

Eye Surgery Mission Trip
“Jornada de Ojos”
Clinica Maxena
Santo Tomas La Union, Guatemala

Participation in the Clinica Maxena “Jornada” will allow you to help provide eye care and restore sight to a very needy indigenous population in Guatemala. The surgery will challenge your technical abilities, but will leave you more secure in your normal surgical practice. The clinic will provide interesting and unusual patients and examples of uncommon ophthalmic disease. The setting is comfortable and safe, with camaraderie among the team and staff. Donation of your skills and time, as a physician, nurse or OR technician, can be accomplished with only one week away from work.

History:

The Diocese of Helena, Montana has supported a Mission in Santo Tomas La Union, Guatemala, since 1964. Santo Tomas (pop. 10,000) is in the coastal highlands, 100 km. west of Guatemala City. The surrounding population of nearly 100,000 indigenous Guatemalans are served by the medical, dental and community health services provided in a 4,000 square foot building on the Mission grounds. In 1995 an operating room was added for ophthalmic surgery. The Santa Cruz Rotary Club and other individuals donated the clinic and surgical equipment. In 1996 volunteer ophthalmologists from the Bay Area, led by Keith McKenzie, MD (Santa Cruz) and Robert Singer, MD (Fremont) began to staff eye clinics and perform surgery for one week “jornadas”, usually every six months. During the five days of operation each six months, approximately 300 patients are seen in the clinic for examination, and 40-50 operations are performed. Patients are charged a minimal fee by the Clinic for visits, drugs and surgery.

Organization:

Current leaders of the trips are Joseph Kupko, MD (February) and Martin L. Fishman, MD (November). Each team is composed of three ophthalmologists and two or three nurses. The ophthalmologists alternate between the clinic and operating room. A Guatemalan resident from a non-profit organization, which also supports an ophthalmology center and residency in Guatemala City (Pro-Ciegos, Hospitale Robles), spends the week in the clinic and operating room, and learns small incision extracapsular surgery. The resident sees the patients one-week post-op. Between eye team visits, the patients can be followed in a Pro-Ciegos clinic (El Asintal) one hour away. The team brings all surgical supplies, disposables and donated IOLs. Physicians provide their own air transportation and share the van transportation. Nurses and techs are often given accumulated “miles” tickets if available.

The Schedule:

Travel usually begins on a Saturday morning from San Jose, CA, through Houston on Continental Airlines or Dallas on American Airlines, and the group arrives in Guatemala City at 9:00 PM. The group and equipment are transported to the Stofella Best Western Hotel, 15 minutes away, and after breakfast on Sunday travels by van to Santo Tomas (three hours). Sunday afternoon the supplies are unpacked and work begins Monday AM. Patients returning for surgery from the last Jornada begin the case load in the OR by 9:00, and throughout the week the clinic and OR operate from 8:00 AM to 6:00 PM with an hour for lunch. The Mission supplies simple but

comfortable rooms, semi-private bathrooms, and all meals. The food is good, and we drink bottled water. Friday night we pack up and take inventory. Saturday we travel to Antigua (the old colonial capitol city) for Saturday afternoon and evening sightseeing. Sunday morning we leave from Guatemala City about 12:00, returning to San Jose by 8:00 PM. It is possible to stay longer in Guatemala to travel to Tikal, Lake Atitlan, and other tourist attractions.

Guatemalan Issues:

Passports are necessary, but visas are not required. There have not been any safety issues. The Clinica is at 2700 feet, and enjoys a moderate climate, with minimal humidity, no malaria, and rains primarily during the September trip.

Clinic:

The two ophthalmologists see approximately 50-70 patients daily in the clinic. Most of the patients are indigenous, and do not speak Spanish. Physicians must speak Spanish to the staff, who translate into Quiche, the Mayan dialect. For physicians who do not speak Spanish, a translator is available. The clinic has two slit lamps, applanation tonometers, an indirect ophthalmoscope, and a YAG laser. Although a phoropter is available, refractions are usually not done. Patients are given samples brought by the team of topical antibiotics, tears, anti-histamines, and glaucoma medications.

Surgery:

The vast majority of surgery is small incision extracapsular surgery (SICS). Patients commonly have marked pseudoexfoliation and dense, white cataracts. Most have only light perception vision preoperative, and second eyes are only done if no bilaterally blind patients are waiting. Peribulbar blocks are employed without sedation or an anesthesiologist. The patients are very cooperative. A manual focus Zeiss microscope with an assistant scope is used. SICS is done with a tunneled scleral incision, viscoelastic, capsulotomy, removal of the nucleus with a lens loop, manual irrigation/aspiration, and implantation of a three-piece posterior chamber IOL. Patients stay at the Clinica overnight, are examined the next morning, and then are given post-operative instructions and medications. They return in one week for an examination by the resident. There is a single operating table and microscope. Attention is given to teaching the Guatemalan third year resident SICS, so generally 8-10 cases are done daily.

We are looking for interested ophthalmologists, nurses and OR personnel to join the Jornada groups for future trips, and welcome any inquiries.

Contact Information:

Next trip:

November 12-20, 2011

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