

their eye for various reasons. The second week we were there we saw a lot of children for corrections of strabismus, and a host of other minor eye conditions.

Even though the mission had been in the same location the previous year, the set up did not go without some incidents. The hospital director had invited the mission, but apparently not all the OR staff was happy to give up their OR for 2 weeks. They had use of only one room for emergency C Sections. There was noticeable tension initially between the mission supervisor and the OR supervisor. It was interesting to learn about their OR practice standards. They were very strict as to dress code in the OR, such as not wearing the same shoes in the hospital as in the OR, and even changing out of the OR scrubs to go to a bathroom next door to the OR. Stretchers from the unit were brought to the OR suite, then the patient had to transfer to an OR stretcher in the holding area, then wheeled into the room. Safety standards, such as raising the side rails on the stretchers, were not practiced. New born post C Section babies were left lying in their warmers for long periods of time with no nurse in sight. Sometimes some of our staff went to check on them to make sure they were all right! We were happy to allow their nurses to watch some eye surgeries, and we were invited to watch the C Sections- many times they did not close the OR door, so we could see what was happening without being in the room. By the end of the 2 weeks, tensions seemed to have eased, as they could see we were not there to change their way of operating.

The first day of surgery our little autoclave did not function. It took a while to negotiate the use of their autoclave to get some of our instruments sterilized. We were told many stories as to how long it would take, that our instruments would melt, etc, etc. We finally got a few sets going, and we worked until late to get all the scheduled patients through. To have 3 patients in the same OR goes against all our standards, but we had to do the best with what we had! (I kept thinking that some of our "prima donna" surgeons would benefit from such an experience, and learn to make do with what we have on hand.) For a few days the air conditioning was not functioning, so a portable fan was brought in - one that had been in storage for a fair amount of time by the dust on it. We did not have the option of closing the OR until the A/C was working again.

As with many things, the good parts of the trip outweighed the frustrations. Many people who would have lost their vision were seen and were able to have surgery. Their gratitude was felt by all, and they walked away with huge smiles on their faces, saying "thank-you" to all the team members. This made it all worthwhile, and when we talked of the highlights of each day, it was the reaction of the people that was mentioned the most.

Some of the people I travelled with had been on many of these trips. I can now understand why they go, and would recommend the experience to all. I know that I want to go again. We can learn so much from seeing different cultures and practices. It also makes me grateful for the advances in surgery that we have access to in this country, which we should not take for granted.