

'Do what you can, my doctor:' Kelowna doctor finds his inspiration

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Caazapa is a small town in the heart of the South American nation of Paraguay. I was there as a new doctor, doing my "rural" internship for three months' years ago.

About 25,000 people live there now, less then. There were two old physician brothers and a small hospital to cater to the needs of the population. As an intern, I slept in the hospital, and was called first for any after-hours emergency visits.

Maria, an experienced nurse, woke me up about 5 a.m. one morning in a panic. A woman was delivering her fifth baby, and the buttocks of the baby were coming out.

I had delivered about 25 babies under supervision, but this was my first solo delivery, and a breech baby, nonetheless.

Cool as a cucumber, I told Maria to send the ambulance to get one of the doctors right away. I reviewed in my mind all the maneuvers required to deliver a breech baby, put on gown and gloves, and caught the baby as her belly button was just coming out, about half way through. But there was something else there, and I did not have a clue of what the strange tissue was.

The baby was a beautiful girl and was crying loudly. I realize that what I was seeing were loops of intestine (small bowel), coming out though a hole next to her belly button. Maria helped me wrap up the baby after we covered the bowels with a wet towel. Mom must have realized there was something wrong by looking at our faces.

I tried to explained the best that I could, but did not really know what to say. Baby started breastfeeding right away. Dr. Vera arrived looking half sleep, but woke up when he saw the child.

I called a children's hospital in Asuncion, the capital city, 4 1/2 hours away, for help. The baby was in my arms, crying like there was no tomorrow. I explained my findings, but the doctor knew immediately what it was: gastroschisis. "Gastro what?"

He said it's a rare birth defect, seen in one in 10,000 births, and the baby's chance of survival was great if she could be transferred to children's hospital right away.

It could be corrected with an operation.

At that time, the patient had to pay a lot of the health-care costs. He calculated the surgery, and admission to ICU, was going to be around \$100 to 250 a day for about two weeks. I was encouraged by the news, so I ran to tell mom. She said she only made \$60 a month, and had four other children to take care of. Not in her wildest dreams could she afford the cost.

I left the baby with her, went to my room, and cried for about five minutes

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Then, for a moment, I thought we could do the surgery right then and there. I'd put the bowels inside, and throw a couple of stitches over the small hole. Not a big deal, I thought. I phoned children's hospital again. They explained the surgery itself was easy, but the problem was after. The baby needed to be ventilated in the ICU to keep the lungs expanded and working, as the pressure of the bowels back inside her abdomen would squeeze the lungs. In a nutshell, they explained, if we didn't do anything, the baby would die within a few hours (or days). And, if we did the surgery in Caazapa, without ICU or any kind of ventilators, the chances of survival were — at best — one per cent. Only a miracle could save the baby, who had by now been baptized and named Hope.

We dusted an OR which hasn't been used for at least 15 years, and made a plan with Dr. Vera. There was a quick collection of money to buy extra oxygen tanks and masks.

“Do what you can, my doctor,” mom said with tears in her eyes.

Dr. Vera gave the baby ether anesthesia to sleep (very flammable and dangerous), I pushed the bowels in and stitched up the gap. It worked, but we could see the baby struggling to breathe. We then took turns, and pushed oxygen in through a mask and a bulb, with our hands, to keep Hope’s lungs expanding and working.

The resuscitation and ventilation continued for hours. I started to get tired and often got cramps in my hands. It was discouraging to see that Hope was getting weaker. She did not cry anymore, and stopped fighting the oxygen. Her body started to get limp, and blue, but her little heart kept working.

The town had started a massive collection to pay for her treatment, but it was too much money, and too late. Hope died in the afternoon.

Her mom thanked me profusely, and brought me some vegetables from her garden a few days later. I had a mixture of anger, sadness and frustration.

Why couldn’t we save her?

A few years later, now married with kids and settled in Canada, I saw a young woman for a trivial condition. Taylor (not her real name) was tall and beautiful. When I asked her if she had any previous operations, she blushed. I asked her why, and she told me that she was born with a condition called gastroschisis, and she had an ugly scar in her abdomen.

Taylor could not wear a bikini in public. I didn’t think the scar was that bad when I saw it, but I told her that it could be fixed with plastic surgery.

I decided to tell her Hope’s story. She listened attentively, yet she was astounded. She did not open her mouth, and left without saying anything about Hope.

Taylor came back for a follow up six months later, and thanked me for telling her Hope’s story. She had plastic surgery, and her crunched-up scar now looked like a straight line. Taylor told me how much more she appreciated life, her parents and friends, and had started making plans to go back to university.

It felt like this young woman was Hope’s reincarnation in this world.

Some more years later, World Day of Prayer organizers — Christian women of varied traditions who come together every year to observe a common day of prayer — chose Paraguay for their attentions and asked me to give them a 10-minute presentation about my country of birth.

I told the audience the stories of both these girls, and ended up saying that Hope died because she was born in Paraguay, and Taylor lived because she was born in Canada. We must keep what we have in our beautiful country, but continue support underdeveloped countries.

There was a tea reception after the meeting. The ladies came to thank me for telling them Hope’s moving story, and gave me kisses.

I was never kissed by some many women in one day; the youngest was probably 60 years old.

I always enjoyed practicing medicine in Canada, since I usually don’t have to worry about costs for the patient. Occasionally, patients struggle to afford their medications, but overall it is one of the best systems of socialized medicine in the world.

My two moments of inspiration in my medical career came from these two women.

I often still think about Hope. If I have to live my life again, I would like to somehow deliver her in Canada, and see her grow into a beautiful woman.

Dr. Roberto Leon is a Kelowna-based gynecologist who has delivered 10,000 babies (at least) over 35 years. Learn more at drleon.ca.