

## Elma's E-musings

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Elma T. Jocson, M.D.

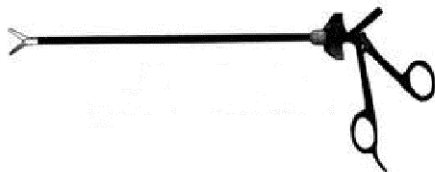
Ganta United Methodist Hospital  
Nimba County, Liberia (West Africa)

Hello praying friends:

Decades ago, there was a TV series that came on every Saturday at 7 pm - MacGyver. (I am a self-confessed TV addict; sober these days because I don't have a TV or electricity). I loved watching how MacGyver could get out of sticky situations using practical physics, chemistry and engineering. He even saved lives!

If you come to Ganta you will see that our hospital has received a lot of donated equipment and supplies - from highly specialized instruments and machines to dressing gauze and tubes. We even have a rusted ambulance parked outside the administration building. I was told it ran only once after it got to Ganta, then never again.

One morning I saw a janitor picking up garbage using an Aesculap alligator biopsy forceps. It has handles like one would find on a pair of scissors but instead of scissor blades there is a long rigid tube with a tip on the end that opens like the jaws of an alligator and there are sharp teeth in the jaws.



The manufacturer has sized the forceps to fit into a long tube (endoscope) when viewing the walls of the upper or lower gut. If there is a tumor, the forceps with its jaws are used to collect tissue for a biopsy. Here we are using it to pick up garbage!

I need to explain why we can't use all donations for their original designated purpose. It's because some of the

equipment we are given is properly used with something else that we don't have. We don't have the endoscope so the forceps are available for other purposes. This is where the MacGyver qualities that we have learned to rely on are so handy.

Otika is an 8-yr-old girl who came in with difficulty of breathing. She had fallen from the 4-ft. height of a window one week prior. She arrived with respiratory distress; she had to be always sitting up and bended forward with her face tilted upward so she could breathe better. Her chest cavity appeared to be bulging, her tummy was big, and her legs were swollen. A chest x-ray did not show any rib fracture but it did show fluid in her left lung. The other doctor tried to drain the fluid by putting in a tube. When he turned around, she pulled the tube out. Ouch! I met her in the hallway outside the OR and she was gasping for air.

Otika doesn't speak English, only her tribe's Mano language. But somehow we understood each other. I told her she needed the tube but she said "no." I let a day pass and then talked with her, assuring her that the procedure would not be painful because we will give her medicine to sleep - something she hasn't done for days.

A chest tube is used to drain air or fluid from the chest cavity. I was able to insert a chest tube and drain 750 ml of thick, very foul-smelling pus. Imagine a balloon in a solid, protective box. The balloon can inflate and deflate within the protection of the empty box. If there is also fluid in the box, the balloon cannot inflate adequately. Differences in pressure makes it easier to get air in and out of the lung itself - what an amazing Creator God we have! So for the chest tube to drain well it has to be a closed system, under water - sealed to generate negative pressure. Using tubes and parts scrounged from different stock rooms, we were able to coble together a contraption which maintained a negative pressure, causing her chest cavity to drain.

Days later, Otika had still not improved much. A repeat x-ray showed her left lung expanded but now the right lung had fluid. After trying and abandoning a simple tube in her right lung, I consulted with some UN aviation engineers and we improved on the water-sealed system, this time using a two-bottle

drainage which increased the negative pressure and caused better drainage.



Otika can now lie down on a bed. She is eating well and on oral medication. Her left chest is draining a little with bubbles present. The bubbling worries me because it may mean there's a hole in her lung that acts as an abnormal path (bronchopleural fistula) – a more complex problem. Note that picture showing the 2- bottle system. I have her blowing into a long IV tube submerge in water. I told her that's her toy - a blow bottle to expand the lungs. We need you to help us pray for her.

Here's an update on the operating room renovation: I have seen how faithful God is to those who look to Him. I was daunted by this big project, but God has moved a lot of you to give towards it. We will move to a nearby orthopedic area as our temporary OR by Feb. 1. The roof and ceiling will be the priority. Your gifts are not late and will be welcomed. Any left-over money will go towards OR supplies.

## **Prayer Points:**

- Praise God for those loving hearts and generously open-hand givers to the OR renovation.
- Otika's recovery- as of Feb5, all tubes were pulled out, both lungs fully expanded, she comfortably sleeps lying down. Residual cough remains.
- Construction workers' safety as they deal with the inhabitants of the OR ceiling. We need 'Pest Busters' for all the creepy animals living there.
- Liberia Annual Conference happens on Feb 9-12. Protection for the delegates and wisdom for the Church leadership.
- Praise God for all of you who love God and us here in Liberia. We are so blessed!!!

### Editor's note:

On Feb. 5 Elma reported that Otika is going home today.

Your church can help with the Operating Room renovation by sending your gift to

The Advance

GBGM- UMC

[475 Riverside Drive, Rm 350](#)  
[New York, NY 10115](#)

Checks should be designated *OR Renovation #15080N* (Both the Advance number and the words *OR Renovation* are needed.)