
Surgery resident travels to Honduras with mentor, Dr. Field

by Stig Somme, MD, New Orleans, LA

Author's note: After finishing his surgical training under Rudolph Matas, MD, FACS, at Tulane University, Richard J. Field, Sr., MD, FACS, returned to his hometown of Centreville, MS. With real missionary spirit and the purpose of bringing the best medical care to his area of Southwest Mississippi, Dr. Field, Sr., with his brother Sam Field, MD, established Field Hospital in 1928.

Many years have passed, but the original missionary spirit has remained at Field Hospital. Thus, when Baptist Medical Missions International contacted Richard J. Field, Jr., MD, FACS (see endnote), in 1998 about the possibility of medical missionary trips to Honduras, he gladly offered the services of the surgical team at Field Hospital.

During their first expedition to Honduras that same year, the surgical team found the health care needs overwhelming in the rugged mountainous region. Three more trips to this underserved area followed. Each one proved extremely productive.

Before the fourth trip, Dr. Field realized that the trips to Honduras would provide a great opportunity for a senior surgical resident to use and improve his or her skills under Dr. Field's supervision. J. Patrick O'Leary, MD, FACS, chairman of the department of surgery at Louisiana State University (LSU)



Dr. Somme (left) with Dr. Field.

School of Medicine in New Orleans, LA, shared this opinion and made it possible for the author to join the Field Hospital team in Honduras last year. Details about this experience follow.

In January 2002, I joined the team from Field Hospital to spend several days in the mountain village of Sula, Honduras, about two hours by bus from San Pedro Sula. The local hospital has 20 beds and an emergency room.

Dr. Field, my mentor for this experience, has practiced surgery for 50 years. At age 76, he still operates every day at Field

Hospital in the small rural community of Centreville.

Having been on three previous trips, Dr. Field knew the region's surgical needs and how we could maximize our usefulness to the people in the village. Gallbladder pathology is common in Honduras, as it is among native populations in the U.S. The results of untreated gallbladder disease can range from discomfort to death.

We confined ourselves to two operations, open cholecystectomy and hernia repair, which lead to few postoperative complications. We knew going in that we wouldn't do any bowel

surgery because of the postoperative care that would be required and that we wouldn't be available to provide. In all, our team performed 13 open cholecystectomies and seven hernia repairs in four days.

The trip

We left New Orleans on January 27, 2002, on a nonstop two-hour flight to San Pedro Sula, Honduras. In the time it takes to fly from New Orleans to Chicago, we traveled to a different world.

A yellow school bus from the hospital picked us up at the airport for the two-hour ride to Sula. The drive through the mountains was beautiful, but the poverty was apparent. We passed several villages where the houses were little more than walls and a roof. None had running water or electricity.

Along the way, we saw armed military personnel. Our interpreter explained that their presence was the result of a recent rash of armed robberies of cars and buses along the main highway.

The village

Sula is situated in a valley of the Santa Barbara region, and tree-covered mountainsides surround it. Most villagers are farmers, although some are gold miners who came and stayed in the wake of a significant discovery some years ago. However, if anyone ever found gold in Sula, it was not manifest in the village, which showed no signs of affluence at all.

Our accommodations for four days were in the small but well-

equipped mission house on the hospital grounds. The house, about 100 yards from the hospital, was once the home of missionaries. The hospital building was an orphanage until the Baptist Medical Mission bought it and transformed it into a medical facility.

The experience

On Monday, our first operating day, a line of patients who had traveled from all across Honduras greeted us. Our arrival had been announced on radio broadcasts throughout the country weeks before, and we had 22 patients scheduled for the first day. To our relief, only half of them showed up. We had one operating room assigned to us, but another was available to us when the local gynecologist was not using the room. When we were able to get two rooms, the local OR nurse and the local nurse anesthetist assisted in the extra room.

We got up at 6:00 am, had breakfast, started organizing at 7:30 am, and began the first case at 8:00 am. We usually finished between 6:00 or 8:00 pm. Sometimes Dr. Field would scrub in with me, and sometimes he would use the other OR. But he was always close at hand if I needed anything, and if he wasn't operating himself, he would check in on my cases.

All the cholecystectomies were performed using a subcostal incision. Most patients did well postoperatively, but one patient had severe cholecystitis and developed an ileus. The hospital was not equipped to deal with this complication, so we improvised. We first placed a single

lumen tube in the stomach and let gravity handle the drainage. Later, we found an old suction unit that worked, and we used a nasogastric sump suction tube.

In that one patient's case, we found ourselves far removed from modern American medicine, which has plenty of antibiotics, a wealth of experience in nasogastric tubes, and nurses skilled in the use of them. Intravenous crystalloids were available, but we couldn't check serum chemistries to replace deficiencies. The hospital was equipped to perform complete blood counts, but nothing else.

In spite of the lack of medical amenities, the staff in Honduras overall provided good care to the patients. Of all the patients we saw in the preoperative holding area before their surgeries, we had to cancel only a few surgeries because of risks to the patients. One was a young woman with Graves' disease, whose hyperthyroidism was not controlled well enough to perform a thyroidectomy.

Postoperatively, patients received bedside care from family members who came with them. The hospital's nursing staff just couldn't stretch thin enough to care for all the patients our visit brought to the hospital.

The hospital normally has one physician in-house to cover the emergency room. During the week we were there, two physicians were available to help in the work-up, surgical evaluation and clearance, and postoperative care of the increased number of patients. We made rounds with the local "doctores" and clarified questions about postoperative care.

Our team took pulsoxymeters, muscle relaxants, anti-nausea medication, and endotracheal tubes. Dr. Field always takes his entire surgical team, including a nurse anesthetist and a recovery nurse. That was a great luxury—to have a team that has worked together for so long and that provides well-tested care.

This trip represented something I have wanted to do since I entered medicine, and I found the work very rewarding. Being a native Norwegian, I was a world away from the familiar, but it was exciting and stimulating. At LSU, I might get to do 10 operations in a busy week. In Honduras, I did double that in

four days. Because most cholecystectomies are done laparoscopically now, most residents don't have a chance to learn the traditional method. I know a sixth-year resident who's done only two.

It was a great learning experience, and Dr. Field is a wonderful mentor. I would do it again and would recommend a similar experience to other residents.

Anyone interested in participating in this type of surgical endeavor may contact either Dr. R. J. Field, Jr., at 601/645-5361, or Herbert P. Kinsey, MD, FACS, at 251/937-1755.

Dr. Field is director of the Field

Clinic and chairman of surgery at the Field Hospital in Centreville, MS. A former Regent and Second Vice-President of the American College of Surgeons, he also is clinical professor of surgery at Tulane University, LSU, and the University of Mississippi School of Medicine. In 2002, the department of surgery at the University of Mississippi School of Medicine established the Richard J. Field, Jr., Annual Lectureship in Surgery in honor of Dr. Field's many contributions to surgery in that state and the nation.

Dr. Somme is a third-year surgical resident at Louisiana State University and a member of the ACS Candidate Group.