

## **Three Year Report – Outreach Program Yalgado Ouédraogo**

### **University Hospital Center**

#### **What the Outreach Program means for the hospital**

After receiving the donation, the direction of the hospital opened a unit for diagnostic and surgical endoscopy. A building formerly used as a triage spot was allocated to the unit. The direction of the hospital, in accordance with the instructions of the ministry of health, renovated the old building thoroughly.

The renovated building includes 11 rooms among which are a large ward for tests, another ward for tests with ideal dimensions, a staff room which also serves as a classroom, a nurses' room, a consultant's office including toilets, a room for lung specialists, a waiting room, a room for post operation patients, a secretary's office, a store room for endoscopy consumables, and toilets for the staff and for the patients. The different rooms have been equipped with conveniences for a good working environment.

Five (5) female nurses, one (1) male nurse and three (3) support agents work there, as well as secretary. The unit has received a cylinder of oxygen, a negatoscope, a cloak-room a black board, clocks, inverters, a color video printer, a computer and printer as well as the necessary furniture.

#### **What the outreach program means for the doctor**

The birth of the unit has relieved the doctors as it allows them to do tests on the spot again and deal with emergency operations with modern technology rather than the previous outdated equipment. The equipment allows the application of current methods of treatment on the spot whereas formerly, the patients had to be evacuated abroad, either to Côte d'Ivoire or France. Those evacuations were very costly and not every patient could afford these costs.

For a poor country like Burkina Faso, such equipment was a godsend in the view of the population.

The unit allows gastroenterologists to work more efficiently, in an airy, friendly area, providing an opportunity for the doctors to find their profession very fulfilling. They are proud of the unit and often invite foreign colleagues traveling in the area to visit. Thus, a French colleague, Doctor Alexis LEMAIRE, paid us a visit in 2007. He was accompanied by a nurse. They stayed for two weeks and we were able to undertake methods of treatment together, while the nurse discussed methods of disinfection with our staff of nurses. We also exchanged on daily practice and shared tricks of the trade.

We also had the visit of a colleague from Congo, Professor Jean Rosaire IBARA, who said he was filled wonder at seeing our equipment.

We shared with Belgian and French colleagues, namely Doctor Vincent LAMY and Professor Thierry PONCHON on the future of the unit and possible links with their own units, mainly in the field of in-house training for the endoscopists and female nurses.

We have had communication with the chairman of the African Association of in-house training on hepatic-gastroenterology (AAFCHGE) on the possibility of exchanging trainers so that our centre may become a centre of reference for the neighboring countries. Our colleagues from Morocco said they are interested in coming to our country for in-house training courses for endoscopists and in welcoming our practitioners and nurses in Morocco. The only problem is financing the projects.

Our colleague Professor Abel KABRE, the only neurosurgeon at the hospital and in the country, once used our equipment to work with an Italian colleague on hydrocephalus.

Our colleagues, surgeons of the digestive tract are interested in doing treatment with us. (e-g; ERCP). A few patients had been chosen for that, but with Doctor Alexis LEMAIRE who was supposed to conduct the treatment with us, we realized there was lack of material such as brilliance amplifier. Ours was either broken down or unavailable (used by orthopedic surgeons in other operating rooms). We got in touch with OMED and WGO and they promised to see to this situation and help us carry out ERCP.

Professor Kampadilemba OUOBA an otorhinolaryngologist was delighted to see the achievement of our equipment. He's eager to use it for some treatments as well.

An invitation was extended to urologists and gynecologists to benefit from the achievements of the unit. The Director of the hospital, aware of the importance of such equipment, has promised to see to the possibility of acquiring additional material in the different fields for the different specialists so as to meet the objective of the unit as a centre of endoscopy.

### **What the outreach program means for academics**

Professor Martial OUEDRAOGO is a lecturer in pneumology and I, lecturer in gastroenterology. In addition to the medical students, there are students specializing in Gastroenterology, in internal medicine and in digestive tract surgery. Those different students come to our unit to follow endoscopy sessions, ask questions and receive advice on patients they are in charge of in their respective services.

Besides training students specializing in gastroenterology and endoscopy, we welcome gastroenterologist colleagues from town, practicing in private clinics for exchanges and for therapeutic endoscopy.

In July 2009, we welcomed Doctor Macaire OUEDRAOGO; a house physician from the Sanou Sourou Hospital Bobo-Dioulasso. Bobo is the second biggest city in the country, located 366 km away from Ouagadougou, the capital city. Doctor Macaire OUEDRAOGO was to follow a two month training and brush-up, following a request from his service and accordance with the director of our hospital and the Ministry of health. He was delighted and said he would come back again for a longer stay. The direction of the hospital has received further requests of this kind from other hospitals.

## **What outreach program means for medical service**

The outreach program has proved very useful in different fields. Nowadays we can do more endoscopic treatments than in the past. Unfortunately most of our patients do not have the financial means to honor their appointments, though the prices we offer are the lowest in town. Now we can do polypectomy, ligature of the varicose vein, mucosectomie, distensions and endoprothesis.

We are now a reference for private clinics in town as well as in some neighboring countries, namely Niger.

In the three and a half years, we have done 3452 procedures, including:

- 2820 upper gastro intestinal endoscopies;
- 548 colonoscopies;
- 86 anorectoscopies;
- 157 bronchoscopies.

We could have done more tests if I had not been unwell for 8 months in the course of the year 2007, which lowered the activity. We regret that we have not been able to do ERCP tests due to lack of materials. However we hope that OMED, WGO and the direction of the hospital will help us be useful in the field of therapeutic endoscopy.

The unit is a place of exchange and discussion where gastroenterologists, house physicians, digestive tract surgeons, neurosurgeons, anaesthetists, intensive care nurses and otorhinolaryngologists often meet. And it's a pleasure to work in such a multidisciplinary team and have fruitful and rewarding exchanges for ourselves as well as for the patients.

Last year the director of the hospital wrote to congratulate us. The Ministry of Health encourages us to work and decrease the number of evacuated patients. We appeared on T.V in a health program, which made our unit better known and brought us a large number of patients.

Everyday we are congratulated by patients who are satisfied with the way we work, the surroundings, the way they are welcomed and the friendly

atmosphere in the unit. On the walls in the waiting room it is written that the unit is a donation of the outreach program, a fruit of good collaboration between WGO, OMED and OLYMPUS Company.

The patients, the Direction of the hospital and we in the unit are most grateful to Doctor James Di Sario, OMED, WGO, OLYMPUS, and Keymed England. We could never have thought that a country as poor as ours might one day own such modern equipment from such famous company as OLYMPUS. International Solidarity does exist and the poorest countries (like ours) may dream of the same treatment and care for the populations, thanks to generous people whose aim is to create a better world where everyone counts. Among our people there is saying: "if someone washes your back, you have to wash your belly". We must do whatever we can so as to deserve the donation. Therefore we make a commitment to do whatever necessary so that the program, which is already a success, be even more successful in future. May our search for excellence and our commitment to always do better and train the relief encourage the donors to persevere and initiate further programs bringing hope of greater welfare for the destitute.

The Direction of the hospital and the Ministry of Health share our faith in the future, as they are well aware of the objectives of the program.

The unit is young (only 3 years and a half old) but we are greatly ambitious.

Hans Seylie said "for a dream to become a reality, the first thing to do is have a great capacity for dreaming, the second thing is to continue to dream".

As for Martin Luther King, he said "if I dream alone, it's only a dream; if all of us dream of the same thing that comes true."

Doctor James Di Sario, OMED, WGO and us we dream of the same thing and we, here, make a commitment to continue to dream of a better world for the beings of the globe. Then, we'll be able to say, like Barack OBAMA, "Yes we can!"

Best regards.

**Professor Alain BOUGOUMA**