Nairobi, June 24th 2023 – Bjarte Tidemann Andersen

Dear friends!

I am now in Kenya after an 11-day Tesfa mission trip to Rwanda. This time I tried the Brussels Air from Norway to Rwanda, the trip started quite early Tuesday 6th June and the same afternoon I met Dr. Daniel at Kigali airport. It's fun to try new airlines, but the departure was a bit too early from Gardermoen.

In Kigali I stayed with Daniel, I really appreciate the friendships and contacts I have made over the years with doing these Tesfa Mission trips, and Daniel is one of my best friends in Africa. We have worked together for over 10 years, first in Ethiopia and now in Rwanda. Daniel is currently employed at the University Hospital of Kigali, CHUK, with responsibility for developing the colorectal surgery specialty. We will work together on the curriculum, and I hope to be able to help him. In this way, we at the Tesfa Foundation have contributed to the development of colorectal surgery specialty both in Ethiopia and in Rwanda. In Ethiopia, the first specialists in colorectal surgery will be finish their training this autumn.

I spent my first days in Rwanda with Daniel in Kigali. Together we did three operations at CHUK. In the future, I will contribute to colorectal surgery subspecialization here.

One of the surgeries we did together was a reoperation after a peptic ulcer. Peptic ulcers often occur in the lower part of the stomach or the first part of the duodenum. In this case there had been a hole in the duodenum. This is a serious condition that requires prompt treatment. I remember from

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Ethiopia a nurse saying about these patients: "They always die – they always die", it is because they often delay going to the hospital.

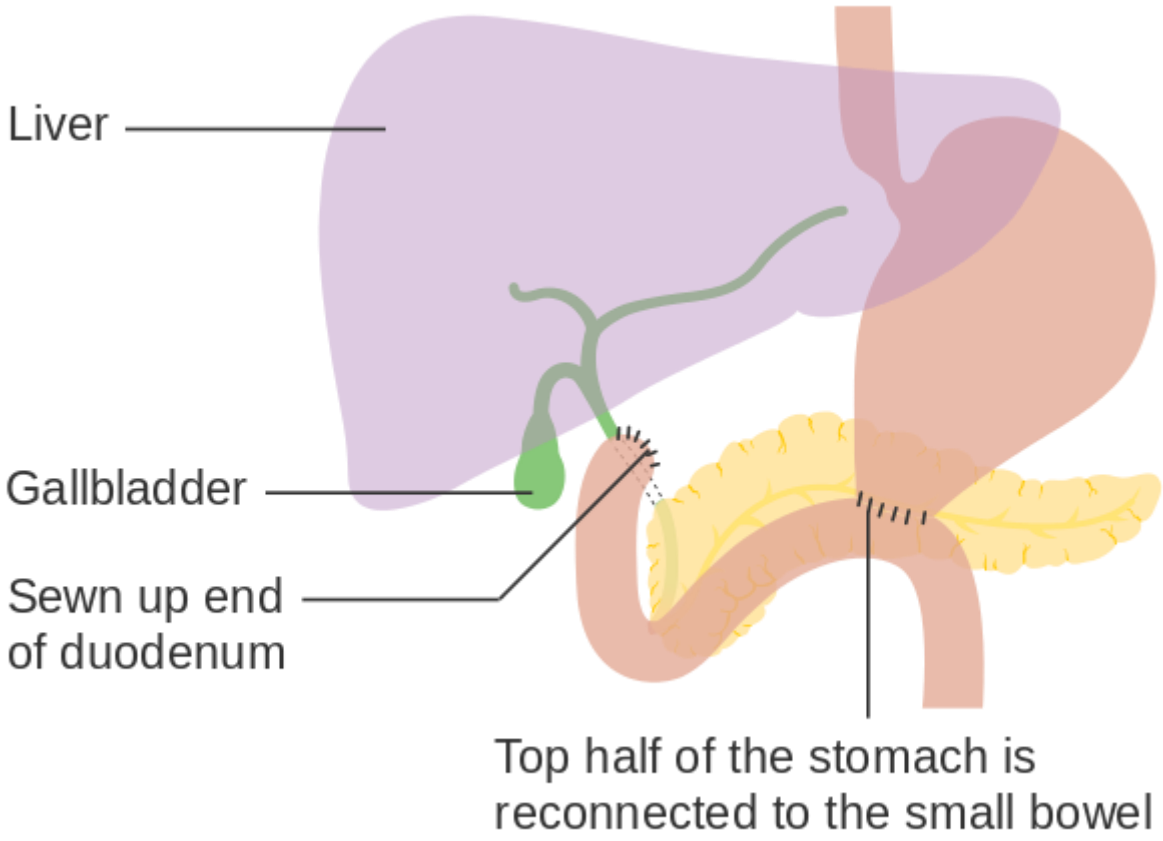
This patient arrived at the hospital in time and underwent surgery, but unfortunately a new leak. New operation and again leakage.

Then, what to do?

Daniel and I had several thoughts about what could be a possible way forward, but either way, it wouldn't be easy after weeks of leakage and several recent surgeries. We opened, and found, as expected, difficult conditions, especially in the area around the gallbladder and duodenum.

My strategy then is to start where it's easy, so the surgery began around the appendix – some distance away from the difficult area. Then we could lift the entire right colon to the patient's left side, and – thus look down at the pancreas and duodenum, with a large hole, impossible to repair.

What we cannot repair, we can remove. The first part of the duodenum was therefore removed and the connection between the stomach and duodenum was broken. Then we did reconstruction with aa anastomosis directly between the small intestine and the stomach. We had done a Billroth 2, this is an old surgical method for stomach ulcers that is rarely used in Norway nowadays, because treatment with medication is so effective and because patients come early for treatment. There's a lot of good learning from old techniques!



https://en.wikipedia.org/wiki/Billroth_II

www.tesfaishoope.org

Kigali by night

Ready for surgery!

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On Sunday 11 June we travelled by car the 5 – 6-hour long trip from Kigali to Kibogora. So nice to visit Kibogora again, meeting colleagues and friends, especially Ronald and Bernard. I was excited, remembering the main reason for my return to Kibogora was to do a reoperation on a patient that I operated on here in March. This was a birth injury with major damages to the perineal area. Unfortunately, she got an infection after the previous surgery and the repair failed.

Then came the day for the reoperation.

In silence I prayed, I wished so hard that it may succeed this time. Looking at the damage and thinking about how to reconstruct, I see that the infection is now gone. I managed to do another repair and this time did two skin and fatty tissue flaps from the sides. The result looked great! Now it remains to wait to see the function after healing and of course, we must avoid another infection. After two weeks, it still looks fine! There is hope!

Also this week in Kibogora I have operated on several challenging rectal cancer surgeries, we have operated rectal prolapse, reversed colostomies with stapled anastomosis to the rectum. I have also been doing colonoscopy and dilatated a bowel anastomosis with stricture, in this way you can avoid major surgery – for the benefit of the patient.

This week in Kibogora we have done 15 operations! This is more than a doubling of the normal activity.

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From the operating theatre in Kibogora

During this year, we at the Tesfa Foundation have sent equipment to Kibogora and CHUK for more than 20,000 USD! This equipment can be used to develop keyhole surgery at both hospitals. At CHUK, they have already started, and they do gallbladder surgeries and hernia operations with keyhole technique. Kibogora will now have a working setup this year so that keyhole surgery can be started there as well.

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We found Ethiopian food in Rwanda

I am now engaged by the Norwegian Red Cross and will in the future spend my time with them and with Tesfa. I am happy to be able to apply my abilities and knowledge in global surgery – both through the Red Cross and further with Tesfa. I am currently doing Emergency Hospital training in Nairobi; I am learning a lot! It is very interesting to meet colleagues who share the interest for global surgery.

The surgical services in the world we live in are highly unevenly distributed. We know that about 30% of health-related disorders in the world are caused by a lack of surgery, we know that only 1/4 of the world's cancer patients get the surgery they need.

At Tesfa, we will continue to provide surgical and medical care regardless of faith or ethnicity—to those who need it most—inspired by the love of Christ towards all humankind!

Thank you for your support making this possible!

Tesfa

Knowledge transfer

Hope

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