

For the Glory of God

DR. WAYNE KOCH, M.D. FACS, RECENTLY MADE HIS THIRD TRIP TO MBINGO BAPTIST HOSPITAL IN CAMEROON. DR. KOCH IS A PROFESSOR OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY AT JOHNS HOPKINS MEDICAL INSTITUTIONS IN BALTIMORE, MARYLAND.

This was my third visit to Mbingo in four years, and it was wonderful to reconnect with friends. I was warmly greeted by the PAACS (Pan-African Academy of Christian Surgeons) residents, full-time missionaries, and the OR Staff.

I brought a Synthes E-pen drill/saw which we used on four cases. It worked perfectly and I was able to donate it to MBH for further service as long as it can be maintained. I also brought a Storz telescope and optical forceps with bronchoscope/esophagoscope for pediatric foreign body extraction. We did not have to try these out during my stay. A new rigid adult laryngoscope was quite handy for biopsy of laryngeal tumors. Dr. Acha and I constructed a future “wish-list” for ENT services. Chief among these are replacement 0 and 30 degree sinus telescopes and a pediatric flexible laryngoscope. There is also a need for a maxillofacial plating system.

I participated in 20 surgeries over seven days. Included in the surgeries were a total laryngectomy, vertical hemi laryngectomy, maxillectomy, two mandibulectomies (one with rib graft reconstruction), excision of cystic hygroma with parotidectomy, cleft palate repair, excision of palate tumor, two tracheotomies, two thyroidectomies, two tonsillectomy-adenoidectomies, two frontal sinus mucocoeles, removal of a nasolacrimal stent, and a nasoalveolar cyst excision. Most surgeries were done with Dr. Acha (ENT surgeon), and about half involved PAACS residents. This was the third total laryngectomy done at Mbingo, and the second partial laryngectomy. It was the second time a radical maxillectomy was done with dental obturator supplied by a dentist in Bamenda.

A 14-year-old boy came to the hospital the first week with a very large benign mandible tumor (ameloblastoma) that had replaced all the center part of his lower jaw from angle to angle. I knew if we removed it, he would have nothing to hold his tongue forward so he could breathe, and would be unable to close his mouth. I told Dr. Acha that I thought we should not operate. He explained that the boy was from a poor village and family, and that if we did not help him, no one would.

It happened in God’s plan that Dr. Jim Brown was visiting during the same weeks of my project. Jim had been a full-time PAACS surgeon at Ngoundere in north



central Cameroon, but is moving to Mbingo. He brings thoracic surgery expertise. I spoke with him about helping us harvest one of the boy’s ribs. It would be too small to fully replace the lower jaw, but we might be able to make a smaller version of the jaw to accomplish our limited goals. We then looked around for a plating system—metal bars and screws used to attach bone pieces together. There was an old system with two-thirds of its parts missing and only about half of the screw sizes available. We would get one chance at putting the jaw together.

Jim got the rib out easily. Dr. Acha and I then attacked the jaw tumor using the new E-pen saw. It came out without much trouble, and I set to fashioning the rib to make a jawbone. Since the boy was young, his rib was still fairly flexible. I was able to make two notches on the inside curved portion, and bend the bone into shape so that we only had to use two plates and eight screws (all that we had).

As we put the sutures in to close, we talked about how the boy was so poor, “one of the least of these My brethren.” I made the joke that we were building Jesus a jaw, and the room rejoiced in the opportunity to serve, aware that our all-powerful Jesus had done all that was necessary in providing expertise, equipment, and hearts ready to help.

I hope to return to MBH in spring, 2012, endeavoring to do all for the glory of God. ☺