



**Hernia mission to the Dominican Republic
November 2023
(Santiago de los Caballeros)**



Global Hernia Relief mission to Santiago de los Caballeros 2023

We look back with gratitude, with great satisfaction and pleasure on a very successful mission to the Dominican Republic from November 11 to 18, 2023.

With this report we would like to inform you as much as possible about this, including the run-up to it and the details surrounding it.

Background

In the past we have undertaken several missions to Haiti, one of the poorest countries in the world, working closely with the American Hernia Help Organization (HRFU) operating there. In 2019, we decided to set up the Global Hernia Relief (GHR) Foundation ourselves in order to be able to make a good contribution to this from Europe as well. Unfortunately, no organization has been able to organize a mission to Haiti for several years due to political unrest, riots and extreme gang violence. This resulted in a very unsafe situation for the population and foreigners in particular. The COVID pandemic has added to this.

Reason for us to investigate the possibilities of also offering help on the same island of Hispaniola, on the safe side of the border. Although the Dominican Republic has a few prosperous coastal towns, the rural areas experience the same poverty and the domestic population here also has virtually no access to adequate medical care.



Exactly one year ago, surgeons Giel Koning and Erwin van Geffen made a working visit to various clinics to explore the possibilities. The choice fell on the José Maria Cabral y Baez hospital in Santiago de los Caballeros. A so-called 'community hospital', a public hospital that offers everyone equal care, regardless of whether someone is insured or not.

Arrangements were then made with Dr Cesar Castillo (Prof Surgery, Medical Attending), Dr Pedro Ventura Trejo (General Surgery Residency Coordinator) and with Dr Ouel Sosa Veras (Chief of Dept Surgery). The recruitment of patients was performed by the residents (under supervision from the trainer Dr Trejo) and has taken place for us since August. A conditional issue for this mission was that we would also train the local 4 residents in open inguinal hernia surgery.



Fortunately, our GHR Foundation has been granted by the Dutch Government with an ANBI status (Public Benefit Institution) from the start, so that we had more opportunities to involve both private and corporate donors for this humanitarian mission. We are very grateful for everybody's support, but of course also for the small and larger donations from the very beginning.

Through these donations, prior to the COVID pandemic, we managed to purchase many surgical materials (new and used), as well as instruments, suture materials, inguinal hernia meshes, medication, etc. We already transported all this material to Miami, but it was never shipped to Haiti due to the deteriorated situation there. So we rented a self-storage unit in Miami for more than 2 years to safely store this material (2 full pallets). This sounds simple, but the intensive guidance (including flying from New York to Miami and physical movement of our materials to another storage unit) by the friends below was conditional for our success and for which we are very grateful:



Patricia Fernot
 Manager, Purchasing Materials &
 Surgical Scrub Technology
 Wayne Surgical Center
 Team member Hernia mission Haiti 2018



Dr Rafael Azuaje
 MD, FACS, hernia surgeon
 Miami Hernia Center Fl



Carlos Martinez
 DIMAR International Cargo
 transport in Miami and the DR,
 storage material in the DR
[Santiago de los Caballeros](#)



Shipping from the US (Miami) to the DR

On November 11, we traveled to the Dominican Republic with 2 complete operating teams via a stopover in New York. Our team consisted of 3 surgeons (Giel Koning, Erwin van Geffen and Kevin Buckley), 2 anesthesiologists (Jorgo Lambrou and Gert-Jan Wagteveld), 4 recovery nurses for pre- and post-op care (Ingrid van Asseldonk, Ingrid van de Ven, Johanneke Bax and Petra Gras), 3 OR nurses/scrub techs (Wendy van Erp, Kiki Lampe and Angela Aristizabal) and a sterilization expert (Albert Wagenaar).



That first weekend was scheduled for travelling and our materials were delivered by Luciano Shipping on Sunday morning, after which we could unpack and inventory what was still usable after 2 years. Receiving surgeon Dr Cesar Castillo and his senior resident in training (Carlos Bonilla) had arranged for our group to install everything on Sunday afternoon in the operating rooms that were available for us. We also took the time to get to know all the staff working in these outpatient operating theaters and everyone working in the sterilization department.



The José Maria Cabral y Baez hospital provides medical care to people in and far around the large city of Santiago de los Caballeros. Santiago has 1.5 million inhabitants, making it the third largest city in the country. The impressive history shows that the city was completely destroyed 3 times (2x by massive earthquakes and 1x by a huge fire) and was rebuilt each time.

There was a lot of activity on the street every day, but also around the hospital. Food, drinks and medication were sold in many places.



The part of the hospital that was available for us (the 2 outpatient, ambulatory operating rooms) was also the most modern part of the hospital and therefore had good facilities. The rest of the hospital, especially the Emergency Department, outpatient clinics and operating department, have apparently been waiting for renovations for more than 15 years, which also became painfully visible later in the week during a walk through the hospital.



The ambulatory operating rooms were located next to the Orthopedics outpatient clinic, one of the busiest parts of the hospital, where it was already filling up from 6 a.m. with people who had an appointment that day (they get an appointment here for a specific day, without time and sometimes have to wait a whole day until it is their turn). The combination of very bad streets and 'pedestrian paths' (with many deep holes in them) and the absence of street lighting will certainly contribute to the impressive number of people with lower leg injuries that we saw there.



The operating days

On Monday we were warmly welcomed by the entire nursing staff of the Ambulatory ORs. Everyone was very friendly and happy that we were present with such a large team and because we were self-sufficient in terms of materials. Also the trainer Dr Trejo and director of the department Dr. Sosa came to meet us on the first day and see if everything went as planned.



Fortunately, we were able to start immediately with the intake of patients, who had already gathered in the busy waiting area from 6 a.m. Together with the residents Carlos Bonilla and Joan Sosa, Ingrid van Asseldonk, one or more surgeons and an anesthesiologist, carried out this intake and registration. The preliminary screening had been quite careful as we only decided against surgery in 3 patients (not an indication according to current guidelines).

The surgical residents translated during the history taking and during the physical examination. If the surgical indication was confirmed and the patient was considered operable, an Informed Consent form was signed and (after verbal consent was obtained) a photograph was taken of the inguinal hernia. This was done in a standing position and in such a way that the patient was obviously not recognizable. The photos were immediately included in our own GHR patient registration.



The patients were then guided to the OR by our recovery nurses to prepare for the operation. They then walked independently but under supervision to the operating room, where the operating team performed the usual checks before the start of the procedure.

We operated on the majority of the patients under local anesthesia using intravenous sedation (Propofol), so that the cardiovascular system was burdened as little as possible. This also made it possible for the patients to walk independently to the recovery room after the operation, supported by us.



For various reasons, we were able to help slightly fewer patients that week than we had previously planned. Relations between Haiti and the DR are currently so tense that the Dominican government has banned Haitian immigrants (who currently live in the DR) from receiving medical care in the DR. This meant that we were not allowed to operate on approximately 15 older men with large inguinal hernias (which had been on our waiting list for a long time), unfortunately....

In addition, significantly fewer patients appeared in the hospital on one day because Public Transport had declared a national strike. Unlike in the Netherlands, this leads to a lot of commotion and often to riots in the streets, because Public Transport employees then wish (in fact enforce) that NO ONE is allowed to travel on the street by car.

For this reason, many soldiers were present on the streets to maintain order and few people were able to reach the hospital because they live in the suburbs and depend on bus transport. Nevertheless, 6 patients (just like us) went by foot and reached the hospital to subsequently undergo surgery, fortunately.



The facilities in the 2 operating rooms were excellent with fortunately well-functioning air conditioning, diathermy machines, anesthesia equipment, guaranteed power (a mission without power outages is quite unique) and sufficient space.



The only limiting factor was that we did not have a separate pre-op room for preparation (giving patients an iv-line, administering medication, etc.), because we also had to use those 4 beds for post-operative patients so that efficiency improvements could be made there.

We were able to operate on most of the patients under local anesthesia. Some patients had larger abdominal wall hernias, including a recurrent umbilical hernia, which required general anesthesia.



We kept all patients in the recovery room for a few hours where they received sufficient pain relief, something to eat and drink, and because a plaster in the groin at this humidity of >75% is not very efficient, all patients were given a bandage with a tight new boxer shorts over it, as a donation by our Foundation. Fortunately, almost everyone was discharged the same day in the presence of family in good condition.



Unfortunately, one patient (a large, muscular but very nervous young man with a huge scrotal hernia) developed secondary bleeding. This was during his stay in our recovery room so we could intervene directly. We immediately operated on him again, this time under general anesthesia, after which we admitted him to the clinic overnight just to be safe.

The next morning we walked rounds (along with Joan Sosa and Carlos Rodriguez) and assessed our patient again. He was in good condition and was discharged.



Giel Koning attended another operation that morning in the 'regular' operating room complex, which was a special experience. The differences with the sterility rules in the Netherlands became clear very quickly. What was also new for us was the absence of OR nurses/scrub techs during the procedures in the OR complex. Apparently it is common for residents to assist each other with instrumentation... see below Carlos Bonilla and Ernesto Arroyo at the table.



People in the recovery room were also on ventilators. Inquiries revealed that these were ICU patients for whom there was no bed in the ICU, and had apparently been ventilated in the recovery room for 3 days...



Another thing that was very well organized by the hospital were the lunches. In a separate room at the Outpatient Complex, a package with a hot, delicious lunch and soft drinks was delivered to everyone, where we could take turns eating. We had lunch together with all the other staff, which was very pleasant.



Our complete GHR file was entered directly into a stand-alone computer, including anesthesia report, preoperative photo, and postoperative data. The actual paper file was then left at the Cabral Hospital, should a complication arise in the near future.



We helped as many people as possible during 5 operating days, which was greatly appreciated by patients and their families. We were able to offer every patient the care we normally provide to our Dutch patients with inguinal hernias, using of all possible facilities, materials and expertise of the entire team.



The residents in training (Joan Sosa, Carlos Bonilla, Ernesto Arroyo and Carlos Rodriguez) greatly appreciated our visit and learning from us.

We have great respect for them, especially for their connection with primary patient care, their commitment and work schedule. There are four of them to divide the nightshifts, so one in four days and weekends they are on call, without compensation the next day... where the shifts can be quite challenging (independently responsible for presenting blunt and penetrating abdominal trauma-patients and operating them if necessary) .



They have to arrive at the department very early every morning, so that they can properly assess the status of their own patients. This means doing rounds at 6 a.m. and then making a (Powerpoint) presentation about the condition of your patients. Every patient must be presented at 7:00 am during the morning report.



On Friday evening, November 17, we organized a festive dinner on behalf of Global Hernia Relief to express our thanks to the staff and the residents in particular. They helped us enormously with patient recruitment, functioned as translators during the operating days, and made our work more challenging by providing training. In addition, this was Joan Sosa's birthday, for which we presented him with a gift.



We used the next day to not only clean everything up but also to do a careful inventory of our materials. All items have been checked for sterility, expiry date and quantity/completeness, after which everything is packed back into boxes in a well-organized manner.

Some of our materials would expire within a few months, so we donated them to the hospital for further use.

We then made contact again with Carlos Martinez from DIMAR International, who collected our material a few hours later and stored it safely in their storage department in Santiago.



After such an intensive week in which we helped many patients to regain their old quality of life, a week in which we shared joys and sorrows with each other, worked hard but also made very good friends, saying goodbye is always difficult and intense.



We made a tour of all the nurses with whom we have worked intensively and all other members of the staff in the hospital. We left surgical scrub-clothing behind, as well as a large part of the mission clothes (T-shirts and polo shirts), which was very much appreciated.





On behalf of all operated patients, we would like to thank everyone very much for your support and contribution! Without you, this entire mission would never have been possible and these patients would have had to continue living with their condition.


We all returned with great satisfaction and enthusiasm and are already looking forward to our next mission to provide help to these poor people.

Team Global Hernia Relief



GHR Team members, Dominican Republic mission 2023

	<p><i>Name:</i> Erwin van Geffen <i>Occupation:</i> Surgeon (GHR team leader) <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> Hernia Help 2016 + 2017</p>		<p><i>Name:</i> Giel Koning <i>Occupation:</i> Surgeon <i>Hospital:</i> Euregio Hospital (D) <i>Experience:</i> Ghana, Hernia Help 2017</p>
	<p><i>Name:</i> Jorgo Lambrou <i>Occupation:</i> Anesthesiologist (GHR board) <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> Hernia Help 2017, pediatric ortho mission Gambia 2023, Burkina Faso</p>		<p><i>Name:</i> Gert Jan Wagteveld <i>Occupation:</i> Anesthesiologist <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> Desert Challenges</p>
	<p><i>Name:</i> Ingrid van Asseldonk <i>Occupation:</i> Recovery nurse (GHR board) <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> Hernia Help 2017</p>		<p><i>Name:</i> Ingrid van de Ven <i>Occupation:</i> Recovery nurse <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> Hernia Help 2017</p>
	<p><i>Name:</i> Kiki Lampe <i>Occupation:</i> OR nurse <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> none</p>		<p><i>Name:</i> Wendy van Erp <i>Occupation:</i> OR nurse <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> Desert challenges</p>
	<p><i>Name:</i> Johanneke Bax <i>Occupation:</i> Recovery nurse <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> none</p>		<p><i>Name:</i> Petra Gras <i>Occupation:</i> Recovery nurse <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> none</p>
	<p><i>Name:</i> Angela Aristizabal (US) <i>Occupation:</i> OR nurse/scrub tech <i>Hospital:</i> Wayne Surgical Center <i>Experience:</i> none <i>Born in the DR (speaks Spanish fluently)</i></p>		<p><i>Name:</i> Albert Wagenaar <i>Occupation:</i> CSA employee <i>Hospital:</i> Jeroen Bosch Hospital <i>Experience:</i> none medical volunteering</p>

	<p><i>Name:</i> Kevin Buckley (US) <i>Occupation:</i> Surgeon <i>Experience:</i> Multiple missions to Haiti, Guatemala</p>		
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