

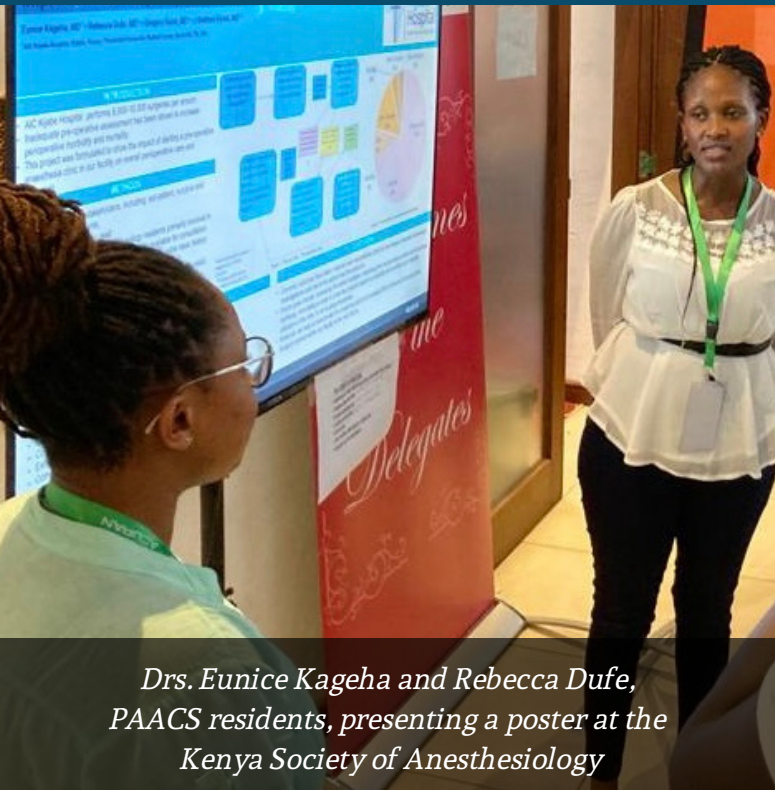


THE PAACS BULLETIN

Monthly Newsletter
Issue #217
August 2022



PAACS Remembers Dr. Sherif Hanna, Former Program Director at Harpur Memorial Hospital in Egypt



Drs. Eunice Kageha and Rebecca Dufe, PAACS residents, presenting a poster at the Kenya Society of Anesthesiology



PAACS Graduates at the Spiritual Retreat at Soddo Christian Hospital in Ethiopia

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From the Desk of the CEO



Susan Koshy, JD, MPH
Chief Executive Officer

Dear PAACS Family:

PAACS has been blessed by a multitude of partners who have walked alongside our ministry. Booker T. Washington is quoted as saying, **“If you want to lift yourself up, lift up someone else.”** PAACS has been the recipient of many who have come alongside of us over the years and helped lift this ministry. We in turn have walked with others and worked to elevate their work. This is the beauty of partnership and cooperation. There is no room for competition, rivalry, and conflict among Christian partners. We are in union with Christ and working toward a common goal of establishing the Kingdom of God here on earth. As we work toward the betterment of others, we in turn are blessed.

Over the last several months, I met with many US partners to discuss current and future opportunities for collaboration. I have been amazed at the ideas that grew through a cooperative spirit and collective inspiration. These conversations and sharing of thoughts and experiences spurred creativity and new ideas on how we could collectively make an impact for God's glory. It has been my privilege to be a part of exceptional conversations where new ideas and projects involving PAACS have evolved.

Helen Keller stated,

**“Alone we can do so little;
together we can do so much.”**

I find this to be so true.

Thank you for your partnership over the years:

Christian Medical and Dental Associations (CMDA), Loma Linda University, COSECSA, WACS, MedSend, SIM, World Medical Mission, Samaritan's Purse, Medical Benevolence Foundation, CURE International, Christian Academy of African Physicians, African Mission Healthcare, IHS Global, IGHM, Worldwide Lab Improvement, all our mission hospital and church partners, donors, granting organizations, consultants/contractors, volunteers, and many more that I cannot list. My apologies if I inadvertently omitted any of our partners.

Each of our partners is greatly valued, and we wouldn't be here today without you. You have supported PAACS in multiple ways that are far too great to describe. Thank you for walking alongside of PAACS for over 26 years. May God bless you abundantly.

Blessings,

Susan Koshy, JD, MPH
Chief Executive Officer
Pan-African Academy of Christian Surgeons (PAACS)

PAACS Program Updates

Keir Thelander, MD
Executive Vice President



Virtual Trauma Course

On August 16-17, PAACS held a virtual trauma course where 17 third-year residents participated. Each day included a 15-25 minute lecture with breakout sessions held through Zoom. Each session would host 3-4 participants. The team at Mbingo decided to hold their course separately with provided materials due to internet connectivity.

We would like to thank all the facilitators that helped to make this course a success:

Sam Fabiano
John Sutyak
Carl Haisch
Brandt Whitehurst
Brent Sherwin
Jon Saxe
Peter Kim
David Hall
David Skavdahl



Spiritual Retreat at Soddo:

The More the Merrier

Tim Love, MD

Program Director at Soddo Christian Hospital, Ethiopia

What distinguishes a PAACS training program from any other training program? While some of the PAACS programs clearly offer technology, case volume, quality, etc. that would be unique and distinctive in their local context, I believe it is our goal of discipleship twinned with surgical training that most distinguishes us. Living life together (working, studying, worshiping, praying, eating, crying, laughing...doing everything) with our residents for their five years with us resembles the model that Christ had with his disciples. So, while we clearly intend to offer the best surgical education possible, we also deeply desire that residents are given every opportunity to deepen their faith, to grow in their spiritual commitment, and to mature as disciples of Christ during their residency. How do we do that, and is there a way that we can also engage PAACS alumni in that process?



The stories of challenges that our graduates face are heartbreaking—lack of surgical supplies, deplorable salaries, power and water outages, profoundly difficult patient presentations, and even persecution and imprisonment. And while residency in general is grueling work with long hours, our PAACS residents here have an experience further complicated by things like resource limitations, advanced pathology, fluctuations in faculty, and many other challenges. Seeing the way our current residents and alumni courageously persevere in this hard work is unbelievable, my wife and I have longed for residents and alumni to have an opportunity for encouragement and spiritual refreshment.

If you've been reading these PAACS Bulletins for long, you know that organizing a spiritual retreat each year is one of the many requirements for a PAACS program. Due to a variety of factors, we have struggled to consistently make this happen here in Ethiopia. Last year we had our first spiritual retreat in a number of years, and we had a wonderful time together going through the Saline curriculum. (See Tim Nunn's write up in the [April 2021 Bulletin](#) for more information.) It was clear that the members in our program needed this time together and that we would have to figure out how to make it happen annually.

CURRENT PROGRAMS



We have long desired to create a meeting here in Ethiopia where PAACS residents, graduates, and their spouses can take a break from work and be fed spiritually through worship, teaching, fellowship, and rest. As these folks daily undertake very challenging work, we want to remind them of the great love of God who has called them to this and strengthen their resolve to persevere. And this year was the first of what we hope will be many years of bringing together the whole PAACS Ethiopia family for an annual retreat!

The retreat was held from July 23-25 about 4 hours from the hospital in Soddo at a beautiful hotel located on Lake Langano, one of the Rift Valley lakes. In total, there were around 50 attendees, including five PAACS graduates. In God's good providence, a dear pastor friend was already scheduled to be in East Africa and stopped through Ethiopia to lead our spiritual retreat. It was a joy for all of us to hear his passion and insight as he taught from Ephesians. A favorite line from one of his talks was, "The whole Christian life is drinking in God's love for you and reaching out to serve it to others."

The days of the retreat included worship and teaching sessions, small group discussion, meals together, and free time in the afternoons. During free time, people could spend time in nature, rest, swim in the lake, hang out at the beach area, and even go for a boat ride.

It is our prayer that these retreats become a regular time together where faculty, residents, and alumni (and their families) gather for a time of encouragement, catching up, being uniquely understood in their experiences and struggles, and resting in God. And we pray they might look back and mark some points in their spiritual journey based on what God did in their hearts through these retreats.

By the way, did you read that part about how our spiritual retreat didn't happen for a few years? A major barrier for us having these retreats is coverage at the hospital. Are you a surgeon who could come to provide coverage at the hospital while the rest of the surgery department is at the retreat? Are you a pastor, theologian, or Bible teacher who might want to come and teach at a future spiritual retreat? If so, let us know!





A Mid-Summer Trip to Malamulo Adventist Hospital in Malawi

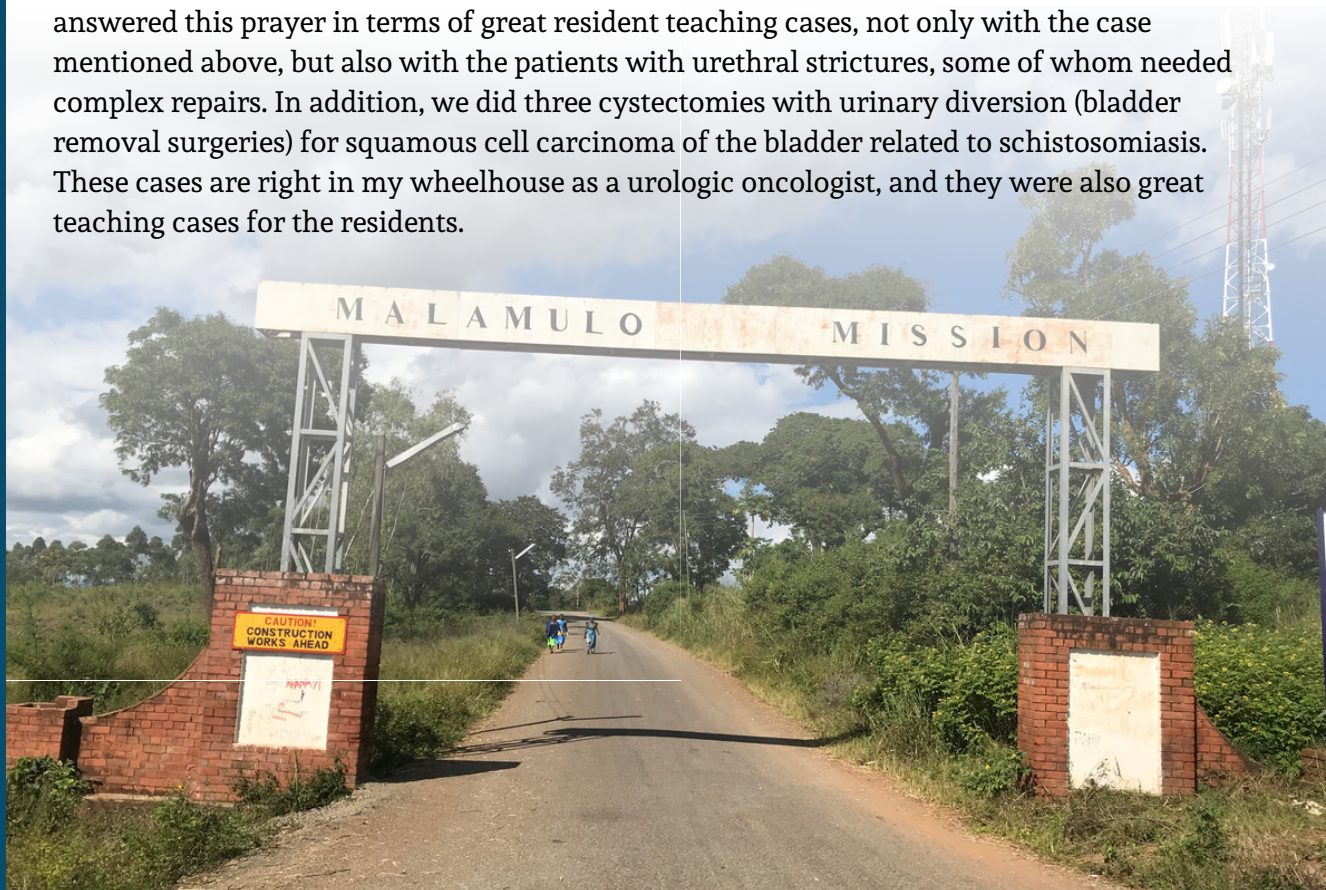
Louis Pisters, MD
Vice Chair, PAACS Board of Directors



Visiting Malamulo Adventist Hospital this past July as a short-term PAACS urology faculty was exciting, fun, and spiritually nourishing. I had a front row seat to watch God answer prayer and move in the lives of the residents and the patients.

A 12-year-old girl presented with acute renal failure to Malamulo Adventist Hospital and was found to have bilateral hydronephrosis (blockage of both kidneys causing dilation of the urinary system). She had a 3 cm inflammatory mass in her right mid ureter with extensive periureteral scarring and a separate 2 cm inflammatory mass in the distal left ureter. It was clear these masses were obstructing each ureter at a different location. We resected both masses and were able to reconstruct the ureteral defects. Praise God, the patient's kidneys renal failure was reversed. As an adult urologist with limited knowledge of tropical medicine, we attributed the inflammatory masses to schistosomiasis (a freshwater parasite commonly found in lakes, rivers, and streams in Malawi). We prescribed medication for the infection and, with God's help, she made a complete recovery. In my 31 years of practice, I have never seen a case like this!

Before leaving on a short-term trip, I always pray that God would provide great teaching cases for the PAACS residents and that He would intercede to prevent complications, so that I do not leave the full-time faculty with a ward full of complications. God abundantly answered this prayer in terms of great resident teaching cases, not only with the case mentioned above, but also with the patients with urethral strictures, some of whom needed complex repairs. In addition, we did three cystectomies with urinary diversion (bladder removal surgeries) for squamous cell carcinoma of the bladder related to schistosomiasis. These cases are right in my wheelhouse as a urologic oncologist, and they were also great teaching cases for the residents.



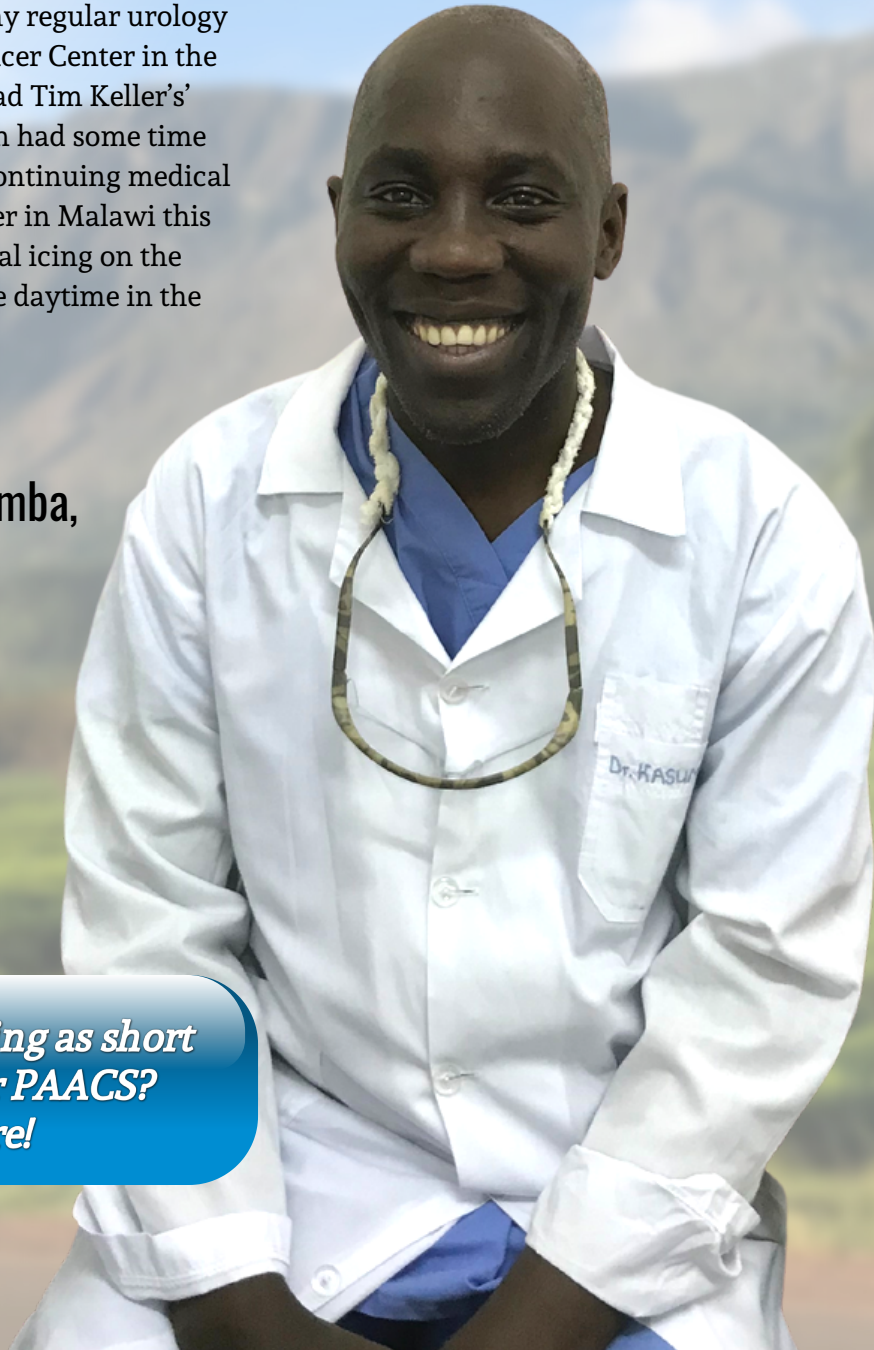
CURRENT PROGRAMS

One of the patients with squamous cell carcinoma of the bladder needing a cystectomy was HIV-positive with a low CD4 count at 180. Some mission hospitals understandably will not operate on patients with a CD4 count less than 200. This patient's case was an ethical dilemma which reminded me of how often African physicians face challenging ethical dilemmas. I thought the patient could be treated with second line antiretrovirals, improve his CD count and defer his cystectomy surgery till later.

*However, Dr. Kasumba Moses and Dr. Gillian Seton informed me that the second line HIV treatments available in Malawi have considerable complications and often take many months to have a positive effect and improve the CD4 count. Dr. Moses, Dr. Seton, and I made a joint decision to go ahead with the cystectomy surgery in spite of the low CD4 count. This patient recovered and **experienced zero complications** from the cystectomy surgery. This patient is an example of how God answered my prayer that He would intercede to prevent complications.*

The short-term trip had other benefits. I had more free time than during my regular urology practice at MD Anderson Cancer Center in the USA, which allowed me to read Tim Keller's book, *The Prodigal God*. I even had some time to get some needed urology continuing medical education credits. The weather in Malawi this time of year was the proverbial icing on the cake with temperatures in the daytime in the 70s and in the 50s at night.

**Right: Dr. Moses Kasumba,
Program Director at
Malamulo Adventist
Hospital in Malawi**



*Interested in serving as short
term faculty for PAACS?
[Click here!](#)*



Saline Process Witness Training Opportunity at GMHC

Mark Topazian, MD



A witness training program by  IHS GLOBAL

The Saline Process Witness Training workshop will be offered as a pre-conference at this year's Global Missions Health Conference in Louisville, KY. The SPWT will be all day (8 AM to 6 PM) on Wednesday, November 9th, and it continues on the morning of Thursday, November 10 (8 AM to 10 AM). The GMHC conference starts at noon that Thursday. The SPWT workshop will be held at Southeast Christian Church, which hosts GMHC.

This would certainly be an opportunity for anyone affiliated with PAACS, or considering joining PAACS, to take Saline Process training. For persons in the USA, this would be especially convenient, since the training is typically not offered in the USA. The registration fee is \$35 and includes training materials and lunch on Wednesday. We will cap registration at 20 participants.

We are using a Google form for registration for this Saline Process training, and persons planning to attend should register via that link. Registration for GMHC is not required. For people wanting to know more about the Saline Process approach, the video below gives a short introduction.

I hope some PAACS people will join us for this training!

What is the Saline Process?

The Saline Process™ healthcare witness training is designed to equip and mobilize Christian healthcare workers as witnesses of the love and reality of Jesus at the bedsides and in the clinics where they work.

PAACS utilizes this training as a part of the spiritual curriculum that our residents receive.

[REGISTER for the Saline Process](#)

[Learn more about the Saline Process](#)



PAACS Remembers Dr. Sherif Hanna

Susan Koshy, JD, MPH
Chief Executive Officer

It is with a very sad and heavy heart that we announce that Dr. Sherif Hanna, former PAACS Program Director at Harpur Memorial Hospital in Egypt, passed into glory on the morning of August 25th.

Sherif was a tremendous blessing to the PAACS family and made an impact at the Harpur Program. He first served as the Assistant Program Director with Dr. David Thompson at Harpur and then took on the role of Program Director upon Dave's retirement. He was loved by his residents and all of the staff at Harpur. Sherif was a man of honor and integrity, and he loved the Lord with all of his heart. His kindness, laughter, and joy will be missed. His wife Mary-Lou was always by his side as he served the Lord, lovingly supporting him.

He was a renowned Canadian surgeon and teacher. Sherif served as the head of the Division of General Surgery at Sunnybrook Health Sciences Centre in Toronto from 1992 - 2002 and was Head of the Surgical Oncology Program at the Odette Cancer Centre from 2001 - 2012.

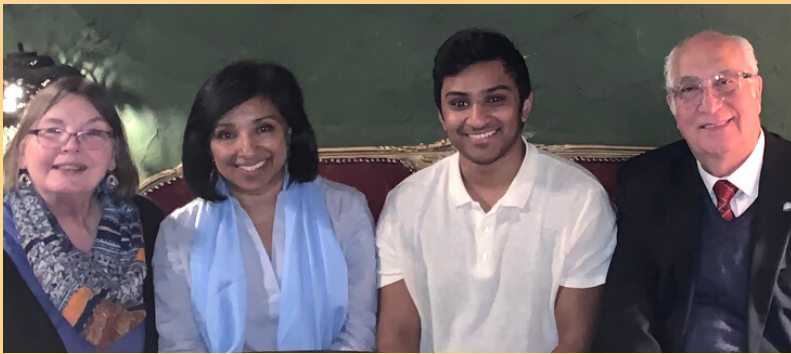
Please join us in praying for this family as they walk through this time of loss. We rejoice in the fact that Dr. Hanna is in Christ's loving arms and that he is receiving his reward for a life of service to the Kingdom of God.

July 23, 1948 – August 25, 2022



Memories of Dr. Sherif Hanna

Read Dr. Hanna's
Obituary



Precious in the sight of the Lord is the death of his saints.

Ps 116:15



Anesthesia Residents at the Kenya Society of Anesthesiology



Join us in congratulating our new anesthesia residents, **Dr. Eunice Kageha** and **Dr. Rebecca Dufe**, for presenting a poster at the Kenya Society of Anesthesiology on July 17.

The topic was “Implementation of a Pre-operative Anesthesia Clinic at AIC Kijabe Hospital”. They won third place among the abstracts presented.

PAACS Cardiothoracic Surgery Faculty Featured in CMDA Podcast

The Christian Medical and Dental Associations (CMDA) have featured the work of PAACS Cardiothoracic Surgery Program Director, **Dr. Russ White**, along with PAACS graduates, **Dr. Arega Fekadu** and **Dr. Agneta Odera** in their weekly *CMDA Matters* podcast.



All three doctors serve as faculty at the PAACS Cardiothoracic Surgery program at Tenwek Hospital in Kenya. Click the button to the right to hear the **August 11th** podcast entitled, “**Ripple Effect in Africa**”.

The PAACS Cardiothoracic Team at Tenwek Hospital, Kenya



*Dr. Russ White,
Program Director of
Cardiothoracic Surgery*



*Dr. Arega Fekadu,
Faculty and PAACS
Graduate*



*Dr. Agneta Odera,
Faculty and PAACS
Graduate*



Wedding at Galmi Hospital, Niger

We are pleased to announce the marriage of Dr. Audry Banza, PAACS chief resident at Galmi Hospital in Niger, to Dr. Gloria Kalong on June 25th at a church ceremony in Kinshasa. They met in medical school at Protestant University of the Congo and graduated the same year. Please pray for their future as they are looking for a place to serve after graduation. May the Lord guide them and give them wisdom.



DEFINITION OF A SURGEON

John Tarpley, MD
Academic Dean

The Tennessee Chapter Annual Meeting of the American College of Surgeons was held August 11-14, 2022, and I attended. Throughout the meeting, presenters used the word “surgery” for an act or a place, as in “the interval from diagnosis to surgery” or “the patient was taken to surgery.” This is confusing, for example, when talking about patients with breast cancer. The time to treatment or “time to surgery” is not the same as “the time to initiation of treatment” if the patient is to undergo neoadjuvant therapy.

At the conclusion of the meeting, I chatted with four medical students and asked them the question I ask of students commencing their clerkship rotations on surgery and now ask you: **What is your definition of a surgeon?**

The word “surgery” derives from two Greek words: χείρ or *cheir* (hand) + ἔργον or *ergon* (work). Thus surgery = hand + work. *Chirurgien* is French for surgeon. Ergonomics is the study of people’s efficiency in their working environment; the word derives from *ergon*. An ‘erg’ (dyne·cm) is a unit of work. Historically, surgeons drained pus, stopped bleeding, relieved bowel and bladder obstructions, and thus dirtied their hands. The physicians were, as a rule, better educated than surgeons and of a higher class. Physicians deigned to dirty their hands, a task they left for the barber surgeons.

American paediatric surgeon, Mark M. Ravitch (1910-1989), argued that surgery is not a room, not an act. One did not “take a patient to surgery” and “do surgery” on them. Rather, **surgery is an art, a science, a system of thought.** Evaluating a patient by taking the history, performing the physician exam, obtaining investigations, laboratory and/or imaging, are all part of being a surgeon, not just performing a procedure or operation.

Surgeons are not “just” technicians who perform procedures at the direction of their physician colleagues. They use their minds, judgement, and brains, based on their study and experience coupled with the best available information of the discipline, given the circumstances wherein they find themselves. Thus, SOAP comes into play: Subjective (history), Objective (Hx and PE + investigations), Assessment (one needs to stop and think, respond > react), and then the recommended therapeutic plan – the least, a *via media*, or most aggressive treatment option given the patient’s physiologic reserve, performance status, co-morbidities, and personal wishes.

Two pertinent aphorisms include:

“You have to fit your suit to your cloth.” If you have a handkerchief-sized piece of cloth, you cannot create a sheet-sized tablecloth. **“The good surgeon knows when to operate; the great surgeon knows when not to operate.”**

Since the rise of modern surgery led by such stalwarts as John Hunter (1728-1793) and key advances in anesthesia, antisepsis, imaging, blood typing, and antibiotics and into this era of molecular biology and genetics, surgeons are not “assistants” for their physician colleagues. We are not just technicians or proceduralists. We think and strive for safety and quality. We read. We consult with our colleagues. We participate in tumor boards. We attend and lead Morbidity & Mortality conferences for quality improvement and systems improvements, not just assigning blame.

Arguably, the most difficult decision a surgeon makes is not to operate. Non-operative management is often indicated as when we are uncertain of the diagnosis of appendicitis or even for some patients with appendicitis if there is no appendicolith by ultrasound or CT. Patients with early pancreatitis warrant a “tincture of time” as initial treatment and support to see if they “earn” or require an operation should they develop complications such as an infected necrosis, an abscess, sepsis, or bleeding (hemorrhage). Not all pseudocysts warrant an operation or procedure.

My definition: A surgeon is a physician who can operate, when it is indicated and in the better interest of the patient.

Global Day of Fasting and Prayer

Mark your calendars for the next PAACS
Global Day of Fasting and Prayer

SAVE the DATE: Monday, October 10th

Two identical online prayer gatherings are being
planned - one at midday and the other in the
evening, to meet everyone's schedule.

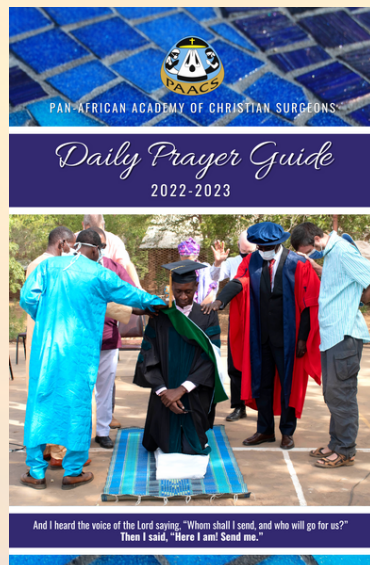
More information will be emailed in September.

COMING SOON: PAACS Daily Prayer Guide

Check your mailboxes for the
soon-to-be published 2022-2023
PAACS Daily Prayer Guide!

All PAACS supporters will receive
a hard copy of this daily prayer
tool that features photos, names,
and prayer requests from our
residents, faculty, graduates, and
staff.

A digital version will be made
available next month on the
PAACS website.



2nd International Congress on Innovation for Global Surgery

**SAVE THE
DATE**

**24-25 April, 2023.
Mombasa, Kenya**



COLLABORATIVE FOR
INNOVATIONS IN RURAL SURGERY



SURGICAL SOCIETY
OF KENYA

PRAYER REQUESTS

- Pray for the family of Dr. Sherif Hanna, former Program Director at Harpur Memorial Hospital in Egypt, who recently passed into glory. May God strengthen and comfort those who are feeling the loss of this great man.
- Pray that God will lay the need for short-term surgeons to assist the programs on the hearts of those who are willing to respond.
- Pray for peace and stability in the countries with PAACS programs, especially for the ongoing tribal unrest and famine in Ethiopia and the recurrent civil unrest in Cameroon.
- Pray for the continued rollout of the Saline Process throughout all the PAACS training sites.
- Pray for the upcoming PAACS Fall Board of Directors meeting in October. May God grant the board wisdom and guidance in decision making.
- Pray that PAACS will glorify God and be used to impact Africa for His Kingdom. Pray that many lives will be saved through surgery and many people will come to know the love of Jesus.
- Pray for PAACS graduates that are serving God's people. Pray for God's grace, protection, provision, strength, and blessings to cover the PAACS graduates.

“Rejoice always, pray continually, give thanks in all circumstances; for this is God's will for you in Christ Jesus.”

1 Thessalonians 5:16-18

ARTICLES ON SURGERY

Compiled by Margaret Tarpley

- [Qualitative Analysis of Host-Perceived Impact of Unidirectional Global Surg Training in Kijabe, Kenya: Benefits, Challenges, & Desire for Bidirectional Exchange.](#)
- [Use of Placebo and Nonoperative Control Groups in Surgical Trials - A Systematic Review and Meta-analysis.](#)
- [A Pregnant Pause—Time to Address Mentorship for Expectant Residents.](#)
- [Nonoperative vs Operative Management of Uncomplicated Acute Appendicitis. A Systematic Review and Meta-Analysis.](#)
- [Use of a New Prevention Model in Acute Care Surgery. A Population Approach to Preventing Emergency Surgical Morbidity and Mortality.](#)
- [Barriers and facilitators to facility-based delivery in rural Zambia: a qualitative study of women's perceptions after implementation of an improved maternity waiting homes intervention.](#)
- [Global trends and age-specific incidence and mortality of cervical cancer from 1990 to 2019: an international comparative study based on the Global Burden of Disease.](#)
- [Inflammatory bowel disease in sub-Saharan Africa.](#)
- [Maternal mortality decline in Zimbabwe, 2007/2008 to 2018/2019: findings from mortality surveys using civil registration, vital statistics and health system data.](#)
- [Which treatments are safe and effective to reduce intracranial pressure following severe traumatic brain injury?](#)
- [Magnitude and reasons of surgery cancellation among elective surgical cases in Wolaita Sodo University Comprehensive Specialized Hospital, Southern Ethiopia, 2021.](#)
- [The General Surgery Residency Experience. A Multicenter Study of Differences in Wellbeing by Race/Ethnicity.](#)
- [Impact of secondary and tertiary neonatal interventions on neonatal mortality in a low-resource limited setting hospital in Uganda: a retrospective study.](#)

