Therapists in Uganda 2014 Report

By Jamie Currie Occupational Therapist

EXETER TO KAGANDO HOSPITAL

Team

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AIM

The aim of the trip was to teach, treat, support and assess staff, patients and supporters at two Hospitals in Uganda. The 1st week would be spent at Kagando Hospital in western Uganda close to the republic of Congo border. The 2nd at CoRSU Hospital close to the capital Kampala.

Day 1

Saturday 01/11/14

1.30 AM Exeter bus station.

We caught our 1st transport, a bus which took us to Heathrow airport where we had a 5 hour wait to catch our plane to Entebbe airport. An 8 hour flight landing at 12.30 AM in Uganda. After going through an interesting customs we were reunited with our bags, we were collected from the airport by taxi and taken to Whitecrest guest house, which is between Entebbe and Kampala in one of the worst thunder storms I have ever experienced. We arrived at the guest house at 2.30 AM and headed straight to bed as the taxi was collecting us at 6.30 AM the following morning.

Day 2

Sunday 02/11/14

We drove to Andrew and Sarah Hodges to a warm welcome and we exchanged equipment, had breakfast and got on our way to Kagando. A 9 hour drive which took us through the heart of the country and gave us a taste of what was to come; stunning scenery, wonderful people and fantastic wildlife. Our driver had taken the trip many times and was able to highlight interesting things along the way. We arrived at around 5.30 PM to our home for the week, a rather colonial looking guest house. We dropped off our bags and went straight to the hospital to have a look around. Patients, their families and supporters were in and outside the wards, sitting on the grass, chatting and preparing food for that night's dinner. Patients are expected to bring their own bed linen and their own carers who prepare all their meals and see to their personal care. On our return to the guest house we bumped in to Ochom Kenneth Pascal (Ken) the Physiotherapist that we would be working with for the week and who was our main contact at the Hospital. He gave us a warm welcome and a brief description of what we could expect for the week. There was no more time to prepare for what we were about to do.

Day 3

Monday 03/11/14

We went down to church at 8.00 AM and were introduced to the hospital staff, students and the rest of congregation. A large colorful church with a vibrant feel and lots of smiles and a warm welcome. Ken showed us around the Hospital and we got straight to work. I am very glad that Dom, Charley and I have worked in a wide range of departments and specialties so we could rely on skills gained as health professionals in the UK.

The clinic was typical for Kagando, with a wide range of conditions and problems that the team see every day, a mix of back pain, osteoarthritis, stroke and cancer. The history was challenging to collect both in written form and reported. The notes were not as detailed as we were used to and lacked clarity. We all felt a little anxious at first but soon got into our stride and worked as a team sharing knowledge and problem solving. With such a small rehabilitation team they have to spread themselves wide. This is unlike the UK where many health professionals specialise and settle into a specific area. One thing that took some getting used to was the term African time, which means people turn up for treatment in a rather random way, some not even on the right day never mind the correct time. This means you often have a rather full waiting area at clinic start and as many patients have people with them, it can look a bit daunting. Many had travelled for many miles to get there. We worked through the patients systematically, teaching where we could. The afternoon felt a little more organised and we enjoyed working as a team putting our heads together to work through some challenging rehabilitation.

One gentleman was in his 90's, partially deaf and blind. He also had dementia and could not speak English. His main concern was his mobility, he had a stroke 2 years ago and had not stood since. Rather concerning was the technique used by student nurses to transfer him. We observed the staff pick the patient up by his arms and legs and manhandle him into his wheelchair. We felt this was one area we really wanted to tackle as it could make a massive difference to patients and the staff's safety. Within 10 minutes we enabled the gentleman to stand with a frame and the assistance of two. It was met with praise and tears from his wife and the patient, a moment I won't forget for a long time. Safe transfers are important; In the UK the same approach is practiced with each patient, encouraging them to make maximum effort themselves with the support of the staff. All staff use the same safe technique to reinforce this and the practice helps to rehabilitate the patient using everyday activities. This set the scene for the rest of the week and we followed him up with daily transfer practice and strengthening exercises. The most challenging part is changing perspectives and approaches to rehabilitation, in terms of what the patient can do for themselves to improve. Doing things for people can be just as debilitating as not helping at all. We were keen that if the nursing staff used the techniques regularly and hoped they would be an important cog in the rehabilitation model, increasing the therapy team tenfold.

The evening included a trip with Ken up into the mountains and neighboring villages to see a waterfall and dam. Sadly the 1 meter wide pipe taking clean water to local villages had been taken apart to move by well-meaning engineers, but some locals had taken the joining rings and bolts and sold them for scrap, leaving redundant pipe work with no likelihood of it being repaired. We did however pick avocados the size of coconuts from a tree and meet the district catholic priest who invited us to dinner with him later that week. He wanted to discuss what Interface Uganda was helping with at the Hospital and to highlight to us the problems he believed the region and wider country has to deal with.

Day 4

Tuesday 04/11/14

Wheelchairs today!! Luckily I was a mechanic amongst other things before I became an OT so the building of the chairs was reasonably easy. Although the heat was challenging as were the patients. Charley, Dom and I with the help of the technicians built four wheelchairs from a box of parts. We were each given a patient, all of whom had cerebral palsy (CP). They ranged in ages and size, but all needed significant support to enable them to sit in good posture. This in turn helps them to carry out tasks and promotes good position of joints and soft tissues. It also enables the children to be easily and safely transported, which increases the likelihood of their inclusion in the family and community. They had 200 chairs supplied free of charge by another charity. They have supplied 150 to patients so far. A hard hot and very challenging day but also very rewarding. The child I was working with actually fell asleep while I adjusted his supports. He looked very happy, sat up straight and had improved control of his upper limbs.

Day 5

Wednesday 05/11/14

This morning Dominic, Peter (a retired upper limb orthopedic surgeon from Derby), Ken and I gave a talk in church after morning worship. The subject was wrist fractures, their treatment and potential complications. It included a case study of a young lady who had unfortunately suffered a complication of infection where the plaster had rubbed and caused an open wound. It also gave me a chance to carryout hand and wrist rehab later that morning which I was much more comfortable with. It also gave the opportunity to do some teaching with Jackson the OT technician. Demonstrating techniques in early mobilisation, oedema management and stretches. This patient would have benefitted from a splint but unfortunately they do not have any premade splints available or materials and equipment to make them. In the afternoon we assessed another two children with CP for wheelchairs using their assessment form and criteria, which is not bad and easy to follow. It enables the technicians who have no medical experience to build and set the chairs up before their final checks by trained staff.

We then travelled high into the mountains on mud roads through villages to see where a hydro plant was being built. Unfortunately the weather turned and the roads become much more dangerous and unpassable so we made a hasty retreat. We had time to stop and speak to the workers and school children who again were very welcoming and enjoyed seeing photos of themselves on our phones.

Day 6

Thursday 06/11/14

Today we visited RAP-CD, a school for disabled children with a wide range of conditions including; club foot, blindness, deafness, CP and muscular dystrophy. A great organization that rehabilitates, teaches academic studies and work skills including tailoring, brick laying and carpentry. They also spend time educating the parents and carers in physical rehabilitation. A very forward thinking school with extremely dedicated staff. We were greeted and set to work on a room full of patients mostly CP and muscular dystrophy. We carried out assessment and treatment as a team working through complex problems and advising treatment for the future and how best manage them at home and school. A very rewarding experience, pulling our skills together to give the best outcome. A team of technicians also came with us and fixed all the wheelchairs which take a real battering out there as you might expect. We supplied some books, stickers and pencils to the children who were very grateful. On our return we just had time to say our good byes and pack before our long journey for a weekend on safari at Murchison falls.

Day 7

Friday 07/11/14

We were picked up at 6 AM by our driver and guide and enjoyed 9 hours of African massage, a term they use for traveling on the mud roads. We stopped for a stroll through a rain forest, saw monkeys and a very different Uganda to what we had experienced so far. Massive tea plantations, mud huts and very rural communities. At the end of our African massage we arrived at our resort. Breathtaking is the only way to describe it, set on the edge of the Nile with elephants across the river and hippos floating around. It was a bit surreal and hard to take it all in. Bed early as we up at 5.30 for a safari in the national park.

Day 8

Saturday 08/11/14

Well a wonderful day in which on safari in the morning. We saw a lion, buffalo, elephants, giraffes, hippos, monkeys and many different antelope. In the afternoon we took a bout trip up the Nile to Murchison falls, where the river Nile is squeezed through a 7 meter gap. We walked with a guide up the side of the falls. A bit of a hike but well worth it. Back for dinner and another night of hippos wandering around the camp.

Day 9

Sunday 09/11/14

Another 9 hour African massage but with a stop off to walk with white rhinos through the bush. Yes walking through the bush 20 feet from 3 tons of White rhino. These are not tame and our under 24 hour supervision by rangers. They are part of an initiative to bring back white rhinos to Uganda after becoming extinct. There are 15 in the park and they are hoping to breed up to 30 before releasing them into a national park, they will continue to have 24 hour armed guard. A truly wonderful experience I will never forget. We continued on our journey including an interesting section through Kampala city center, where rules of the road are; there are no rules. We arrived at the Hodges house to a warm welcome, quite literally we had a sauna! A plunge in the pool and dinner and straight to bed.

Day 10

Monday 10/11/14

1st Day at CoRSU Hospital and what a contrast to Kagando. We were shown around the Hospital and introduced to the surgeons, therapy staff and nurses. My 1st impressions were that it is a bright cheerful place with focus on rehabilitation as their name suggests. There were many patients in the waiting area with clinics about to start, ward rounds taking place with junior Doctors huddled around patients and members of the multidisciplinary team taking notes. It appeared much more like what we would expect from a Hospital the UK. The 1st day included several splints for patients with complex hand and upper limb trauma and burns which is much more like my normal role in the UK. These patients were as Jackie Fowler had predicted, complex and not our normal day to day hand trauma we routinely see. Patients often have much more chronic conditions and delays post injury due to their distance from the Hospital, finances and awareness of the service all play their part. Patients included machete injuries, replantation of a toe to hand and burns. The splints were complicated but offered good teaching opportunities and discussions around clinical reasoning. Materials are limited as are the fabricating facilities and tools. This added more time to each treatment and made multiple section splints challenging. A good 1st day but we all felt very tired.

Day 11

Tuesday 11/11/14

Today we continued with our treatment of inpatients, outpatients and attended ward round to get a more detailed overview and planned treatment of inpatients. Patients included an 8 year old girl who had been treated for necrotizing fasciitis in her leg. Necrotizing fasciitis is a flesh eating bacteria that is rare, but if it breaks through the skin into an open wound can spread across the fascia plane and begins necrotizing the subcutaneous tissue. She had needed many skin grafts and was now suffering from a fixed flexion deformity of her knee. She had an External fixator on her leg which had left her with a shortening Achilles tendon (foot drop) due to constant poor ankle position. I made a splint which attaches to her frame and enables repositioning of the foot and gentle stretch of the tendons. This speeds up rehab and enables the patient to get their foot flat on the floor. A simple splint that can save months of rehabilitation. Other patients included an 8 year old boy who had fallen and suffered a displaced fracture of the sub epicondyle of his elbow. He was in a full cast from shoulder to wrist and was unable to move his hand. It was extremely swollen and he had nerve disruption. A session of

massage and stretches reduced the swelling and enabled the return of full range of movement in his wrist and hand. His mother was also taught the techniques so she could maintain his range of movement before and after surgery. Further upper limb rehabilitation continued with outpatients with chronic disability following hand trauma affecting nerves, tendons and joints. I was impressed by Isaac the OT, who despite seeing a wide variety of patients and disabilities, was knowledgeable in the management and treatment of hand specific injuries and trauma. A rewarding day in which I felt much more comfortable and learnt much about the Hospital and the service they offer.

Day 12

Wednesday 12/11/14

Today we travelled out into the community in minibuses and on boda boda motorbikes. We each travelled with a member of the community rehabilitation team. They are made up of OT's, social workers and Physiotherapists. They treat, offer advice and identify children in the community that need treatment, many of the children's parents are not aware this support exists. It turned out to be an enlightening day in terms of; turning up at family's door with no warning or prior arrangement and seeing how the children are being looked after. The houses were small and had little furniture, but they were tidy and the children we were able to see were engaging with their carers and parents and most appeared to be in reasonable health. One child with CP was suffering from a terrible respiratory infection, the social worker explained it was chronic and they were unable to cure it even with multiple treatments. One child we were unable to see, the mother explained he couldn't be woke as his antiepileptic medication made him very tired. I remain skeptical but little could be done. A little unnerving to see many of the shops in the villages had armed guards with firearms, but it somehow felt normal. The community rehab team do a very difficult job, but a much needed one.

Day 13

Thursday 13/11/14

Not your average day at CoRSU! It was a day to involve the community and the Hospital with disabled children with a sports day. One of the organisers explained some sports days they are involved with are huge with as many as 20,000 people involved. It was a celebration of what the disabled children could do, not what they couldn't. It started with a march with a band on the main road. The children were dressed in bright colors and it was loud and cheerful. The events unfolded with very inclusive games and children had lots of support from carers, family and staff. It was a great success and I am sure brought the community and disabled children closer and helped giver better understanding of the conditions.

I managed to carry out some further rehabilitation for the inpatients and outpatients in the afternoon. Working with Isaac (OT) and Ellen an (OT) who was volunteering at CoRSU, Ellen was living for three years nearby and was a great asset to the team. Isaac and I worked with a child with learning disabilities, in which the father and sister were helped to understand what the disability was, how to help her and enable her. Isaac advised on where she would benefit most in terms of schooling and supporting at home. The last child I saw was an inpatient who was recovering from osteomyelitis in his forearm. Ellen and I used a variety of ball games to encourage increased range of movement, strength and stamina. He was keen to improve his performance in the games and this was really improving his function.

We said our goodbyes and packed. We had six hour wait before leaving for our flight. This gave me some time to reflect on our trip to Uganda. A fantastic experience, I met some lovely people and patients, saw how the Ugandan's live in rural villages, towns and cities. I saw poverty and happiness go hand in hand, but also sadness and heartache.

Conclusion

I conclude that both Hospitals at Kagando and CoRSU are doing a fantastic job under very challenging circumstances. I think the work of Interface Uganda is extremely important to both Hospitals' future. I believe that Kagando Hospital would benefit from visiting therapists from a wide range of specialties including stroke and specialist seating. Basic hygiene needs to be improved in terms of hand washing and disinfecting treatment areas, this would make a massive difference in avoiding cross contamination and the spread of disease.

CoRSU appears to be much better in nearly every area. However the area used for splinting is not ideal and is part of the patients waiting area. The new gym has a much more appropriate area offering privacy more room to work and storage. I also believe that different splinting materials may enable better fitting splints, for example Xlite premium could be used, this would benefit therapist and patients as it would be much easier to shape when making splints for children. They would also benefit from a range of off the shelf splints for wrists etc. It was noticed that the recording in the notes was very subjective. This made follow up by other therapists challenging as no objective progression was recorded. I believe that most of the rehabilitation was having a positive effect, but clear recording of measurements and outcome measures would show this. It would also reinforce good practice and help avoid mistakes or detrimental rehabilitation techniques in the future. I wish all the staff at both Hospitals the best of luck for the future and would like to thank them for making us feel so welcome and I hope one day I will return. I would also like to thank the Interface Uganda team in the UK for all their help and support.