

The Cinterandes Foundation runs a mobile surgical unit in Ecuador. The foundation started its work 25 years ago under the direction of Dr. Edgar Rodas Senior with the mission of bringing surgical care to the underserved population throughout Ecuador. The organization is currently directed by Dr. Edgar Rodas Junior, a trauma surgeon at Virginia Commonwealth University in Richmond, VA. Meticulous organization between Cinterandes staff and local communities allows for the foundation to carry out its missions successfully once a month. Each member of the Cinterandes team is critical for the success of their work. The foundation operates 3 weeks a month on Tuesdays and Thursdays in Cuenca, the foundation's headquarters with clinics in between run by Cinterandes staff. Patient selection is imperative for such a setting. One week a month, the mobile unit travels outside of Cuenca to a remote area to operate. Longstanding relations with tribes across Ecuador allow for successful surgical missions.

Arriving in Ecuador my first morning, I was quickly welcomed from the airport onto the mobile surgical unit. Patients had been previously seen and evaluated in the clinic and were selected as appropriate candidates for surgery on the mobile unit. They were performing 4 surgeries for those in need within the city of Cuenca. Knowing little of the way to maneuver and successfully complete surgical on the mobile unit, they helped me onto the truck, and familiarized me with the way the truck functions during a circumcision. Following, I was amazed as the team introduced me to laparoscopy on the mobile unit as we performed a tubal ligation. We then removed two small skin tumors. I was amazed that the 12 ft by 6 ft space would be sufficient to carry out surgery and accommodate patients under general anesthesia. Surgery was accomplished, and it was accomplished through the exact and precise movement of the team working together in perfect harmony. It is amazing something that seems so complex and challenging in large academic hospitals can be accomplished so well in this setting.

Prior to the trip, I was working with a group of medical students from VCU and Ecuador to create a series of public health materials for medical and surgical conditions treated at Cinterandes. We focused on 16 topics for the most common medical and surgical issues faced by those undergoing operations with Cinterandes. In Ecuador, it was wonderful to meet with the medical students who had been working so hard to translate the materials into Spanish.

The next week I set off with the team of doctors and medical students to the Amazon Rainforest for the surgical mission. Countless hours were spent by the Cinterandes team preparing for the mission. Multiple conversations with local tribe leaders in Chumpias allowed for the mission to be successful. This was a previously established annual mission to the region.

We made the long journey over the Andes Mountains through a cloud forest and down dirt roads before eventually reaching our destination in Chumpias, Ecuador. The community was small and made up of houses scattered throughout the forest. Houses were made of local materials, animal excrement, wood from the trees and leaves and wheat for roofs. Some of the patients had walked for days on their journey to be seen by our team. We were welcomed with open arms, and our trip began with an official opening ceremony. The community was made of the indigenous Shuar tribe who speak their own language of Shuar some of which have also learned Spanish. Their community leader spoke to the people in their local language. They sang the Ecuadorian national anthem and welcomed us with their special customs. Each of us was introduced and the excitement for help was obvious. Their community has no doctor or hospital. They have a medicine man who works with herbal remedies but travelling to a hospital is difficult and prohibitive for many.

Eventually, we were able to start our clinic. We broke the many patients into medical and surgical categories. I saw patients with medical students from both Ecuador and the United Kingdom. I taught patients about their diseases and discussed surgical options with patients. When possible, I discussed sanitation, obesity, parasites and long-term medical issues with patients. I presented hernia information and hernia care to the patients and was able to answer their questions. The following day, I worked with a local Ecuadorian surgeon to perform 6 surgeries for the patients on the truck. The anesthetists, tech, and internist who regularly run the surgical missions worked in perfect harmony. The medical students and I was instructed on our roles to be successful in the pre and post op areas. Medical students remained with their patients after the operations, using a well-defined post-operative sheet to keep track of patient vital signs. A green yellow and red light on the sheets allows students to identify problems early and ask for help when necessary. Every aspect of the mission has been well calculated and runs in perfect harmony.

I was so amazed that a truck can bring all the necessary equipment to provide laparoscopic surgery far from city limits and even far from electricity. I couldn't help but think about this as a solution to the 5 billion people lacking safe access to surgery, this could even be a solution for those who live in remote and rural areas in the United States. I was inspired by the work of Cinterandes and want to continue working with the organization in the future.



