

MEAK
MEDICAL & EDUCATIONAL AID TO KENYA



OCTOBER 2009
HEART REPORT

19 LIFE SAVING SURGERIES

HEART MISSION NAIROBI
OCTOBER 16 – 24, 2009



The Mission

MEAK's second heart mission of 2009 came in October when we returned to Kenyatta National Hospital in Nairobi with a brand new team of medics from Bristol Royal Hospital for Children. Our Consultant Paediatric Cardiologist Dr. Robert Tulloh who is based at Bristol put together a highly skilled and motivated team who were well received at KNH and completed a very successful mission.

Our aim, as usual, was to provide for those children whose families have little in the way of financial resources, and as such, virtually no chance of accessing medical services. During the visit **MEAK** carried out 185 consultations wherein we provided free echocardiograph screening with diagnosis and 19 remedial open and closed heart surgeries on children with heart disease.

185 CHILDREN SCREENED

Clinics started on the day of arrival in Nairobi, with surgery commencing later in the day on the most urgent cases. Each day saw many new patients arriving- often referred by other hospitals and clinics- as well as a growing number children who return for a follow up review, having previously had successful surgery by **MEAK** teams.

It was very gratifying to see the parents of these children holding their **MEAK** patient records folders. This was a new concept introduced by **MEAK** after our first heart mission whereby a **copy** of the patient's notes on their diagnosis and examination were held personally rather than exclusively by the hospital. This has proved to be very successful, with a good percentage of patients bringing these notes in on each visit for updating. The scheme allows the patients to take these notes to independent medical advisors who can follow the **MEAK** diagnosis and conform to our plan for the patient's treatment and follow up care.



MEAK is now recognized in Kenya as a very serious player in the field of paediatric cardiac surgery. In a country with little or no free medical treatment, the chances of survival for children with genetic or acquired heart disease, is very small indeed. Parents with sufficient funds to pay for surgery will invariably refer their children to hospitals in the UK or India for their corrections. The limited welfare budgets of Kenyan hospitals are unlikely to be used on surgical procedures of the complexity and expense of open heart surgery.

MEAK regularly receives enquiries from medical practitioners from all over Kenya who have patients requiring surgical corrections who are impoverished children. Heartbreakingly many are too poor to even pay for the bus trip to Nairobi, meaning the child does not get their procedure which invariably leads to a restricted life followed by a premature death.

'It has been estimated by local cardiac surgeons that MEAK missions now account for 30% of all paediatric cardiac surgery carried out in East Africa.'



We do not have any concrete facts to work with, but it has been estimated by local cardiac surgeons that **MEAK** missions now account for around 30% of all paediatric cardiac surgery carried out in East Africa. This, we should stress, is more a reflection on the pathetically small number of procedures that are carried out, rather than the numbers completed by **MEAK**. We continue to be distressed by this unfortunate waste of so many young lives.

MEAK heart missions are stunningly good value, each mission costing around £20,000, which is roughly equivalent to the cost of one similar operation if performed in the UK. This is made possible by the generosity of our teams, who all offer their services free of charge, often using their holiday entitlement to join us. We are also grateful for the support we receive from our sponsors and supporters without whom we would not be able to carry on with our planned projects. We list at the end of this report the companies and persons who have made this trip possible and we extend our heartfelt thanks as well as passing on the thanks of all those who have been given a life and a future as a result of their kindness and largesse.

Surgeries Preformed (19):

LAST	FIRST	AGE	DIAGNOSIS	OPERATION	DATE
Wacheru	Purity	10 years	Secundum ASD	ASD Repair	16/10/2009
Wamui	Benjamin	5 years	TGA/VSD/PS (previous BT shunt)	Glenn Shunt	17/10/2009
Njuguna	Robert	6 years	VSD	VSD Repair	17/10/2009
Mukami	Christine	8 years	VSD	VSD Repair	17/10/2009
Mole	Ajabu	13 years	ASD, Rheumatic mitral valve disease	ASD repair and mitral valve annuloplasty	18/10/2009
Atieno	Josephine	6 years	HOCM, subaortic stenosis	HOCM resection	18/10/2009
Kitangala	Jayan	2 years	VSD	VSD Repair	18/10/2009
Mwende	Maureen	5 years	Coarctation	Coarctation repair	18/10/2009
Njeri	Rose	2 years	PDA	PDA ligation	18/10/2009
Bundi	Ryan	3 years	PDA and coarctation	Coarctation repair and PDA ligation	18/10/2009
Wanjuru	Mary	10 years	Partial AVSD and PS	AVSD repair	19/10/2009
Mwabaya Saidi	Simon	7 years	Tetralogy of Fallot	Tetralogy of Fallot	19/10/2009
Achieng	Effy	2 years	VSD, PDA	Repair of VSD, PDA	20/10/2009
Nduta	Faith	6 years	Fallots	Repair of fallot	20/10/2009
Kurla	Ismael	3 years	VSD, SubAS	Resect Sub AS, VSD closure	20/10/2009
Ndunga	Sheila	5 years	Partial AVSD and PS	Repair AVSD	21/10/2009
Charo	Sifa	13 years	Aortic	Replace Aortic valve	21/10/2009
Kalume	Salame	5 years	Ebsteins	Glenn Shunt	22/10/2009
Mutahi	Dennis	3 years	Secundum ASD	Repair ASD	22/10/2009

The Team

Mr Andrew Parry	Cardiac Surgeon
Dr Robert Tulloh	Cardiologist
Dr Peter Murphy	Anaesthetist
Dr Steven Marriage	Intensivist
Dr Leonie Wong	Cardiology
Dr Natasha Clark	Intensive Care
Mr Radek Capoun	Cardiac Surgery
William Lansdowne	Perfusionist
Jan Elliott	Operating Assistant
Helen Simmons	Scrub Nurse
Kochurani Sebastian	Scrub Nurse
Michaela Dixon	PICU Lead Nurse
Colin Veal	PICU Nurse
Kelly Willis	PICU Nurse
Nicola Blackshaw	PICU Nurse
Jessica Foggin	PICU Nurse
Martyn Wood	PICU Nurse
Alison Wood	Ward Nurse
Katherine Jamieson	Paediatrics (self paying)
Katie Blundell	Student (self paying)
Susannah Johnson	Student (self paying)
Mrs Dee Belliere	MEAK

Our Thanks To

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Pollmans Tours and Safaris Ltd
The Heron Hotel
The Lions Club, Nairobi
The management and staff of Kenyatta National Hospital
Tanuja Walli and the Paediatric Support Group Mombasa
And many others who contributed to the success of this mission



Epilogue

It has been a long held aspiration of the **MEAK** management to firstly support and assist in the refurbishment and upgrading of the cardiothoracic department at Kenyatta National Hospital in Nairobi and secondly to assist in the establishment of a proper cardiac care unit in Mombasa, which is Kenya's second city.

MEAK has been instrumental in providing Kenyatta National Hospital with much in the way of modern equipment. In 2009 we provided a heart and lung pump and a blood heater/cooler unit valued at many tens of thousands of pounds to the operating theatre and in previous years many other expensive and vital pieces of ICU equipment. We are currently discussing with the KNH management and The Lion's Club of Nairobi, the design and funding of potentially re-siting and upgrading the entire department, bringing it up to the latest standards.

It is patently absurd that Mombasa and Coast Province, which serve a population of over 3.5 million people, as well as seeing 200,000 to 300,000 tourists each year, should not have access to a Cardiac Care Unit. If you have a serious heart attack in Mombasa, your chances of survival are slim. **MEAK** are carrying out their first proper heart mission operating on children at The Mombasa Hospital in June 2010 and are currently in negotiations with several prominent people in Mombasa regarding the building and funding of a cardio catheter laboratory and cardiac care unit. We anticipate that the cost of this project will be in the region of 2.5 million U.S.Dollars

MEAK are only interested in the children with genetic or rheumatic heart disease but unquestionably the provision of a cardio catheter laboratory with ability to carry out angiography and interventional angioplasty would be a major blessing for all living in, or visiting, this area. It is also our view that this would be a great opportunity for the hospital, and the medical personnel involved, to establish themselves as the major influence in respect of cardiology in Mombasa and even, possibly, in the neighbouring countries of Somalia and Tanzania where cardiac surgery is non-existent.

We will obviously keep you all apprised of developments as they occur.

M. Belliere
January 2010

