffet and typical Peruvian folklore through a variety of dances. Stunning! Entertaining! Magical! Sunday being the following day, we attended Iglesia Koinonia, a Calvary Chapel presence in Lima, whose pastor and wife, Brian and Betty VanderKode I have known for years since my days living in South Florida. Great treat to meet up and visit with them once again even though only for such a brief time. After meeting right there at the church with a mother and child to assess her progress after a prior operation, the team split up – Dr. Peter took off to visit and check out the status of yet another young patient on whom he had operated during his last trip, and Berta transported the rest of us to the large plaza in Lima – we toured the city, ate at Pardo's Chicken (great choice, Justin!), visited the very old but beautiful Cathedral/Monastery, and took pictures. Next to the Larcomar Mall where the entire group met up again to have a light snack on the cliffs and view the spectacular sight of the Pacific Ocean. That night we met up for dinner at the beautiful La Rosa Nautica restaurant with some more Peruvian doctors who have been instrumental and involved in Scalpel activities. *(continued on page 6.)*



Scalpel Team Members Enjoying Lunch at Pardo's Chicken.



Marla Cole

The following day, we were off to Pucallpa by plane. Once we arrived, we were greeted by the couple who rented us the truck for our stay. After all of us wondered if all our luggage could possibly fit in the open rear, the experienced packer Dr. Peter got to work and was able to fit it all in. Of course, Dr. Will (Ryan) had to stand in back of it all, literally spread-eagle, to insure that nothing would fall out on our drive to Pucallpa. He told us later that he got some very “funny” looks from onlookers who were probably saying to themselves, “What on earth....?” The final leg must have been rough, as Peter roared over the dirt road for the final several miles. We did arrive to Jungle Bunks safe and sound, the rest of us squished but happy in the back seat of the truck. Set in the tropical rainforest on the banks of the Ucayali River, all the sights were pointed out for those of us who visited for the first time. After unpacking we walked over to the new clinic under construction (due to be in full operation this April) where patients will be able to be checked out by members of this medical ministry.

The next few days were filled with visits to some of the missionaries, an evening of great fellowship with the Gahagens, tours and visits to local hospitals, interviews with more patients and doctors (thanks Justin, for so ably passing out to the children all those bags full of toys), many trips to local furniture stores which displayed their beautiful wood choices for the furniture to be made to outfit the new clinic, a flight with missionary pilot Craig to the town of Atalaya, where the news of the arrival of the medical team was broadcast over the radio, resulting in more people than we could possibly

accommodate to see on that day, a local fish meal, continuing the flight into an Indian village, and the return flight to Pucallpa over miles and miles of the lush Amazon forests.

On our last day there, Dr. Will and Dra. Rosita were scheduled for an operation at the Hospital de Pucallpa. As mentioned before, facilities in third world countries are not what they are in the States, so following the successful operation with no A/C and fans which were apparently not working, Dr. Will made the comment that he had not sweated so much since he played football in college! There were some interesting mishaps as we all went back to the truck for our return to Jungle Bunks – “Who has the keys?” They were inside the locked vehicle! With locals giving advice on how to get in without breaking glass, one of the suggestions was to crawl under the car where one might find a hole which would dismantle something or other to be able to eventually enter thru the undercarriage (I’m still trying to figure that one out). Finally, the window had to be smashed, and after clearing the glass inside, we all piled in and dashed over to the free market for some last minute items to prepare that night’s dinner. Dr. Rengifo, Surgery Chairman of the Hospital de Pucallpa, and his daughter joined us that evening for a wonderful visit and meal which was prepared by all of us.

Our final day before heading back to Lima and on to the States... more interesting things were about to happen. While Lisa was to stay at the house for some last minute preparations for the trip, Peter and Rosita were about to head into town to the furniture store for some final minute negotiations. Ryan, Justin, and I were walking down the walkway of wooden slats from Jungle Bunks when all of a sudden, feeling that something had bitten me, I jerked my left foot up and looked up in time to see a snake approximately two yards long rushing into the nearby brush. Apparently sunbathing comfortably under the slats, he was not pleased that I was disturbing his peace, so shot up and sank his fangs into my foot between two of my toes before slithering off. There were several local Indians there, some

of them selling their artisan wares and others waiting for some of us to board the canoe which would take us to the Indian village across the river. “It’s a venomous one, it’s a venomous one,” a couple of them chanted! Immediately plans changed, and I was escorted into the house again, where I was told that had the snake been venomous, my leg would instantly swell and I would be in terrible pain. None of that had occurred, but to be safe and since Peter could see the two puncture marks, the “snake bite” kit was brought out. Everything that needed to be done, including tying a piece of thread around my little toe to use the extractor to remove any possible venom, and finally using the tazer (stun gun) to zap the area four times – no fun – maybe it was five!! Deciding I was fine, everyone re-grouped and headed in different directions. The Indian village was fascinating, and we were able to buy for “nickel and dimes” – from about thirty women and children sitting on the ground and lined up against a long wall – necklaces and beads, purses and shawls...

Back to the mainland. Ryan admitted later that he was using the can to take out the water as fast as he could, because the canoe was leaking and taking in what seemed like gallons of water! Back at Jungle Bunks, Peter and Rosita dashed in over an hour later than had been expected. One of the 3-legged motorcycles which acts as a taxi or personal transport ran into them. So between dealing with all the people running up to the accident, the police, and driving over to the hospital with the three injured (nothing life threatening, PTL) to make sure they were properly taken care of, they finally arrived back. Running later than had been expected, everything from then on was a mad dash out of the house to get going to the airport in Pucallpa and then on to Lima. Hanging out at the airport in Lima, we spent some time remembering our week. We laughed like mad while Ryan retold the story of the snakebite and ensuing events which occurred right after!

I met new friends, had a great time, and have some fantastic memories. In going, I figured it would be my first and only trip there. But now, who knows...

Snakebit!

By Peter A. Cole, MD

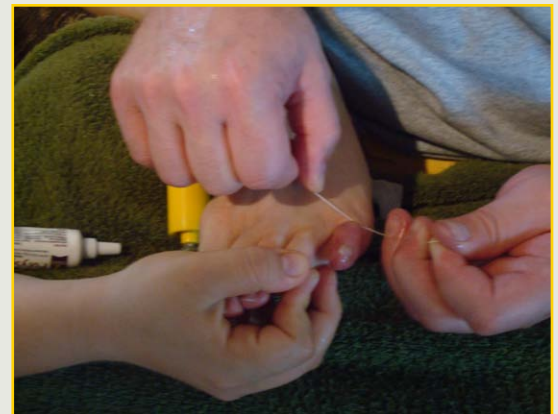
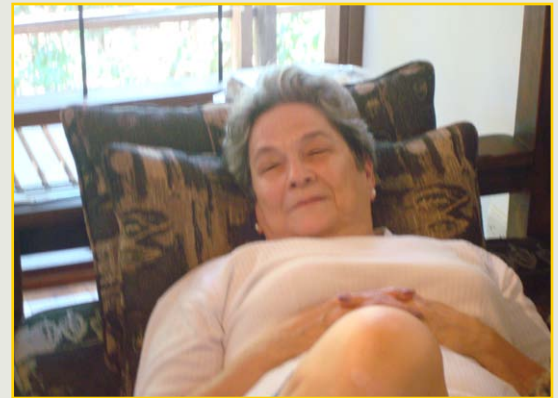
It is probably not news that snakes abound in the Amazon Jungle, but realistically what is the likelihood that a Scalpel At The Cross team member will encounter such a creature? See one—not uncommon, get bit—likely never!

In 2005, when a team of native Shipibo Indians were clearing the plot of land where our Jungle Bunks Guest Lodge was to be constructed, they killed an anaconda measuring 3 ½ meters in length. The anaconda prevails in the swamps and lagoons, which fill from the rising Amazon River during the rainy season. They live in the water yet are often found in trees around the banks. Mission Director, Lisa Schroder, on a subsequent planning trip to Peru in 2006, encountered several baby anacondas “nesting” in one of the gutters of the guest house. Each measured less than a meter. The anaconda is not a poisonous snake, but reaches lengths of up to thirty-two feet and kills its prey by stunning and then strangling.

Over the years of travels to Peru, we have treated many Indians with the sequelae of poisonous snake bites, most commonly from one of the most feared reptiles in Peru, the Bushmaster. The largest of the pit viper family, the Bushmaster, lives in remote, heavily forested tropical jungle terrain. Though our team members have not seen one alive, several times Indians have shown us one of these snakes, which they had recently killed with their machetes. These snakes are named “Bushmasters” because they are aggressive and defend their territory, whereas most snakes are fearful and generally retreat when encroached upon. Any time team members stray off well worn paths in these parts, they are advised to carry with them a machete. The Bushmaster is a huge, thick-bodied and highly venomous snake with a triangular shaped head, one of nature’s warning signs that a snake is poisonous and its venom can kill. More commonly, patients develop compartment syndrome of affected extremities, which kills the tissues. Often doctors in the jungle must treat with amputation if treatment is not available expeditiously.

Incredibly, on our November trip of 2008, my mother, Marla Cole, was bitten by a snake while traversing the boardwalk attached to the guest lodge. She recollects the meter long snake snapping up along side the slats in the walkway, striking her foot on the fifth toe. A dozen Indian women who were in the vicinity witnessed the snake slither off across the dirt driveway after my mom lunged backwards. Though the Indian ladies all agreed the snake was poisonous, the missionaries claim that the Indians believe that all snakes are poisonous. I escorted my mother about fifty yards into Jungle Bunks, got her leg up and examined two punctures corresponding to fang marks.

We rendered two treatments which reflect our readiness for such events. The first is to apply a small syringe & suction apparatus directly to the fang marks, causing negative pressure, thus suctioning local blood (and venom) from the area. The second treatment is a “mini-tazer” device which creates an electric ark between two probes. The theory is that a current which passes through the affected area, deactivates the venom. These interventions, executed promptly in this case, thwarted major medical adversity, and, Praise the Lord, mom was spared of any morbidity!



Marla Cole's snake ordeal in pictures...

Fixing Bones and Losing Souls *(continued from front page.)*

surgeon a visual assessment of their surgery, allowing them to evaluate the position of the bone (joint reduction, length, alignment, rotation), as well as, the location of the implants (around joints and alongside the bony perimeters). As a fracture surgeon, I interpret these x-rays like an artisan, in that I care not only about whether the bone is stable and reduced, but that the x-ray is aesthetic. The postoperative x-ray is like a completed painting...or more accurately a sculpture. I believe the fixation montage of implants should yield a gratifying sense of accomplishment, allowing me to conclude—"beautiful," or even, "another Rembrandt!" I hope this interpretation doesn't lead you to think that I am filled with wrongful pride. It is pride in my work to be sure, and likely not the side of the surgeon that the patient nor the public ever thinks about. Perhaps that is disturbing, but I express this to make a point.

A Masterful Surgery but a Lousy Outcome

The fractured femur was indeed fixed beautifully, allowing the patient eventual healing and the ability to walk and to function at work and play. It was a masterful job—a grand success! But what about the drunken patient, who still self medicates? What about the aftermath of the killed passenger....her parents, brother and sister....her friends? What about the girlfriend? How does she explain the grotesque scars across her left wrist... depressed and anorexic... overwhelming odds? To imagine that a night of poor choices had a ripple effect far beyond that neighborhood address is not hard. The fact was that poor choices reflected sin, egocentric decisions, separation from God, and rejection of God! The ripples were no less than tidal waves of massive destruction in every direction-- progressing for generations.

We orthopaedic surgeons can get so enamored with our work (pieces of bones, types of hardware, beautiful x-rays) that we forget that there are muscles and skin around bones; that these bones, muscles and skin make up a patient; that this patient is a person; and that this person has a soul. So, did the orthopaedic surgeon experience a grand success because the x-ray revealed a masterfully executed surgery and the patient had a good functional outcome?

Not if the orthopaedic surgeon is a physician and that physician is a Christian. The surgeon executes a procedure, the physician addresses a patient's well being, and the Christian understands that well being is inextricably linked to knowing and loving God.

An Orthopaedic Surgeon is no Match for Peruvian Orthopaedic Challenges

Pucallpa is like one of our old "Wild West Towns," where lawlessness and disorder reign, survival of the most powerful is the only order of the day, and the ravages of disobedience, crime, greed... and sin are evident throughout. In Pucallpa, drinking is commonplace and alcoholism is prevalent, perhaps a way of coping with despair, which results from a society separated from God. Gun-wielding jungle bandits reek emotional and physical havoc on innocent bystanders, executing orders from ruthless lumber barons with motives of conquest. Women have litters of children, who are born into fatherless, cruel, tattered shacks along muddy roads of affliction. But, it doesn't take alcohol or murder or reckless fornication to be separated from the Maker of all heaven and earth.

Eternal separation also exists in moral, hard-working, likeable, well-intentioned citizens, who are ignorant of the Messiah.

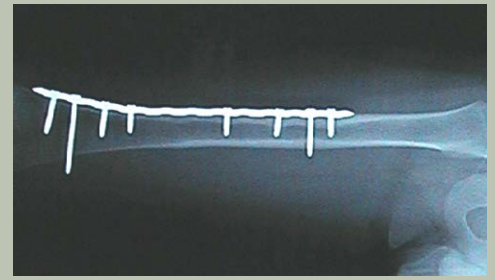
No one comes to the Father except through me. - John 14:6

These good people of Peru also must learn that Jesus came to earth to teach God's ways and desires for their lives.

He saved us, not because of righteous things we have done, but because of His mercy. - Titus 3: 5-7

For full recovery, they must know that Jesus was beaten, humiliated, punctured with thorns, and nailed to a tree, in order to bare the wrath, which his own father God willed upon Jesus, so that each one of us might be spared a similar fate.

Christ died for sins once for all, the righteous for the unrighteous, to bring you to God. - 1 Peter 3:18



Broken bones that heal in patients who spend a life in wreckage and a pain-filled eternity in Hell separated from God is hardly a recovery at all.

He too shared in their humanity so that by His death He might destroy him who holds the power of death—that is, the devil. - Hebrews 2:14

Scalpel At The Cross seeks to share the love of Christ through our medical work in Peru. We only wish our orthopaedic care to be a window through which patients can see the light of Jesus, ask about Jesus, and ask for Jesus.

He calls them out of darkness into his marvelous light. - 1 Peter 2:9

A heart, which converts from primarily egocentric motivations to one of gratitude for a saved and peaceful soul, is far more likely to impact life in Pucallpa than a healed femur bone.

If a man remains in me, and I in him, he will bear much fruit; apart from Me you can do nothing. - John 15:5

Fixing fractures, preventing deformity, and relieving some temporary suffering, is merely a humble gift to express our own gratitude for what Christ has done for us. As His instruments, we merely treat, but He heals.



Scalpel Attends SIGN Conference

Thanks to a very generous donation by Patrick and Mary White (see article on page 4), Scalpel At The Cross was recently able to purchase a system of orthopaedic implants and instruments called the SIGN IM Nail system. The system is specifically designed for use in under-resourced hospitals, such as Hospital Regional de Pucallpa. As we prepare to introduce this system to the mission field in Pucallpa, Peru, one Scalpel director and mission team member, Chad Robran, recently traveled to Richland, Washington, to attend a SIGN conference for training in the use of the SIGN Nail. The annual conference, started over 10 years ago by Dr. Lewis Zirkle, president and founder of the SIGN initiative, was a 3 ½-day long orthopaedic mission “think tank.” Surgeons from around the world presented their data and experience with the SIGN system and also other orthopaedic techniques unique to serving patients in the mission field.

“The conference was a great experience,” reported Chad. “The first day consisted of a hands-on sawbones workshop, where we learned how to use the SIGN nail and all of its instrumentation. This system will enable the surgeon teams, who join mission trips with Scalpel At The Cross, to better fix fractures in long bones, such as the tibia, femur and humerus. The system is designed to help surgeons implant the steel rods without the use of x-ray, like we have here in the US,” Chad explains. “After the first day, I was able to sit back and take notes as surgeon after surgeon gave presentations on different orthopaedic missions from around the world. I learned a lot and can’t wait to implement in Peru some of the ideas and concepts that were discussed.”

A Scalpel medical team will take the new fracture fixation system to Peru in April 2009. The team will use the instruments and implants immediately to help patients. The goal is to train the surgeons at Hospital de Regional in Pucallpa to use the system and, eventually, be able to implant the SIGN nail when the Scalpel team is not there.



Chad Robran and Dr. Lewis Zirkle check out the SIGN IM Nail system.



Colossians 1:10-12

“And we pray this in order that you may live a life worthy of the Lord and may please Him in every way: bearing fruit in every good work, growing in the knowledge of God, being strengthened with all power according to His glorious might so that you may have great endurance and patience, and joyfully giving thanks to the Father, who has qualified you to share in the inheritance of the saints in the kingdom of light.”

PRAYER & PRAISE POINTS:

We ask you to join us in lifting in prayer the following:

- **PRAISE** over the safety and welfare of the Scalpel Team as well as “Team Cole” during travel in November and December 2008, respectively.
- **PRAISE** for the successful completion of the medical clinic prior to the onset of the rainy season; an inaugural service is planned for April 2009.
- **PRAYER** for discernment in assembling an eclectic, multi-talented team who will travel to Peru 4/3/09-4/12/09.
- **PRAYER** for an anointing of our hands & feet, that as ministers of the Gospel we might bring spiritual refreshment as well as medical expertise to all God puts within our circle of influence (full-time missionaries in the field, Peruvian patients, neighboring tribes...).
- **PRAYER** for furthering of ties with Hospital de Amazonica as we seek to broaden our medical outreach within Pucallpa.
- **PRAYER** for the successful delivery and utilization of the SIGN NAIL System during the April '09 mission trip.
- **PRAYER** for continued faith and the entrusting of our ministry’s financial condition during lean times economically for many.

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A Christian Medical Mission to the Peruvian Amazon