Volunteering in Colombia

Glasgow Caledonian student, Sarah Laverty, won the Cosyfeet Podiatry Award 2013. She spent a month volunteering in Colombia. Here she reports on her experiences.

In June 2013, having completed my third year of a BSc (Hons) Podiatry degree at Glasgow Caledonian University, I travelled with recent graduate Podiatrist, Sian Steele to Colombia to spend a month as a volunteer at Children's Vision International (CVII) based in Bogota.

CVII is a donation-dependent charity, which provides a safe and loving environment for vulnerable children from the streets and surrounding hills of Bogota. Having begun with just a handful of children, they have built three houses in the city, together with a school and health clinic, catering for 185 children. Their work is not limited to Bogota, in that they provide humanitarian aid through annual medical missions to some of the most destitute communities in the nation.

I have been inspired by the work that CVII do, as the director has been a family friend for years. Since I started my studies in podiatry, he encouraged me to come out to Colombia to see the work first-hand and be a part of what they do for local communities, using my skill set in the annual medical mission.

This amazing experience enabled me to observe and administer treatment of a variety of medical conditions concerning the lower limb. I acquired many new skills and gained confidence in my clinical practice, learning to be innovative and make maximum use of the limited resources that were available. Having reflected on this experience in the field hospitals I am incredibly grateful for the vast array of resources available to podiatric practitioners in the UK.

When we first arrived in Bogota we were met at the airport and transferred to our accommodation, which became our home for the duration of our stay. This took the form of a typically tall, narrow three storey Colombian building. Our bedroom happened to be located on the top floor. This wouldn't have presented with any difficulties at home in the UK, but we were now 2800 metres above sea level and the stairs were enough to leave fit young women like ourselves very short of breath, and so began our daily battle with the altitude.

After taking a few days to adjust to the altitude and time difference we got caught up in last minute preparation for the medical mission. This included sorting out medical supplies and paperwork as well as helping with the finishing touches of the new medical centre, which CVII hope will provide an environment for the provision of free medical care to the local community all year round.

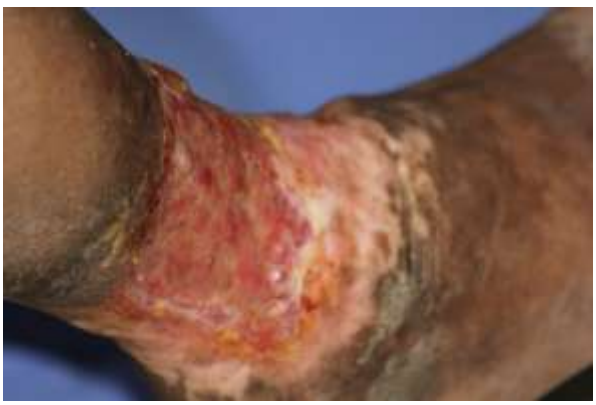
Once the entire medical team had arrived from the United States, Canada, England and Northern Ireland, everyone assisted in packing a few lorries with the medical supplies required for the mission and made plans for our first destination outside the city.

Picture: The wound care team including our translators

We took a five hour drive to Barbosa, where we were to set up our first field hospital in a school. When we arrived at the school we were welcomed by a large crowd of local people requiring medical attention. This was a very overwhelming sight, as I had never experienced anything remotely like this before. We worked as a team to unload the lorries and set up the field hospital. Most of my time was spent in wound care, assisting an experienced wound care specialist.

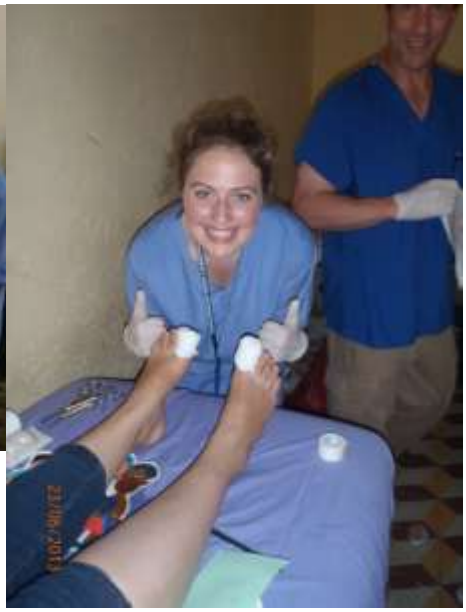
I found the first day very stressful. It was hard to adjust to my new surroundings, suddenly having to improvise to provide care for these needy people due to lack of equipment that we would regularly use at home. Many people came to the field hospital with advanced venous and arterial disease and we found ourselves emotionally and physically drained by the end of each day as we reflected on the enormity of the physical problems that some of these people had to contend with.

In one particularly memorable case a woman aged sixty-four had an ulcer located proximal to the anterior of the ankle joint. This ulcer was a result of an accident in a river where she bathed at the age of fourteen; it has slowly deteriorated since then. Having received no medical treatment she persisted in using her own remedies and masking tape to keep it clean. On presentation the wound was moist with granulating and sloughy tissue surrounding the edges. It looked fairly clean and the woman reported that she hadn't been feeling unwell but the healing process was complicated because she had venous insufficiency. We were able to cleanse the wound with saline, debride it as far as possible and then dress it with flaminal and gauze. We also issued appropriate advice regarding how to clean and dress the wound with the dressings we provided. We supplied a shaped tubigrip to give graduated compression to the leg to encourage improvement of the venous supply after checking suitability for extra compression. This was done by checking arterial supply at the dorsalis pedis pulse and the posterior tibial pulse with a hand held Doppler.



Pictures x 2: Venous ulceration on anterior aspect of the ankle

Another experience from Barbosa was being able to undertake my first total nail avulsion with phenol under the supervision of Dr Haughey, a podiatric Surgeon from the United States. I was apprehensive as I was learning new skills and had only ever observed this procedure before, however Dr Haughey walked me through the process step by step offering reassurance.



Pictures x 2: Successful nail surgery

The second town we travelled to, Patio Bonito, was a homeless village based in a rubbish dump. This was the most eye opening and harrowing place I have ever been to. The people here made their living from recycling rubbish and I even witnessed kids washing in the sewers that ran alongside the village. A lot of the wounds we treated here were the result of gunshots, as gang warfare is rife here. One of the most distressing cases was an eight-year-old girl with a gunshot wound to her arm. These people were so grateful for the medical attention as they are used to being outcast in society.

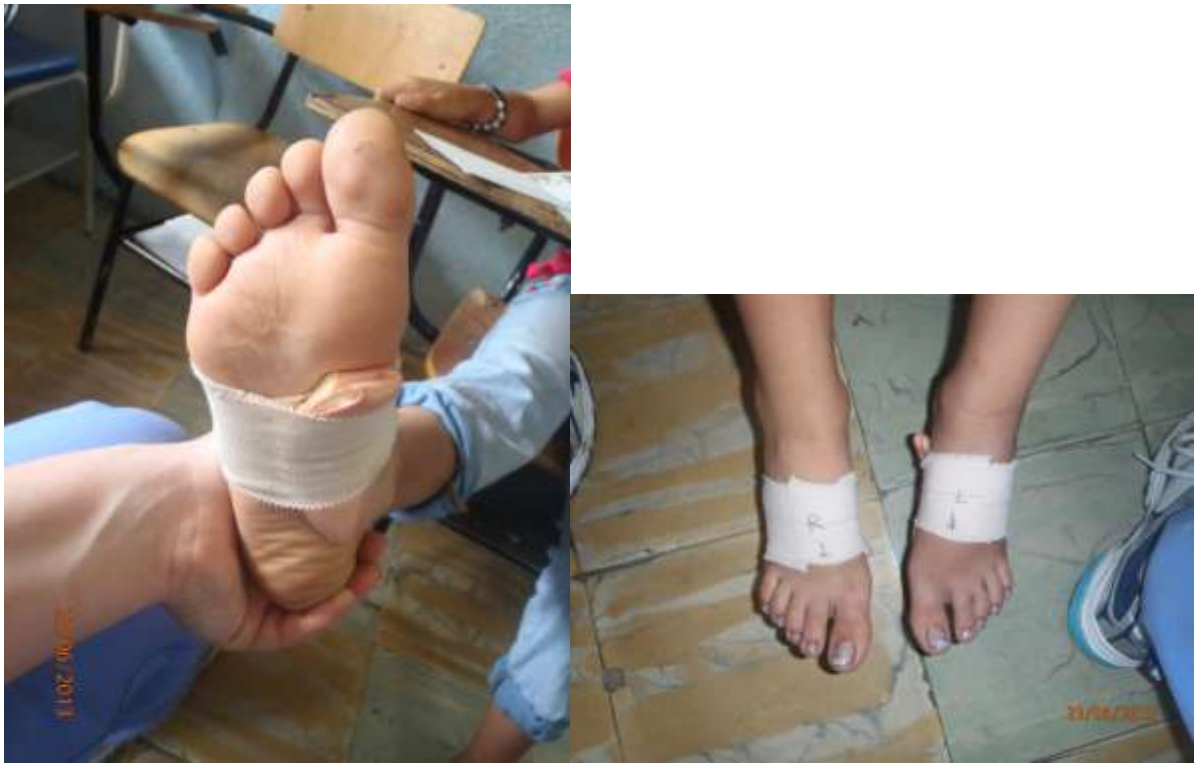
Picture: The homeless village

The third field hospital we set up was in a sports arena in Usme. On this occasion I worked alongside Dr Guinn, an orthopaedic surgeon from the United States. Dr Guinn guided me through giving corticosteroid injections for plantar fasciitis and heel pain.

At Usme one of my colleague's patients presented with a neuropathic ulcer on the plantar aspect of the right foot at the 4^{th}-5^{th} metatarsal head, which the patient was completely unaware of, and with onychogryphotic 1^{st} and 2^{nd} nails on both feet. The patient was unable to manage the nails which had been causing discomfort and wouldn't fit into his footwear. My colleague was able to remove both the 1^{st} and 2^{nd} nails without the need for anaesthetic as he was neuropathic, and I was able to assist. Neither of us had ever witnessed anything like this before and were concerned for the gentleman's health, but we were glad that we were able to provide the medicine he needed and the treatment he required to help.

Picture: Sian with a removed fungal nail

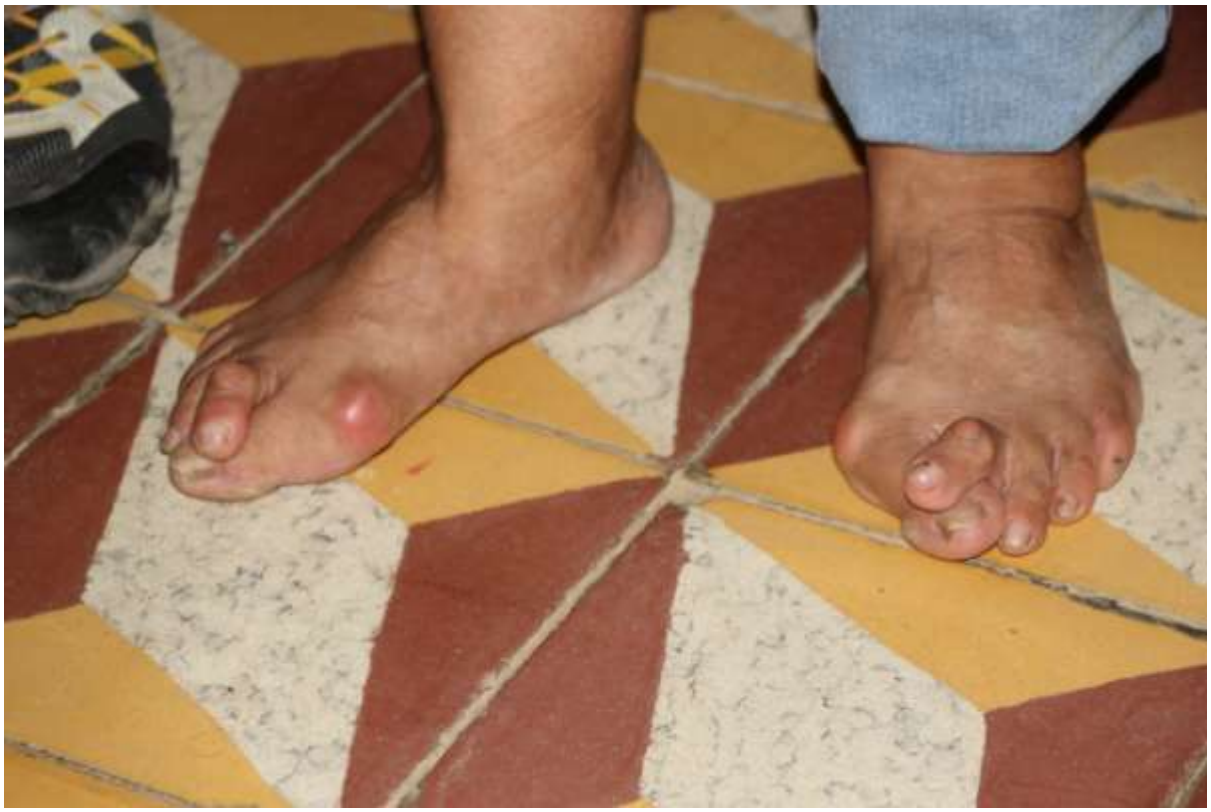
As you can imagine there are people who need support in their medial arch in many of these places from wearing inappropriate footwear through no fault of their own. For patients with plantar fasciitis and medial longitudinal arch pain I made some devices with the equipment we had. These consisted of an absorbent dressing stuck together and then folded in two and cut into a shape that would provide slight support. It was attached to the foot with tape, and made so that the patient could take it on and off.



Pictures x 2: Improvising with supplies

In between setting up all the field hospitals I had the opportunity to observe pre-operative appointments for surgeries such as talipes equino varus repair, tophus gout removal and hallux abducto valgus osteotomy. The most severe case was that of a 15 year old boy who had no or malformed bones in his feet and legs. Medical care isn't advanced enough in Bogota, therefore CVII planned to fly him to America for 6 months for an above knee amputation and extensive rehabilitation programme with prosthetics. This was a very difficult case to observe as this was the first time the possibility of an amputation had been discussed and as some of the family were present the situation became very emotional.

Pictures x 2: Tophus Gout



Pictures: Hallux Valgus Deformity

Colombia was everything I expected it to be and more. I couldn't believe how much CVII had set in place to help people in and around the area of Bogota. I experienced so many new procedures and learnt how to work on my own initiative with a lack of resources. As well as dealing with podiatric cases we assisted a lot in orthopaedic practice, which has broadened my horizons in medicine and has encouraged me to consider further study of surgery in the future.

I hope to return to Colombia again in the near future and utilize my skills, as there is still such great need out there. To be immersed in the culture there was amazing, as was the experience of working as part of such an incredible international multi-disciplinary team. It was not only the local communities that benefitted. I did too!

None of this would have been possible if it wasn't for the hard work and great effort the kids in the organisation and the directors of the medical mission put in before we all got there.

Picture: The Directors of the medical mission.

Having read this If anyone would like any further information about the work CVII do in Bogota, or if you would like to offer help through the donation of supplies for future medical care that will be done out there, please do not hesitate to contact me at colombiasupport@outlook.com