

## Medical Missions: February 2011

With thanks to the Lord and our 26 volunteers, many supporters, and staff, the February 2011 Hope International Mission trips touched the lives of 800 children and their families. Our surgical team conducted 26 surgeries while providing training in laparoscopic techniques and correction of complex congenital defects. (See article on page 2.) Our medical team dispensed over 3000 prescriptions of basic medicines and vitamins to children in very poor villages surrounding Estelí and Jinotega. In one of these villages, hard hit by last year's torrential rains and flooding, the team encountered many underweight and sick children. Dr. Park, with the help of a local pharmacist, developed a relatively inexpensive powder supplement from local soy, coco and other ingredients, which he christened *Salsa Gorda* or "Fat Salsa." A two-month supply of the powder was then given to families with underweight children and infants, and they were instructed on how to add it to food or mix it with water. Many thanks to all of you, whose gift of medicine allowed us to provide these communities with much needed medical care and medications.

**Board Members Join Teams:** In addition to 20 medical volunteers from the US and Canada, we were privileged to have several HCI board members join us on the trip. Dr. Joseph Lelli, a pediatric general surgeon from Michigan Children's Hospital in Detroit, again led our surgical team; Dr. Roger Anderberg, and Dr. Stephen Park led our medical team; Bill Vander Roest, along with his wife, Lorrie, who is also a pediatrician, his son Mark and an exchange student, Janis, gave their time, service and heart to caring for the children.

**HCI partners with Casa Pellas:** In another exciting development for us, Tim's Clinic and our teams have partnered with a local business called Casa Pellas, which sponsors a local school with over 500 children from poor families and provides free lunch and school supplies. At the request of Casa Pella our team visited the school and provided medical care to 150 of the school's children. In exchange, Casa Pellas is providing us with free transportation when we are in the country.

We would not be able to serve the children of Nicaragua without your donations of time, prayer, equipment, and money! Our next trip will be **June 18 to July 3** when we will again send pediatricians to Estelí and Jinotega. We look forward to your continued support and prayers!



## Ways to help

- Help us save postage and money - join our email newsletter at <http://hopeclinicinternational.org/Home/NewsletterSubscription.aspx>
- Looking for a unique and life-giving gift? Find something special at <http://hopeclinicinternational.org/GetInvolved/GivingCatalog.aspx>
- Interested in staying in shape and meeting fellow Hope Clinic International supporters? Consider joining our team for the Big House Big Heart Run on October 9, 2011. Contact Sheryl Snyder at [hopeclinicinternational@gmail.com](mailto:hopeclinicinternational@gmail.com) for more information.

## Critical Surgeries Change Children's Lives

Although the numbers served are lower and expenses are higher, performing surgery is often our most critical and life changing work. Nicaraguans experience a much higher rate of all types of congenital defects but one dangerous defect, **anorectal malformation**, is unusually common (four times the rate seen in the US) and requires extensive surgical training to fix. Any surgery is a difficult and expensive undertaking, but the lack of experienced surgeons, health insurance, and equipment make it a near impossibility for the 80 percent of Nicaraguans dependent on the public health system. Impoverished Nicaraguan children often die needlessly or suffer lifelong disability from conditions that can be corrected surgically in the United States. HCI can do something about this.

We have established a relationship with a brilliant Nicaraguan surgeon, Dr. Alfredo Valle, who has a heart for the underserved. His life's work has been to treat and care for children with congenital defects. Dr. Valle knows what it is like to have little: he grew up in a remote rural settlement in northern Nicaragua and, despite losing his father at a young age and facing political adversity, he made his way through



medical school and specialty training. He has been offered jobs working in the private sector in Spain and elsewhere in Latin America, but he has chosen to dedicate his career to the poor in the public health system. We have worked with Dr. Valle for the past three years, training him and his surgery residents on laparoscopic techniques and the repair of congenital defects. Our nurses have assisted the Nicaraguan staff in the postoperative care of these children and provided much needed pediatric supplies, but there's more training needed and many more children not yet served.

Dr. Valle's dream is to create a specialty Surgical Clinic within the Children's Hospital that would be dedicated to children needing surgical repair of congenital defects. Today in Nicaragua many children with anorectal defects are living with a colostomy because they have never been able to get the surgical help to repair the defect. Children with problems such as esophageal atresia or accidental swallowing of caustic liquids are left with a feeding tube because the surgery to repair their condition is beyond the skill of local surgeons. While these children will survive without corrective surgery, they cannot lead normal lives and their parents suffer with the knowledge that a cure exists for their child's problem but not in their own country.

We can make it possible for these children to obtain the care they need. We plan to establish a local non-profit (with the approval of the Nicaraguan government) to build this specialty clinic, to fund training of local surgeons and nurses, to provide equipment, and to support families as their child faces multiple surgeries.

## What is Anorectal Malformation (ARM)?

*ARM is a congenital birth defect in which the anus and rectum do not develop the correct way and the rectum is not connected to the anus. The rectum may be connected to the urinary tract or reproductive system.*

**Why is the incidence of ARM so much higher in Central America?** The incidence of ARM is much higher in Nicaragua than that seen by pediatric surgeons in the US. It's estimated that rates are four times higher. Although the actual cause of this defect is unknown, genetic factors and exposure to pesticides and herbicides are thought to contribute to the higher incidence.

**What is treatment?** Surgery is the only corrective treatment for the defect, and children often require multiple surgeries and ongoing follow up to prevent future complications. Treatment usually involves a colostomy for a period of time, followed by reconstructive surgery and later removal of the colostomy. With appropriate and timely surgical intervention these children can live normal lives.



*Sarah required an emergency colostomy after she suffered a perforated bowel from parasitic worms. Dr. Lelli repaired the bowel during our trip. Children must be treated with anti-parasite medicine every six months to prevent these complications.*

