



Zikomo Kwanbiri!

ZIKOMO KWANBIRI! (MEANING GRACIOUS THANK YOU IN CHICHEWA)

TO SPONSORING FAMILY AND FRIENDS FOR MAKING THE THIRD ANNUAL AFRICA BURN RELIEF MISSION SUCCESSFUL THIS YEAR!

This May a team of three, Kelly Kaufman, CRNA; Katie Trout, RN; and myself, Jenn Wall, PA-C; was able to treat 13 patients and performed over 15 procedures during our 2008 efforts in the Nkhoma, Hospital in Malawi. We could not have done it without your support!

Expatriate physicians and a motivated Malawian clinical officer have continued to demonstrate surgical skill performing skin grafting and utilizing reconstruction techniques. Several autografts, debridements and two reconstructions were performed on patients ranging from burn percentages from 4-40% total body surface areas. Unfortunately, the 8 year old dermatome, experienced motor difficulties during our stay and functioned for only our first two operations. A visiting American electrician attempted to service and trouble-shoot the machine, only to discover that the motor had burned out. Surgeries continued for patients despite the malfunction of our modern machinery by reverting to skin harvesting techniques performed by surgeons in the 1970's, using simple blade excision.

With the use of designated funds, more than 35 patients have been treated and funded at the Nkhoma Hospital by Malawian and expatriate staff since my departure in 2007. A running patient log and picture account of patients have been kept by Dr. Naomi de Jonge-Vink since 2007, along with patient addresses to aid in follow-up of patients during our team's return.

One our most heartbreaking cases this year regarded a boy named Saidi. At age 15 he sustained a seizure related burn injury involving 40% of his body. Two months ago his family discontinued

his epileptic medications because his church recommended that he be treated by natural means. Upon the team's arrival, the boy appeared listless and most times unconscious. He was immediately taken to surgery to remove the third degree harmful burned tissue.

Over our 3 week stay, several conscious sedation procedures were performed to aid his pain levels. Secondary to infection, early skin grafts failed by 70%. Chlorine dressings slowly improved the tissue with the aid of multiple antibiotics, (depending on availability). Several family members stayed night and day by his bedside encouraging the boy to stay strong, feeding and bathing him. Tube feed formula, made by accessible items, was mixed by the team. It consisted of whole milk, skimmed powder milk, sugar and oil aiding to give high protein and calorie counts.

Saidi's struggle for life was most difficult. Upon our departure he maintained life threatening low blood counts, large open wounds and additionally contracted malaria during his hospital stay. Three weeks after our departure, the doctors made contact with me to inform our team that there had been a 2-day power outage in the village and hospital, cutting off Saidi's regular supply of oxygen. Despite his marked improvements with his wounds, he



quickly slipped into respiratory failure and passed away.

Late in the team's stay, a young girl, Leya was also admitted to the hospital after her dress caught fire. Similarly, she endures large, severe burns which covered 18% of her small body. Due to the stressful impact of her first surgery, skin grafting was delayed waiting for the presence of healthy tissue. To date, the doctors are sending pictures of her improvements, as she has now been grafted by Dr. Vink and the clinical officers of the Nkhoma Hospital, and near discharge.

Of the most satisfying experiences this year was the opportunity to treat two bright young boys of similar age. Although they came from different educational and social backgrounds, they became immediate bosom buddies, one boy with a non-healing third degree burn of his knee and the other having a knee contracture which has kept him from walking correctly for over 2 years. Although both were burdened with knee splints, they were able to cause mischief through the entire surgical unit, running (hobbling) to chasing one another around other patients.

Strides continue to be made in the reform for Nkhoma Hospital to sustain their burn program. In 2008, the physicians devised admission burn criteria and burn mapping diagrams for admitting new burn patients in the outpatient clinic. High calorie supplemental feeds have been developed to aid the high dietary needs of their patients. Sterile burn wound care packs are being put together to dress each patient with donated instruments. Additionally, internet has now been connected to the village, an extraordinary convenience and landmark for the village!

Education continues to be the cornerstone in handing over the care from Malawian health care workers to better serve Malawian burn patients. Five lectures were held over three weeks to audiences of doctors, clinical officers, nurses, and students. A special honor this year included the chance to deliver a lecture at the Ministry of Hope Headquarters. The purpose was to educate an



audience of the Malawian Board of Directors so that they would understand the need and method of transferring burn patients into Nkhoma for proper care from their surrounding communities.

As a continued tradition, the Africa Burn Relief team made our yearly visit to the Crisis Nursery and Nkhoma Orphan Project. With donated and gently used clothing from our co-workers and friends we handed out clothes and necessities for the babies and children. A sincere thanks for your donations to this cause!

Despite the extreme sadness and disappointment which the news of Saidi's death instilled in our team members, it was a cruel reminder of the unfortunate circumstances a third world hospital bestows upon undeserving victims. Let this be the fuel in our hearts to continue every effort to aid these victims and help to create hope and a brighter healthier future for their care. All of our outreach efforts, though painstaking and frustrating at times, require patience and continued determination to create the ongoing evolution of the Malawian health care system, especially as it pertains to burn injuries. To all of our team's loyal supporters, a most gracious thank you for believing in our ceaseless determination!

Sincerely,

Jennifer B. Wall, PA-C

Founder: Africa Burn Relief Program