

Mbudi za Ndokotora

Warm Easter greetings from a rainy + cool Windhoek! The Greidanus Tribe continues to make the necessary + sometimes difficult adjustments to life in Namibia's capital city. In this edition, I will share some stories from my final weeks in Rundu and the start of my new medical adventures in Windhoek. The cases are only a representative sampling, and as usual some of the pictures are a little graphic...

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Typhoid complications

An outbreak of complicated typhoid fever kept the surgical team hopping.

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Unique tumors

One of the memorable highlights of late 2010 was treating this young boy

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Snake bites

During the rains of the last several months the snakes are on the move. Snake bites cause significant morbidity and mortality in Northern Namibia.

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Farewell Surgical team



I was blessed to be a part of the caring and diverse surgical team of Rundu State Hospital

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Taking it in stride

Laughter and seeing humor in the day to day stresses has proved to be a useful coping strategy

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New challenges and opportunities

Life becomes busy, yet interesting with Maternity care in Windhoek. Mentoring interns brings joy and hope.

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Surgical Stresses

Rundu Hospital continues to deliver a variety of serious surgical conditions

Life on the Rundu surgical service became rather hectic in my last months there. My surgical colleagues were few in number, making call nights frequent and busy. December was the month of parties and drinking related accidents/violence. My last on call weekend just so happened to be over New Year's where I had to deal with numerous stabbings and traumas. I lost count after treating 7 severe knife wounds, but do recall putting in 3 chest tubes to bring in the New Year. All of this action allowed me to end my medical journey in Rundu with a bang.

Typhoid Perforations

In the latter part of 2010 there was an outbreak of Typhoid fever, especially in Southern Angola. Sadly, many of those cases were neglected, largely related to Angola's struggling and deficient healthcare infrastructure.



Classic appearance of terminal ileum with multiple typhoid perforations

Typhoid fever is a condition caused by food or water contaminated with the bacteria *Salmonella typhi*. It gives high fever and severe abdominal pain but if recognized early it can be treated very successfully with antibiotics. Unfortunately, if the diagnosis is missed, it spreads through the bloodstream and becomes life threatening. After 2-3 weeks it causes marked weight loss, sepsis, and eventually perforation of the small bowel.

Multiple laparotomies

From August- December of 2010, we had 16 surgical cases of typhoid intestinal perforations. Many presented to us in very late stages, with the patients in critical condition. These were technically challenging surgeries, and the patients recovery was almost always complicated by co-existent malnutrition. Two of the patients developed post operative fistulas and 6 of them needed repeated laparotomies (the most being 8 subsequent surgeries on 1 patient). However, by God's grace and the hard work of the surgical team, only 1 of the 16 died.

This 6 year old girl from Angola required multiple surgeries but after battling malnutrition, post-operative fistulas, and multiple operations, she eventually was discharged home 2 months later.



UNIQUE TUMOR

One of the most memorable cases from late last year was a 7 year old San (bushmen) boy who was brought in with massive abdominal swelling. The mother described that it had been slowly progressing for the past few years and she had seen many physicians, nurses, and traditional healers along the way to try to cure it. Empirically he was placed on T.B. treatment with hopes it would improve. Unfortunately it did not and in the days leading up to us seeing him, the condition deteriorated and he developed repetitive vomiting, intense pain, and inability to eat.



Pre-operative picture of his massive abdominal swelling

After some pre-operative investigations, the diagnosis was still not clear, and so we were left with only 1 option - explorative laparotomy.

We were amazed at what we found when we opened his abdomen. A massive tumor was discovered, inter-twined with his small bowel and surrounded by a purulent yellow fluid. We needed to do a bowel resection to remove the mass and thankfully he remained stable through the lengthy procedure.



Surprising pathology

The intra-operative appearance of the mass prior to sending it for pathology



This small boy's pre-operative weight was only 23 kg but after removing this massive tumor it dropped to a miniscule 15 kg - meaning he lost over 17 pounds when we excised the mass and it's surrounding fluid. Our working diagnosis was a tuberculoma so we kept him on his T.B. treatment.



Immediate post-operative appearance

We were thankful to see him improving day by day and were overjoyed when his pathology came back showing the tumor was a benign congenital lymphangioma. This is a localized abnormality of the lymphatic system and the definitive treatment for it is surgical excision. We were happy to share the good news of the histology report with him and his mother - he was now cured of this problem and was able to stop the T.B. treatment.



What a joy it was to see him thrive post-operatively and start playing on the surgical ward and eating up a storm. He left the hospital close to his pre-operative weight, but this time

the gains were from a healthy acquisition of fat and muscle.

Tragic violence

Sometimes it is hard to make sense of the horrific things I see here.

One day a father rushed his 2 year old child into casualty, bleeding profusely from the neck. It turned out his wife developed severe post partum psychosis and tried to kill both herself and her 2 children. She cut the necks of her 4 month old son and 2 year old daughter with a kitchen knife and then proceeded to hang herself. The husband returned home soon after to find his 2 children lying in a pool of blood and his wife hanging from the ceiling. He promptly cut down his wife, saving her from near death, and then frantically attended to his children. Tragically, he was too late to save his son, but was able to bring his daughter to casualty in time for her to pull through. The mother is apparently improving on treatment in the medical ward, but it will take a miracle for this family to heal from this travesty.



The heroic father holding his recovering daughter

Snake related injury

During the rainy season in Northern Namibia, snakes are on the move. Daily, we admit snake bite victims to hospital. Unfortunately the snake venom sometimes causes significant tissue necrosis and even death, despite the use of anti-venom. Surgical intervention is often necessary for venomous bites containing hemotoxins.

This boy required eventual amputation of his right arm due to the snake bite induced gangrene. This lady was able to keep her arm but required extensive debridement, fasciotomies, and a prolonged hospital stay to do so.



"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God. For just as the sufferings of Christ flow over into our lives, so also through Christ our comfort overflows." (2 Cor 1:3-5 NIV)

ON THE LIGHTER SIDE

They say laughter is the best medicine. I've found it very helpful to laugh at myself and to find the humor amongst the daily stresses at the hospital.

This young man was referred to us from a district hospital for an xray and evaluation after injuring his right hand. The district doctor put him in an interesting cast that made me smile. Examination showed he was most tender at the base of his thumb. Perhaps the doctor left that part out of the cast so that I would have an easier time examining him :)



I had to laugh as we rounded on Pediatric Ward one week and found this small boy pushing around his own massive IV pole. Now if we could only get all our patients that motivated to move!



Another thing I've learned to take in stride is the late presentations for treatment of skin infections. I will never fully understand how people can wait so long before coming to hospital. Below is a such a case what started as a small wound grew to a massive abscess of the hand. It was treated successfully with incision and drainage, followed by antibiotics.



Hard to say goodbye

Despite the stresses and the endless work in the surgical department, it was hard to leave in January. As a family, we had become relatively comfortable living in Rundu and had developed many close relationships and a real love for the Kavango people. Personally, I was thankful for the genuine friendships I had in the hospital.

We were privileged to be the guests of honor at our own farewell party. My international colleagues from Cuba, Congo, Zimbabwe, Zambia, and Russia (to name a few) gave us a special send off. Our missionary colleagues and Rundu teammates helped



plan the event to show their appreciation of us. It was emotional to say goodbye and see this chapter of our journey come to an end.



On rounds with some of my buddies from the surgical team

Thailand Encouragement

Alisa and I had a great time in Thailand, filled with encouragement, learning, and refreshment.

In February we attended an exceptional conference put on by the Christian Medical Dental Association (CMDA). It was geared towards medical missionaries that have been working in developing countries and unable to access quality continuing education. I soaked up the almost 50 hours of lectures and workshops on the latest in medicine, surgery, and public health. We were also enriched by great spiritual life talks, worship, and fellowship with colleagues from all over the globe. We were further refreshed by some quality time together as a couple.

New challenges ahead

These last months since moving to Windhoek in January have been a blur. The transition was physically and emotionally exhausting, but as a family we are seeing many blessings in the move, which was primarily necessitated to provide more effective and strategic leadership for the Mission.

Our children are enjoying being in school and we are making new friends in the community and in our very welcoming new church home. I had planned to resume medical work in early March but met delays in processing my authorization papers for the much more particular Windhoek State system. This proved to be a blessing in disguise, granting me time to catch up on much of the administrative work of leadership and to help Alisa with all the unpacking + settling in.

Back in the saddle again

This month I resumed part time medical work, this time in Namibia's busiest referral hospitals of Katutura and Windhoek Central. I return to Obstetrics and Gynecology, the field that I first started with when we arrived in Namibia in 2006.

The first few days I felt like a lost puppy trying to find my way around the busy corridors and learning new protocols and colleagues' names. Last week Saturday I got a crash orientation while doing my first 24 hrs. on-call for Maternity, and as per usual, work had a way of finding me.

I spent all day and night in the 2 hospitals tending to all sorts of Obstetrical emergencies. I returned home Sunday morning with my head spinning after performing 6 Caesarian sections, amongst other emergency surgeries and interventions.

Despite the hectic start, I am excited about this new chapter in medical ministry. So far, I'm particularly enjoying getting back into the medical education part of my work.

I have been assigned to take a leading role in training the Interns that do rotations on Obstetrics and Gynecology. These young doctors come from across Namibia and Southern Africa for this 2 year



internship. They are for the most part keen to learn as for most this is their last stop before fanning out across the country to care for Namibians in private or State practices. I consider it a privilege to

have this opportunity to equip and mentor them for this challenging work. I thank God for opening this door to me, helping to fulfill the vision He has given us for AIM Namibia; 'To disciple Namibian youth and provide integral Christian witness through the declaration of the gospel in life, word, and deed.' Please pray that I will do this faithfully and with wisdom, strength, and endurance; for His glory.

By His Grace,
Ndokotora Rob

"We loved you so much that we were delighted to share with you not only the gospel of God but our lives as well, because you had become so dear to us." (1Thessalonians 2:8 NIV)