



Final report Teaching Operating  
Room and Anesthesia  
Processes,  
Oasis Mission Medical Center Kenya

Country	Kenya
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## CONCLUSION

On 1.9.22, Jannine Hausherr, expert in anesthesia, and I, specialist in surgical technology, landed in Mombasa to clarify the need for hernia care at the Oasis Mission Hospital in Mtwapa and to prepare the deployment of our gynecology team, which will arrive in November/December. Furthermore, the hospital management wanted to train the local staff.

At first still a bit unsure what to expect, we quickly realized that the nursing staff was very interested in further education.



For Jannine there was already a tight plan, set up by the missionary doctor Dr. Ashley who was present here. She put together a program with topics around the newborn baby, which should be worked on.

Among other things, this involved: placing intravenous cannulas and feeding tubes, ventilating as well as resuscitating newborns, operating the defibrillator, to name just a few.



In addition, she had the task of clarifying for Cheira whether the existing anesthesia equipment and materials were suitable for general anesthesia, in particular whether they met our standard.

Jannine really had to find the time for these clarifications, so much were the nurses and midwives interested in her further education. She left Kenya after a little more than two weeks and wrote a detailed report on the existing conditions.

After a short time, we both came to the conclusion that this hospital is very well organized and clean and has exceptionally motivated, well-trained staff.

Until the beginning of September 2022, the hospital only had the authorization to perform caesarean sections, but now they are also allowed to perform other surgical procedures.

On the one hand, they lack the personnel, especially surgeons and anesthesiologists, as well as nurses for postoperative care, and on the other hand, they lack the money to pay these personnel.

I had a little more time available and stayed a total of one month. My assignment was also to make clarifications for the planned assignment. Here are some points from the extensive catalog that had to be clarified:

- What tools are available and could our physicians work with them?
- What is the process for cleaning and reprocessing instruments and how much time does it take?
- What sterile drapes are available, linens and/or disposable drapes?
- How much time is needed to prepare the laundry, how we washed, by hand or by machine?



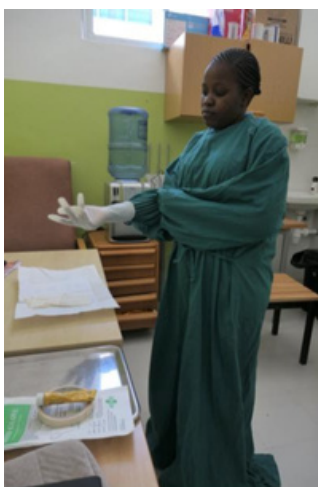


Since they only have a small washing machine at their disposal, many things are still washed by hand. After a spontaneous appeal for donations in my private environment, we were able to buy them a large washing machine with a capacity of 15 kg, which was transported and installed immediately with united forces.

Does it have enough clothes and shoes for the upcoming OR team, can the clothes be changed daily? Does it have enough material like gloves, Disinfectants, sutures, dressings, catheters, etc.?

Together with the OP team we worked out points in which they wanted improvement or changes or which seemed urgent to me, e.g.

- We discussed the importance of regular hand disinfection (for this, hand sanitizer should be available everywhere) It finally became a running gag, every time someone disinfected his hands, he got "ten points" ;-)
- The correct handling of contaminated instruments and surgical linen.
- We looked at optimizing the entire cleaning process and had a "team outing" to the Shopping center undertaken to buy larger containers.
- Together with the pharmacy, we tried to determine the selection and exact dosage of suitable disinfectants for furniture, floors, instruments, hands and skin. An undertaking that unfortunately could not be fully implemented in the time available.
- Discussed the care and storage of the instruments, then separated the storage into sterile and non-sterile so that no confusion can arise.
- We practiced every day the correct dressing with OP coat and gloves. (Closed gowning and gloving)
- They wanted an improved folding technique for their surgical coats, which we finally managed after two hours of trying it out together.





- We worked on optimizing the OR cover and gave an internal employee the task of sewing individual cloths together for this purpose.
- We practiced the theoretical and practical handling of the electrocoagulation device. For this we got a piece of raw meat in the kitchen and everyone was allowed to practice on it.
- In the scrap iron behind the cafeteria we have found a well-preserved cart in which the OP boots can be stored.

We were able to organize a slightly larger table so that the surgical drapes can be folded on it without hanging on the floor. We bought hooks to hang a towel by each lavabo.



The management wanted me to work with the team to sift through, clean out and reorganize the warehouse of donated items and instruments. No sooner said than done. 6 large 110 liter waste bags with unusable or defective material were ready for removal within three days. Instead of simply throwing everything away, we first practiced the correct opening of sterile goods. It makes you think what is being sent to Africa!

We also sorted almost 2000 pieces of linen (a donation from Finland) and found urgently needed, practically new surgical coats.

The accommodation we stayed in was ideally located, only a few minutes walk from the hospital. The rooms were even equipped with mosquito nets and hot water especially for us.

The only really annoying thing after a month in this hotel was the omnipresent, way too loud music. According to



Statement of the hotel manager Justin, nothing goes in Kenya without pressure! And although I asked almost every day for quieter music, that was obviously not enough. I must probably work on me.

October 3, 2022, Eveline Fuchs