

### Kibogora - a homecoming



(Lake Kivu, Kibogora hospital centre right, the Congolesse mountains on the horizon.)

Kibogora is a hospital, a place, a community where I am learning what it means to minister the art of healing. This was the third TESFA trip to Kibogora hospital since our first mission there in 2021. And tomorrow, on Sunday November 12th, Martin Bøhler and his son will also be travelling to Kibogora - our ministry of hope is increasing!

My greatest desire when planning my return to Kibogora was not to be in the operating room, or running a project, but to spend quality time with Dr Ronald. This is also a value of Tesfa, to build relationships with the people we are so fortunate to visit.

The physical and spiritual lessons I have learnt from Kibogora are each, individually, a rite of passage for the medical missionary. Some of these rites include: To experience God's healing hand come upon a patient that was surgically assured to die. To feel the crushing fatigue of dehydration and stomach illness yet still being able to work a fourteen hour day with compassion. To seek His heart in a tragic situation, wrestle with God, and ask “how will you redeem this Lord?”

These moments of healing and tragedy are not by chance, they are led by the spirit in the pressing and crushing of who we are to become Jesus' hands for those whom His heart breaks for.

This trip I was joined by Kristoffer, a friend, medical student and youth pastor. This would be his first medical mission trip. What an experience he would be in for and in turn he would start the journey to minister in truth and deed to the sick. 1 John 3:18.



I wondered how many rites of passage he would go through on this trip and I prayed that he would be edified by them. Kristoffer grew up in an African church. He can preach, pray and sing in a way that people here can relate to. He was such a blessing and used most of his time with the hospital chaplains ministering to patients. From 07.00 the hospital staff gather in the chapel above the operating theatres to share faith, sing and hear a devotion. Sometimes whilst operating we can hear the choir practicing above us, a heavenly sound. Kristoffer was invited to preach every morning and took to it with enthusiasm! The morning handover starts at 07.30 in the chapel so devotion leads directly into starting the working day naturally. Here the staff can hear the word of God after breakfast and live it out before lunch. How incredible. [Please read Kristoffer's newsletter](#), it's moving.

This TESFA trip would be a little different. Nationsmedia sent Aaron, a documentary film maker to join us in Rwanda. Nations write beautiful stories about the work of Christ being lived out around the world. Aaron was a natural fit in our small team. His camera gained a lot of publicity early on and the staff soon warmed to it. I felt quite awkward wearing a microphone and I kept forgetting that he could hear everything I could say!



Our first few days in Kigali were spent building a relationship with Rwanda's sole nephrologist, Dr Joseph. He's a man of huge stature, talks rapidly as if he is processing ten thoughts at once. It's not surprising. He is concerned with the care of over 1000 dialysis patients in Rwanda. Kibogora has somewhat of an arrangement with him. Visiting surgeons from the states, Dr Mike & Dr Joel have started teaching surgeons at Kibogora how to perform arteriovenous fistula operations. This means sowing a vein to an artery in the arm so that blood is diverted into the vein at high speeds creating a fistula. The fistula can be cannulated and the patients dialysed. If patients don't meet a visiting surgeon their only option is to travel to India for an operation which is often at great expense and with limited follow up.



The advantages of this kind of operation are that the patients do not need a big permanent catheter in their neck or groin to run the dialysis machine. These big catheters are prone to infection. Approximately 10% of patients with a big catheter get an infection and of them 60% develop sepsis. Patients can't swim or bathe and the catheter is uncomfortable whilst performing daily activities, like putting on a shirt.

Technically the general surgeons at Kibogora can perform the AVF operations but they need some help in patient screening and selection. To enable this project TESFA brought a portable Butterfly ultrasound and bought two sets of surgical instruments for Kibogora hospital. Kristoffer and I spent two days in Kigali screening a number of Dr Joseph's dialysis patients that could be eligible for surgery. Over the past two weeks Dr Ronald and I performed twelve fistula operations. The news spread and patients from the Southern province and even the Democratic Republic of the Congo came for a consultation! Our goal is that one day Kibogora will be the referral centre in Rwanda for access surgery. One small step in turning a small mission hospital into a referral centre. I believe Dr Ronald is the only Rwandan surgeon doing this kind of procedure in the country. This is not big surgery but it dramatically improves the quality of life for dialysis patients. One patient, a 24 year old softly spoken teacher, was very thankful that she could finally take a bath.



Here is a picture of my first operation on returning to Kibogora. On entering the operating room I was met by a constant high pitched ringing noise. A permanent alarm from a machine whining about its voltage supply. No one knew how to turn it off. We operated to the tinnitus inducing ring. Two huge wasps hovered around on the ceiling, the staff bopped out of their way as they flew around the small operating theatre. The thick cotton operating gowns were uncomfortable in the heat and I had already started to sweat through it. The only suitable instrument for making an anastomosis was a crooked, worn out, adsons forceps with no grip. I felt an insect bite my ankle and I tried to kick it against the wooden box I was sitting on. All of this is occurring whilst trying to focus on operating. During a critical step in the procedure the arm board supporting the patient's hand fell off the operating table into my lap pinning my thighs to my box. I laughed out loud at the calamity unfolding whilst trying my utmost to operate. What really did it for me was on top of all of this, a mosquito decided to have a feast around my neck. I splurged out "Can someone please kill that mosquito biting me!?" "Eeeeeeeh, Matayo" came the reply. I got a pleasant pat on the shoulder as Ronald yelled repeatedly "No hit him harder!" Laughing more every time. The cursed mosquito survived his patting and continued down my back...

This is mission surgery, and at Kibogora I carry the missionary surgeon's joy of having far too many patients to treat and minister too. I don't get to dictate the patients, the conditions or the resources. But I have to *produce a good outcome* for the patient entrusted to me. Thinking back now, those intensely challenging and stressful moments during an operation produce a deep satisfaction when finally I collapse at the end of the day.

Dr Ronald is, as always, the man to look too and be inspired by whilst confronted with these daily challenges. The fruits of humility and patience are shown in Dr Ronald. That he can minister healing, living the Gospel with mercy and love day after day at Kibogora hospital

I could write pages about my return to Kibogora but one day in particular made the biggest impression on me. If you have read one of my previous newsletters from Rwanda you will be acquainted with Uway. The young boy who last year suffered an electrical burn to 35% of his body and whom the Tesfa team + Kibogora staff cared for tirelessly. The news of his survival has become famous at Kibogora hospital, everybody knows about him! He even shared his testimony from the pulpit to the staff at an afternoon service.

One monday we drove a few hours by land cruiser past rolling hills covered in tea plantations to Uway's village. I was so happy and so excited to see him. He was walking, he was running, he was jumping - just as we declared in prayer he would do whilst his life hung by a thread a year ago. We walked down an impossibly steep mud path past his house to the site of the accident. The electrical pylon was at the bottom of the hill situated below his family's potato patch.



It was kind of eerie being there. Walking back up the hill Uway took my hand in his scarred one and didn't let go until we reached his house. I had a sudden flashback to the emergency procedure we did to save his arm(escharotomy). His once cold and dusky hand became warm and pink. Now his scarred but warm hand was holding mine, his eyes bright despite his body bearing the contractures of the devastating burn.

News letter from Rwanda – Matt Spreadbury November 2022

When you have shared being close to death with another person you just want to be with them. I can't really explain it. Whether with a patient in Kibogora or on the frontlines in Burma, it's an experience that draws people together in a powerful way. How beautiful life is to withstand so much oppression. How thankful I am that I could play a part in treating him with Tesfa and our Rwandan friends. He still needs further surgeries and each time he visits the hospital his testimony lives on in Kibogora of what the Hand of God can do.



Please pray for our work. Tesfa brings hope!  
Vipps #509018

Patients' names have been changed for confidentiality reasons.  
Pictures are shared with permission

Matt Spreadbury

Tesfa is hope

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