ANESTHESIA MISSION IN TAMALE (CASE REPORT)

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INTRODUCTION

This case report illustrates the challenges commonly faced by medical missions in developing regions, where resource limitations, disorganized supplies and delays in critical interventions can transform routine hospital procedures into extreme medicine scenarios. During our mission, which was organised by MEDAVAC[3], anaemia played a far more significant role than initially anticipated, complicating the patients' conditions.





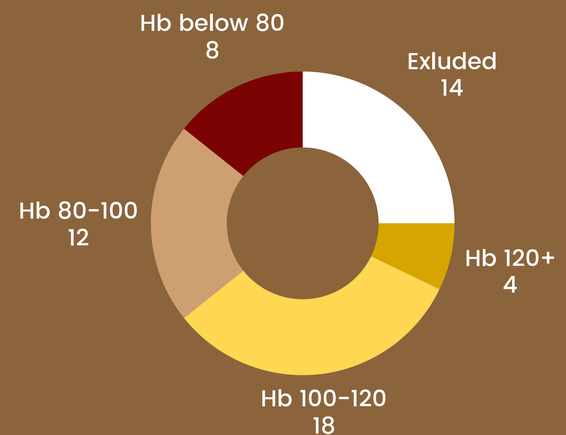
ANAEMIA AS ONE OF THE BIGGEST OBSTACLES

According to the WHO anaemia affects more than 40% of women in Africa. In our group 20 of 42 patients had transfusion ready for surgery as a precaution, because of low pre-operative hemoglobin.



INITIALLY 56 PATIENTS ADMITTED FOR SURGERY

14 patients - excluded due to HIV+ (6) and inoperability(8)
4 patients - Hb 120 +
18 patients - Hb 100 - 120:
12 patients - Hb 80 - 100
8 patients - Hb below 80

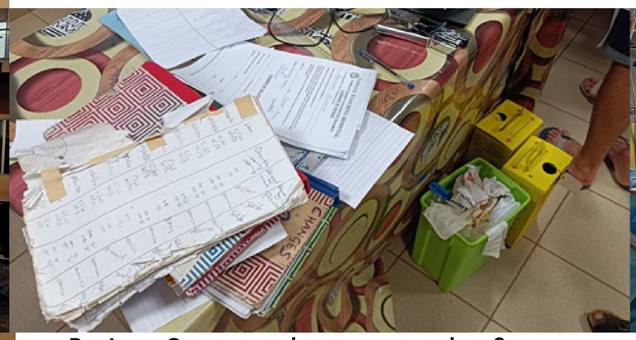


[3] MEDAVAC IS A PERMANENT HEALTH AND HUMANITARIAN PROGRAMME OF THE MINISTRY OF THE INTERIOR OF THE CZECH REPUBLIC THAT FOCUSES ON PROVIDING MEDICAL CARE TO VULNERABLE POPULATIONS IN CRISIS AREAS AROUND THE WORLD

CASE REPORT

A 36-year-old female, with no prior medical history, presented with myomatosis requiring myomectomy. Pre-op Hb was 86 g/L. Two transfusion units were prepared as a precaution.[4]

Surgery number 1:
Laparotomy with removal of 3 myomas; other myomas were deeply embedded, consistent with adenomyosis, enlarging the uterus to 60 cm. A hysterectomy (HYE) was indicated but not consented to by the patient beforehand. Blood loss was estimated at 300 mL. One unit of blood was ordered to be administered post operation.





Post-op Course and surgery number 2:
On postoperative day 1, the patient signed consent for HYE and her vitals remained stable (BP 110/60, HR 78). HYE was performed with another 300 mL of blood loss and vitals stayed stable during whole surgery.

After the surgery number 2:
20 minutes post-HYE, the patient developed arrhytmia with ST elevations, BP dropped to 60/30 mmHg, followed by bradycardia and transient asystole. CPR was succesfully performed, ephedrine administered. The patient on artificial ventilation with NRA running continiously was transferred to the ICU, via the only elevator that was available in the hospital and with no transport oxygen available.

Upon ICU arrival, it was noted that the blood transfusion ordered in the morning had not been administered and was still sitting on the table. A Blood count test was ordered and transfusion was promptly given, stabilizing the patient. Afterwards FBC shows hemoglobin value of 26g/l.
When arranging for the second transfusion, it was discovered that the other unit of blood had not been prepared because the donors had not arrived in the morning. Two units of blood were subsequently obtained from another hospital but after an hour's delay.
The patient continued to recover and was discharged from hospital on day 3.

CONCLUSION

Severe anaemia and forgotten transfusion led to hemorrhagic shock, causing arythmia which presented unexpectedly with ST elevations, probably due to ongoing myocardial ischemia and concluded with transient asystole.

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[4] TAMALE HOSPITAL USED FRESH WHOLE BLOOD FROM DONORS WITHOUT CROSS-MATCHING OR SIGNED CONSENTS. BLOOD IS TAKEN AND ADMINISTERED DIRECTLY. SOMETIMES DONORS DON'T ARRIVE, BUT NO ONE INFORMS THE STAFF.