

Cinterandes, April 2017

In April 2017, I had the opportunity to travel with my mentor, Dr. Edgar Rodas, to Ecuador, where I participated in the Cinterandes Foundation's Mobile Surgery Program. The Cinterandes Foundation is dedicated to delivering surgical care to all reaches of the country via their Mobile Surgical Unit, an operating room constructed in the back of a truck. Based in Cuenca, Ecuador, the mobile team travels to remote areas that have minimal access to hospitals. For this trip, our team consisted of an anesthesiologist, a general practitioner, a urologist, a nurse/scrub tech, an OR tech, the driver, two medical students from Cuenca, two medical students from the UK, Dr. Rodas, and myself. We spent the first day traveling to the small coastal town of Palmar, where we met up with the local medical team – a nun and several volunteers who provided primary care in the town. The team had set up a clinic in their facility, which was a small medical dispensary that was outfitted with a few beds, a small pharmacy, and an office. After evaluating and scheduling patients for surgery the next day, we were able to do one case in the truck that evening. The following day, we operated until about 11 o'clock at night, completing several laparoscopic cholecystectomies and an orchiectomy. On the last day, we rounded on all the patients that stayed overnight at the facility and discharged them home. One week later, after Dr. Rodas and I had returned to the US, the patients returned to the Palmar clinic, and we were able to follow their recovery via WhatsApp.

The logistics of running a mobile OR turned out to be quite complicated, and one of the lessons I took away was how important it is to have well-developed protocols and pre-defined roles for every team member. In order to maximize the number of cases we were able to do, we functioned somewhat like an assembly line. As one case finished, part of the team would transfer the patient to a recovery area, a few people would stay behind and clean the OR, and the anesthesiologist would meet the next patient. The medical students rotated through varying roles, from scrubbing into the case, to assisting the anesthesiologist, to monitoring post-op patients. While in the recovery area, they checked the patients' vital signs frequently and used an early warning system to detect patients in distress. Despite operating in a low-tech, low-resource setting, we were still able to focus on details while maintaining safety and efficiency.

For anyone considering incorporating global health into their career, the Cinterandes Foundation is an excellent example of a sustainable, long-term, international program that successfully provides surgical care in remote and low-income settings. The foundation embodies several important qualities, and it would be an excellent model for future global surgeons to learn from. I think one of the keys to Cinterandes' success is its deep network of local medical providers and community leaders. We relied heavily on the local team in Palmar for organizational support, communication with patients, and for ensuring patient follow up. I was also happy to see that there were students from abroad and from the medical school in Cuenca on the trip. This was a testament to the foundation's commitment to creating equitable opportunities for both local and international trainees. And, although the concept of a mobile surgical unit may be novel, Cinterandes has proven that, with the right framework, it can certainly be a viable system of care.

Finally, taking care of these patients, working with such a wonderful, dedicated team, and learning about global surgery through practice was a rewarding and memorable experience – one that I would like to take part in again and would recommend to any surgery resident.





