

Nepal Ear Camp, April 2009

Phil Gomersall

Audiology Department, Addenbrooke's Hospital
Cambridge



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The International Nepal Fellowship (INF) organises expeditions to the rural areas of Nepal, home to the world's poorest people. One such expedition that occurs twice annually is the 'Ear Camp'. Mike Smith, an ENT Surgeon who helps organise the staffing for the trips, is proud of the association between these ear camps and Addenbrooke's Audiology department, which has supplied audiologists for several of the Nepal trips. It was the stories from these colleagues that encouraged both me and Naomi, an audiologist from Hackney in London, to join the April 2009 camp. With the trivial matters of sponsored mountain climb and half-marathon completed respectively (!), Naomi and I achieved enough fund-raising to cover the travel and accommodation requirements for the trip.

Taking a large group of people, along with suitable quantities of surgical equipment and supplies, to the remote western region of Nepal is no mean feat: The outward journey comprised of helicopter rides, first to Surket, a bustling trading town, before heading on to Chainpur, a remote village in the foothills of the Himalayas, where the camp was held. The first helicopter rides was an overly exhilarating experience as a technical fault required a swift return to Kathmandu. However, once we had (somewhat nervously) re-boarded the



helicopter and successfully left the Kathmandu valley, the unending views of misty, barren mountainsides, with occasional man-made terraces clinging impossibly to the steep sides, underlined just how far from our western ideas of civilization we were travelling.

Arriving in Chainpur to a warm greeting, the first day comprised of: a tour of the hospital (a large, dusty single-storey building) in which we would be working; settling into our accommodation (a small hostel situated 20 minutes from the hospital, across a slightly dilapidated suspension bridge), and exploring the surroundings, in particular the river, where a few of us took the opportunity to cool off in Himalayan melt water. The final task was to begin setting up our equipment, the majority of which had been done by the incredibly industrious Nepali nurses, technicians and helpers.

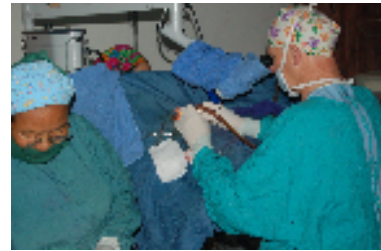


For the next seven days life followed a similar regime: A 6am wake-up call of banging pots and the smell of wood-smoke; a steaming hot glass of sweet chilli tea, followed by a breakfast of chapattis and curried potato. Then it would be a wash under the tap in the shower room, before negotiating the 'rush-hour congestion'(the passage of the mule train through the village) to be met at the hospital by a crowd of waiting Nepalis.

Our camp seemed to have progressively larger crowds waiting each morning, many having walked for a number of days. The task was to see everyone in a fair and ordered manner:

Each patient was seen by an ENT surgeon, and a decision made as to what treatment they might need: Many cases would be sent for hearing tests. As a consequence we (the audiologists) would see around 70-80 patients daily for hearing tests, as well as 15-20 patients to be fitted with hearing aids. The hearing aids we used are no longer fitted in the UK, having been superseded by digital technology, but were commonly fitted up until the early 2000s, and the majority of audiology equipment used on the camp were kindly donated by UK audiology departments.

The patients would keep coming for the full duration of the day, with a short break for samosas at lunchtime, and we would finish as darkness fell and our solitary light-bulb would flicker to life, powered by a diesel generator- flown in so that surgery could continue into the night. We would go to the operating theatre after we had finished and on some nights the entire team walked back together, the dusty mule-track illuminated by individual head-torches. We would be reliably greeted at the hostel by a serving of daal bhat (lentil soup with rice).



On the final day all patients who had been operated on required their bandages removing, which everyone helped out with, before being given instructions on post-operative care. After this, equipment was packed away and we took another opportunity to swim in the river, before heading back to the hospital where a 'thank you' ceremony was led by the local doctor, who presented us all with a small gift, and there was singing and dancing in our honour.

The journey back on the following day was delayed due to thickening mist, and we made use of the time by exploring- venturing to the surrounding farmland where we were able to try our hand at some traditional farming practices!

Finally we heard the beating of helicopter blades echoing down the valley, signalling our leave. All of the kit and people were squeezed into the back of this larger helicopter, and we flew south to the blisteringly hot Terai region, before catching a flight to Kathmandu. There was still time for more excitement on the final leg of the journey home as we made an unscheduled stop off in Azerbaijan, due to a fault with the plane.



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To summarise the trip, I would start by saying it wasn't easy: There were times when I was acutely aware that the work we were doing was just a 'drop in the ocean', and of course there were temporary hardships, such as being separated from partners, friends and family. However, seeing the improvement in individual patients' well-being, whilst working as part of a great team meant that any difficulties were worth it. Although we were far from our 'comfort zone' the task was never entirely overwhelming due to fantastic assistance of our INF minders and local Nepali interpreter. Perhaps the biggest challenge was coping with those clinical cases rarely encountered in the UK: Sometimes there was little we could do other than considerately explain the situation to a patient's family, which was humbling,

given our grand entrance and the understandably high level of expectations. In others it was a case of trying a number of approaches until something worked! In this regard it was daunting to be working without protocols and guidance, but at the same time it was motivating to have to think laterally and make the most of limited resources, which is something that I will take with me in future practice in the UK.

On a personal note the trip was as exciting, as tough and as humbling as anything I have done, truly the trip of a lifetime! I sincerely thank the members of the team for making it enjoyable, as well as my fiancée, family, friends, colleagues and 'Addenbrooke's Abroad', all of whom gave vital support with organisation and fundraising.

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