

DR. GEORGE CARTY'S HONDURAS MEDICAL MISSION



In March of this year, I returned to Honduras as part of the Hackett Hemwall Foundation medical mission, with the purpose of providing modern and sustainable vein care to the indigent population afflicted by common and debilitating conditions such as leg swelling, chronic leg ulcers, and advanced soft tissue injury.

Arriving at the San Pedro Sula airport, I met with the rest of the group of physicians, ultrasound technologist and nurses. The airport's food court was the place to rekindle old friendships, as well as, eagerly engage new acquaintances. We the 'veterans' knew that soon, through the camaraderie that is born of hard work, long hours and shared goals, these 'first timers' would become important additions to the team, as well as, life long friends.



After loading our supplies and belongings into two rumbling old school buses, we settled in for the three hour journey to the east coast of the country. Early the next morning, with all of the group meetings behind us, we separated into three teams. As I had in the past, I stayed in La Ceiba, while the other two teams went on to the coastal city of Tela and the interior city of Olanchito. We then set out to prepare our

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working environment, or makeshift clinics, at our designated location. Each site clinic had eight to 10 working stations, where skilled and accomplished clinicians provided treatment to as many patients as humanly possible with the goal not to leave any patient untreated. Local and less experienced practitioners were teamed appropriately in order for them to gain maximum exposure to the use of portable ultrasound equipment and to become familiar with the treatment modalities at hand. The safety and quality of care being delivered was always of utmost importance. By the end of the week, nearly 1,800 patients were treated between all three clinics.

Most of the treatments consisted of image-guided percutaneous injections into enlarged, incompetent superficial axial veins or incompetent perforating veins, responsible for the ulcerations and extensive surrounding soft tissues damage. Next came the chore of digging into our donated supplies for an adequate compression stocking necessary to increase the odds of a successful treatment outcome. This ancillary garment, in extremely short supply, has limited our ability to carry out bilateral treatments in one visit. As an unintended product of this shortage, we were able to see

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patients in consecutive years and observe first hand the results of the prior treatment.

Treating the Honduran population is a very rewarding and satisfying experience. We were encouraged to hear from them when they came back full of hope and trust that this time also they were about to be freed from a chronic and debilitating ailment. The stories of hazardous long distances travelled are disheartening, particularly in these times of civil unrest and high crime. Boarding a bus in the capital city of Tegucigalpa to travel all night across the country to the coastal cities where our clinics are located, does not always guarantee a safe and timely arrival. Yet after all these ordeals, a long wait at the clinics remains in store for them, which



they endure with truly amazing patience and anticipated gratitude.

We returned home tired, but always appreciative for the opportunity we had to carry out the work that otherwise would not get done. We remain grateful to have touched so many lives in a meaningful and lasting manner. □



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