International Children's Surgical Foundation
"Everyone Was Born to Smile"
Volume 6 No. 1

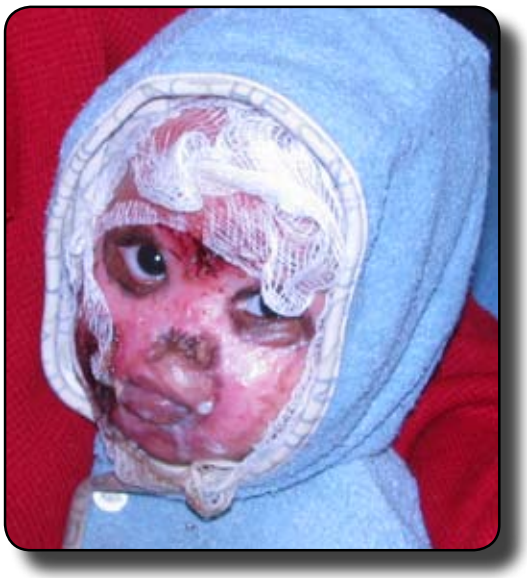
ICSF Serves All Hemispheres October - December to Round Out 2010

First Team Mission to Kenya

In addition to surgical missions to Bolivia, Peru, and Mexico, ICSF served its first team mission to Kenya in the fourth quarter of 2010. An ICSF team composed of American, Filipino, and Kenyan doctors and nurses treated children who had a variety of conditions, including cleft lips and palates, acute burns, and congenital webbing of the arms, during ICSF's first team mission to the poorest region of Kenya, western Kenya.

The scene was Kakamega City General Hospital. "The conditions were stark," begins Dr. Williams. "The operating room windows were out of repair, the anesthesia machine did not work, requiring us to find a replacement, and the operating lights were burned out and had to be fixed."

The most critical case that came to the bare-bones hospital was seven-month-old Esther. Esther had suffered a severe scald burn to her entire face and right side of her head six weeks prior to the team's arrival.



Seven-month-old Esther with untreated third-degree burns.

"Esther's eyelids were fused in the open position, and her mouth was fused in the closed position as a result of the third-degree burns that had been completely untreated. In addition, she had suffered an acute attack of malaria the month before, although she had been treated, and her blood count was now acceptable, " explains Dr. Williams.

"Esther's mouth condition presented a severe anesthesia risk, and her age posed a severe risk both from a blood loss and a heat loss point of view. The little girl would require a major surgical mouth release prior to deep anesthesia, followed by rapid placement of a breathing tube. We considered sending her to a larger hospital in Nairobi, but based on my previous experience, I was concerned that in Kenya, there was not sufficient expertise for these rapid-sequence surgical and anesthesia maneuvers involving the airway, " Dr. Williams adds.

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It soon became apparent that unless ICSF performed the surgery, Esther likely would not receive the needed surgery, which would result in the loss of her eyes, severe scarring and distortion of her head and neck — and likely her death. ICSF was indeed Esther's only hope.

After much discussion and weighing the options, Dr. Mario Mahjong, ICSF's experienced children's anesthesiologist from the Philippines, and Dr. Williams, an experienced children's burn surgeon who once taught at the Shriner's Children's Burn Center in Galveston, Texas, decided to go ahead with the surgery.

After special equipment was obtained from Nairobi, eight hours away, the team began its life-saving — and technically challenging — work for little Esther. The nerve-wracking initial surgical mouth release and placement of the breathing tube could have resulted in blockage of Esther's airway and sudden death. Instead, it proceeded flawlessly. The entire ICSF team, all present and performing crucial tasks, breathed one large sigh of relief and congratulated one another. But the surgery was far from over. Another five hours of careful skin grafting to the tiny eyelids, face, head, and neck lay ahead.

Three-year-old Sasha was treated for severe congenital web contractures of her arm and neck on the Kenya mission. Sasha gloats over her new doll, one of many made specifically for the Kenya mission by the teenage girls of Susan Roghani's Eagle, Idaho, church class.

"One of the main challenges during this phase was keeping Esther's body temperature at a level compatible with life," Dr. Williams explains. "Fortunately, we had come prepared with a state-of-the-art constant temperature probe, and we were able to round up a device sort of like a hair dryer with which our nurses could warm the baby during the operation. It was a battle to keep the baby's core temperature high enough to avoid cardiovascular collapse, but our team rose to the occasion. They were great, each one of them," he adds. "The surgery itself couldn't have gone better, except for when the IV, which was in one of Esther's scalp veins, went bad, and we had to do a surgical insertion of the IV in her leg," he explains.

ICSF is unique in its policy of performing long-term care and follow-up for its patients. Joy, now age four, received surgery by Dr. Williams in 2007 (left, pre-surgery) and was re-evalulated by the ICSF team mission in October 2010 (right).

MESSAGE FROM THE PRESIDENT

'Poor Folks Don't Care'

"These poor folks don't care, Geoff...you don't have to make them look perfect!" The date was late February 2006. I had been invited to join a large volunteer team to perform cleft operations in the Philippines. The senior surgeon continued, "These poor folks are just glad to have the hole closed — they really don't care if it doesn't look perfect." I listened quietly as I continued to work on nine-year-old Jenny's bilateral cleft lip. I had been operating for more than three hours and obviously had drawn the attention of the group's leadership. It was late — at least for the team I was with at the time — past 5 p.m. On the first day of the mission, in a meeting, the group's leader had announced that our goal was to be out of the hospital by 4 p.m. every day so that we could make it to the beach for a few hours of R&R.

I didn't respond to my friend's words except to say, "So, poor folks don't care?" "No, they really don't — look at what time it is," he responded quietly. "I'll be done in about a half an hour," I replied. As my friend walked away, I stared at Jenny's face. I was using the meticulous bilateral cleft repair technique I recently had learned during a visit to the world's top cleft surgeon, Dr. Court B. Cutting at New York University Medical Center. Jenny was now beginning to look like a normal child, there in front of me, asleep under anesthesia. I was amazed at the beauty her face had begun to take on. I paused for a second and thought about Jenny's mother waiting outside, and wondered if she really didn't care if her daughter's lip looked good or not.

I knew the answer. Anything less than a beautiful lip would be a disappointment to Jenny's mother. I knew this because I had been volunteering long enough to see many Third World mothers, their children standing in front of me, having had quick surgery in the past by a large mission group. "Can you operate again for my child?" they always asked in their native tongue. When I asked the question, "What exactly would you like me to fix?" they would only say, "It doesn't look good, she wants to be beautiful." In response, I generally stared at the little face, the flat and formless lip and the twisted nose, and got a lump in my throat. "Well, I can try, but there is a lot of scarring, and I don't know how good I can make it look now after surgery has already been done." A weak smile usually appeared on the mother's face. "Thank you, please try," they aways said.

Looking away from the clock and back at Jenny, I thought, this little girl and her mother are not going to get a fast surgery so that I can go to the beach with the team. Later, around six that evening, Jenny's mother smiled--not a weak smile. As I looked at my patient, I thought about the organization I had recently started. The realization suddenly hit me that ICSF would have to have its own missions, its own medical team — no more volunteering with other groups.

And so it is now with ICSF. We serve an average of 15 missions per year to eight countries — and not once has a patient received a fast or hurried surgery for any reason, much less so that we can head out to the beach. I hope that you, our supporters, understand how unique ICSF is. I have been around long enough to know, without a doubt, that no other organizations do what we do for our patients, in the manner that we do it. Thank you for helping us ensure that "everyone was born to smile."

Dr. Geoff Williams

President, ICSF
P.O. Box 4594, Boise, Idaho 83711-4594
(208) 375-8132

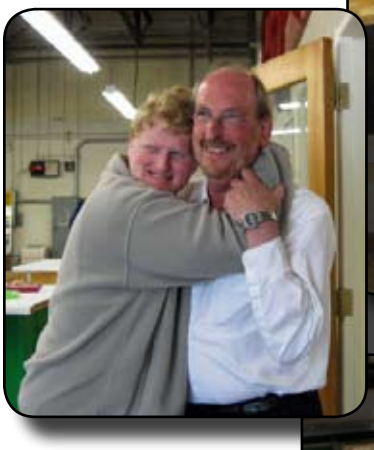
Jenny before and shortly after surgery

Schools for Smiles: Boise's BEST students Raise Funds for ICSF

Neil Jaraczek, special education teacher at Borah High School in Boise, Idaho, heard about ICSF and had the idea that fundraising to help ICSF treat children in poor countries would be both fun and therapeutic for his special ed students. He was right!

After the Better Employment Skills Training (BEST) class's first ICSF Schools for Smiles fundraiser in 2007, the students carried it on, making the program a yearly tradition. They raised funds for ICSF by making and selling outdoor furnishings. The class presented Dr. Geoff Williams with a check in a ceremony at the end of the 2007 school year, and has given a check to ICSF every year for the last four years.

"These wonderful kids are so loving and caring," says Dr. Williams. "They really understand how great it feels to help unfortunate kids in poor countries. They love doing the Schools for Smiles campaign every year and won't let it die."

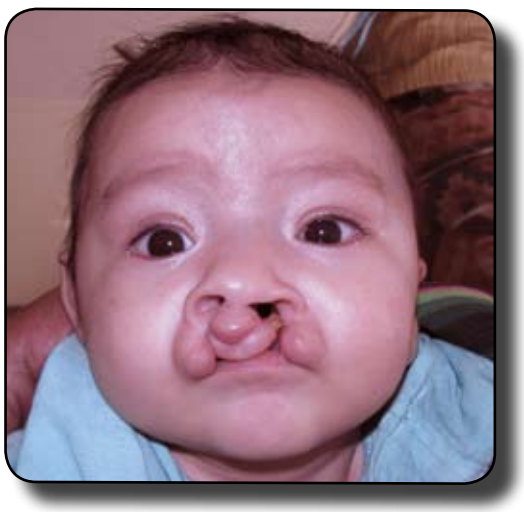


Students of teacher Neil Jaraczek (above left photo) at Borah High School have been making outdoor furnishings, such as potting tables and lawn furniture, and donating the proceeds to ICSF for five years.

Bolivia Mission Draws Local Media

Arianna was the star of the show. Being born with a complete bilateral cleft lip can have its advantages, if you want to become a television hit at four months of age. Arianna was featured on a morning television show both before and after her surgery by ICSF. TV cameras also caught her in action drinking milk a day after surgery.

Arianna's mother had been unable to afford surgery, and when notified about ICSF's mission to La Paz, travelled six hours to be treated. THANK YOU, ICSF's donors, for making possible this important chapter in Arianna's life and in 15 other children's lives.



Arianna before surgery and one week after her initial surgery.