

The experience of a specialist in Endoscopy in Nanorò

What strikes at the arrival in Nanorò, after having crossed half a nation is to find such a well equipped hospital in comparison to its environment, also the humbleness of the guest quarters which can be compared to an oasis in the desert.

The operating theatres are similar to the small local hospitals in our country, without doubt better organized in comparison to the standards of other hospitals present in the country.

Also the service of endoscopy is similar in organization and efficiency to a small hospital not far from the Italian model of hospitals some years ago. The video processor even though not the latest model is efficient enough to guarantee diagnostic and operative endoscopy.

The facility lacks though an electric scalpel which, consequently delays the possibility of intervention to a second moment. All the necessary means for sedation such as oxygen bottles are lacking, as everything that could be used in case of emergency.

I brought with me two repaired pulse-oximeters (thanks to the kind collaboration of furnishers) which I left to the hospital. I made up a list of aids and drugs, easily obtainable and essential in order to carry out endoscopy in a safe manner. This list could be consulted to find out what is missing.

The only staff available in endoscopy is a professional nurse who is capable of carrying out tests and is responsible for the cleaning and maintenance of instruments (a colonoscope and a gastroscope) and when necessary they can carry out tests (EGDS)

As to the figures during my stay at the mission of Nanorò of about one week, I carried out 3 EGDS, and an endoscopy of the rectum: two syndromes caused by

gastroesophageal reflux, a suspect of carcinoma of the gastric antrum, and a control of the rectal stump in a young patient waiting for recanalization after resection of the rectum according to the Hartmann's procedure.



Disappointing results if compared to the expectations especially if we take into account the uselessness of the first two gastroscopies. If in our country these examinations can be considered useless because diagnosis can be made simply by gathering information for the anamnesis, in an African country it is even considered harmful because the patient at times after having spent his savings for the actual examination has no resources left to buy the necessary medicines. Therefore when deciding on the utility of endoscopy it is necessary to bear in mind the social environment where it is carried out, the fact that the patient has to move from one part of his country to reach the hospital where the exams are carried out which costs both time and money and presents risks and complications.

In the light of these complications it is considered adequate to decide on the priority of these diagnostic exams and to

adapt them to the environment and society where they are carried out.

I therefore consider this first experience of mine in Nanorò as encouraging and stimulating for both myself and other people who like me have wanted and would like to live this experience.

The beauty and the smile of the people of Burkina Faso deserve this and much more.

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The Moto ambulance available at the hospital of Nanorò; the prolonged chassis of a Yamaha 125 on which a stretcher is placed, symbol of a population capable of adapting the solutions to the needs of the environment. Low running costs, efficiency, security, greater speed in comparison to any other means including off-road vehicles on those roads that are difficult to drive on.