

Wednesday 21st September

It's a very nostalgic feeling to arrive back at Chileka Airport, which was the only one I knew of in my younger years when we would meet Dad back from his various travels. I remember it as being massive – but seems a little smaller to me now!



I had a taxi driver waiting for me (a contact through my Mum) and the journey reminded me of the way a whole world of African life seems to take place at the roadside. The place is certainly busier than I remember when I was last here (20 years ago) but there seems to be lots of business going on and lots of produce.



I even managed to get myself a new sim card at the local mobile communication shop:



And now I am staying for the evening with the very kind Maggie and Brian O'Toole who have a lovely veranda and garden – although I think a cow in the back garden is unusual even for Malawi!



Wednesday 22nd September

I was given a lift this morning from Blantyre up to Dowa, just outside Lilongwe. This is half way to Mzuzu where I'll be staying, but I have been invited to the Malawi Orthopaedic Association national conference, which will be a great chance to meet a load of the local surgeons and get advice from them on some of the local injuries and services, and hopefully some phone numbers to call when I haven't got a clue what to do!

I was given a lift by a lovely chap called Alex Schade, who is a trainee from Warwick who is working in Blantyre for 3 years on a PhD looking at open tibial fractures in Malawi. He's full of interesting facts and figures (eg despite being a bigger cause of death than HIV, TB and malaria combined, trauma care in Africa receives only 10 cents of money for every 100 dollars spent on HIV care). Some sights on the road:



There is a plethora of motorbikes that are the cause of thousands of accidents each year. At the side of the road I saw a local kids' crutch – unfortunately he wasn't there to use it or I'd have got a photo of him too!



Friday 23rd/ Saturday 24th September

I'm currently staying at Chikho Hotel just outside Lilongwe on my way up north to Mzuzu. As ever at these conferences you get nabbed into doing some teaching, which is fun. These are some of the local trainees – a great bunch of guys with loads of knowledge and enthusiasm.



I feel like I'm not in the real world yet though – staying in a nice hotel with a pool and having all my food and drinks brought to me.... But head off up to Mzuzu tomorrow which will be a bit different!

Sunday 25th September

The journey up to Mzuzu was more challenging (!) than originally expected. The bus that we had hoped to get didn't arrive, and the next bus was completely full, but Boston (who is the surgeon I am covering while I am here) assured me that "No problem" we would just get a lift. Boston, with the phone, is an absolute dude and within a few minutes of negotiation had sorted us a ride all the way.

At one point I was offered a lift on this but declined:



No wonder there are so many motorbike injuries!



Got a lift with this delightful guy

The lift worked a treat except that the two guys in the front I think were from a church choir and played a single 30 min CD of church music, consisting of traditional UK hymns translated into Chichewa, on a repeating loop. Both of them sang loudly throughout while the passenger vigorously conducted. An hour of it was amusing – 5 ½ hours became a bit painful.

Anyway, eight of us were squeezed into a standard estate car and barrelled along at about 90 miles an hour. It was all fun until all the other passengers agreed that stopping for potatoes at the side of the road was vital, since it was cheaper than in town. From there on I had 25kg of potatoes on my lap and have only just regained sensation in my feet.



I'm staying in hospital accommodation which is basic but ideal for me. It's on the hospital grounds and has a guard at night etc so all feels very safe. I've bought myself some vitals and started cooking. I even have a fridge and hot water. Unfortunately power is out about 50 percent of the time, and water is off reasonably regularly so I have to keep big barrels of water around just in case.



Monday 26th September

I started work for real today. The caseload here is pretty crazy, with lots of cases of delayed presentation. Lots of cases come from the villages and often have injuries that are several weeks if not months old. Apologies to the faint hearted but the ward round this morning had at least 10 legs looking something along these lines:



As you can imagine things like this that have waited around for several weeks get very difficult to treat.

At some point for the more orthopaedically minded among you I'll send over the X-rays.

Despite this the hospital staff are all extremely friendly, happy and keen to do their best with very limited resources. There are twenty cases today awaiting surgery – all of them would get something very fancy back home but here the guys have to stick very much to the basics. Boston seems to work magic with what he has – if he was a TV character he would definitely be Scotty from Star Trek.

So – I have now very much landed and we'll see how the next few weeks go!

Tuesday 27th and Wednesday 28th September



Mzuzu hospital is actually quite a nice place, well laid out and quite bright and cheerful. It's very spread out and patients and relatives hang out everywhere.



Every morning an army of cleaners make sure that all the workways are entirely dust free, but it makes the morning approach to work a hazardous skid over a completely frictionless surface, more like an ice skating rink than anything else.



Ward rounds are carried out very jovially. Even the little kids waiting on operations seem to be able to break a smile, although this little guy clearly was suspicious of my intentions!



He's been waiting for surgery on a completely displaced supracondylar elbow fracture for 7 days now – the kind of thing we would do at home within a few hours.

And then this girl had been in skin traction for a femoral fracture for 5 weeks. When she finally had the traction removed and was able to lift her leg the whole of the rest of the ward let out a huge cheer.



There aren't many foreign doctors around here. There are a few Chinese but the language barrier is significant, and they are very keen on infection control, dressing like this for the whole day (note also the clingfilm wrapped phone).



I was running out of supplies, so one of the junior army docs called Remedy gave me a lift to the market. Having berated motorbikes, as soon as you need to get somewhere they are incredibly useful. His of course is extra cool compared to most and so we got lots of attention heading into town (with no helmets, obviously). I'll send some pictures of the market soon.



One of the things I had to buy was washing powder – there must be a better system than this – going to search out if I can pay someone to do it for me!



Thursday 29th/ Friday 30th

The caseload here is pretty remarkable, with a series of very severe and complicated fractures, often with marked delays to presentation and operation. A classic example:



And for the astute among you – yes we do have CT although it seems to work only part of the time and we have to be very selective about the cases that need it. It was a donation from the Chinese and I must say it seems weird to have a CT scanner when we lack so many more basic things such as routine antibiotics (for some reason only ceftriaxone is available), splints, external fixators or more than a few plate fixation options.

The other thing we don't really have is any kind of spinal service – so cases like this poor paraplegic lady have to go down to Blantyre (about 8 hours away) for any kind of intervention.



I'm happy to turn my hand to a few different things but spines is a dark art in which I have no skills, so I'm afraid I'm no use in situations like this.

The water supply is a bit variable here, even if the hospital. It went off today so we had to scrub our hands using an emergency supply from a bucket. I hope it is pretty clean but there isn't really any choice.



Theatre days are fun though. The team are full of good chat and very helpful with all the stuff I am useless at – like treating osteomyelitis, or writing up intramuscular pethidine doses for post op pain, or prescribing paediatric antibiotic doses. One nice thing is that the hospital provides lunch every day which we all eat together at about 1pm.



Most commonly it is nsima and some form of meat and vegetable. Nsima is made up of corn flour and water – it is a bit like a solid semolina or porridge. I love it.



I do think that it looks like some form of bone enhancement supplement though. You can imagine this stuff setting into a hard concrete, and that is certainly what Malawians' bone feels like when operating. It's absolutely solid. I was amused when I arrived to find that everyone tapped every single self-tapping screw before inserting (tapping digs a channel for a screw and makes it easier to insert – screws these days are 'self-tapping' so in the UK we don't usually bother). By the end of the first case I was doing the same. I suspect it's just that all the patients are so young – but the bone definitely feels more difficult to get through than at home.

Saturday 1st and Sunday 2nd October

I took the chance to have a look around town this weekend. This is the local street a short drive along from the hospital. It is always busy:



Behind here is the local market, which is actually very well organised so I was able to sort myself out with a load of vegetables:



Further afield I came across the local football field – not the usual green swathe we think of (or even the usual mudbath we have come to expect in Scotland):



In the end I got a lift home on the back of one of these bike taxis. These are everywhere and actually very comfortable. It does feel a bit weird sitting serenely while the poor guy cycling the thing sweats away in front of you though...

