

# ASCOVIME



**ASSOCIATION DES COMPETENCES POUR UNE VIE MEILLEURE**

*Récépissé de déclaration N°0082/RDA/J06/BAPP*

Contacts : BP : 30169 Yaoundé XIII Cameroun

Mail : [ascovime@yahoo.fr](mailto:ascovime@yahoo.fr), [gbwelle@yahoo.fr](mailto:gbwelle@yahoo.fr)

Tél : (237) 99 74 94 85 / 22 11 08 01

Web site : [www.ascovime.fr](http://www.ascovime.fr)



## MESSAMENA II REPORT

**Present by**

**BWELLE GEORGES, MOLLY Mc STRAVICK,  
ZACH MASI, ENI MUNA**

## INTRODUCTION

It's my pleasure to narrate the humanitarian activities of **ASCOVIME** (association of competences for a better life « **ASCOBEL** ») in Cameroonian village

Our aim is to help poor people in villages by:

- ✚ **giving to children(kids) and teachers free didactic material to ameliorate primary school teaching in poor conditions and also**
- ✚ **giving free health care to those who have illness that we can control during our trip**

In two week-ends per month my group and I travels to one of the villages in Cameroon to organise humanitarian activities with the help of volunteers and no particular sponsors. We collect our donations few weeks prior to trip and a car is hired to carry the staff and equipment on the trip

This time it is with great pleasure that I present to you my work with my American volunteers who took upon themselves to assist me in order that we continue to follow up some patients we operated few weeks earlier in ***MESSAMENA district hospital in the Eastern region.***

The plan was:

- ❖ ***free general consultation***
- ❖ ***free surgical interventions***
- ❖ ***discussion with the teachers about their difficulties to know how they can be helped***

In the following lines, you're going to know all the details as if you were present.

***Period: August 2009***

## MEDICAL TEAM



- **BWELLE GEORGES** surgeon **Cameroon**
- **ZACH MASI** medical student **USA**
- **ASHLEY TYRREL** medical student **USA**
- **ETHAN PAYNE** medical student **USA**
- **RAJ PARMAR** medical student **USA**
- **DJEUKAM ANSELME** laborentin/volunteer **Cameroon**
- **ZENG ANICET** volunteer **Cameroon**
- **NJILE MURIELLE** student in law/volunteer **Cameroon**
- **EDJIMBI BROLYN** student/volunteer **Cameroon**
- **ESSOME NATHALIE** student/volunteer **Cameroon**
- **LAURA FORLEMU** nurse **Cameroon**
- **ATANGANA DESIRE** medical student **Cameroon**

## *First day*

**11H00 a.m:**

We leave Georges house after many difficulties to rent a car because the car we booked decide to annul the contract without informing us. We think it was due to a better proposal because on Friday many people travel all over the country

So after many dealings we succeeded **to hire an old car**



On the way my travelling companions and myself suffered from the entire stop due to **mechanical problems**





But we thank the driver who was a wonderful man he succeeded to lead us to Messamena after 6 hours and 10 minutes



5H15p.m: Ashley and I went to play **soccer (football)** with young people of the village





At the same time the rest of the team started by organising the drugs and the work material



This Friday night we decide to start with general consultation of the **66** patients who decided to wait for us and after continue with the operations till midnight



So after arranging our personal luggage in **Mr and Mrs EMAN house**, we reached the hospital on foot and started the consultation.

We discovered that **43** patients were having surgical problems and we did medical consultations to **23** others and asked them to come the next day to take their drugs free because we only had electricity in two offices the operating room and the consultation room.

That night we did:

- **3 hernias**
- **2 hydroceles**



**4H35 a.m:** we ended the work to rest

### ***Second day:***

We started at 9H45a.m with the general consultation after a delicious breakfast given to us by dear Mrs. EMAN.

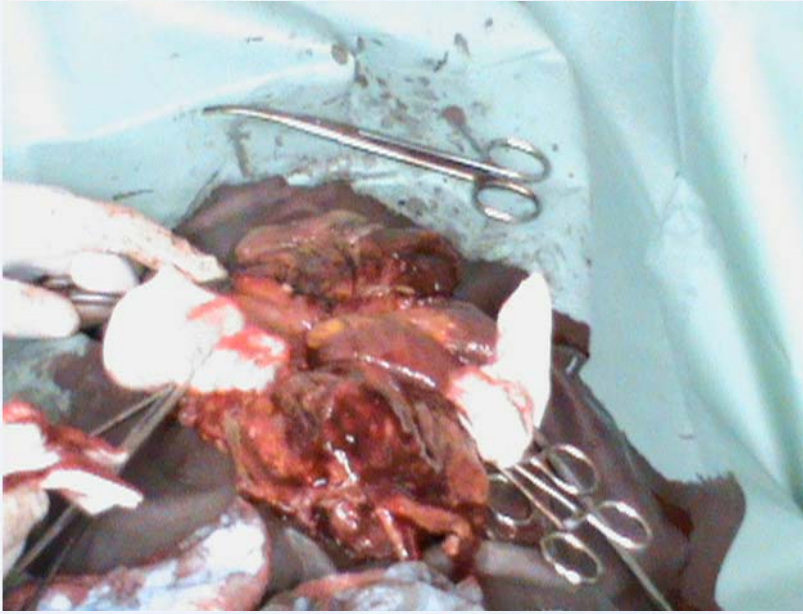




We ended consultation at 3p.m abruptly because a patient with strangulated hernia was brought in. His intestine was strangulated since 5 days but because his family is poor he was taken to a traditional doctor and when they heard that we were near they decide to bring him to the hospital.

***35cm of his intestine was inside his testis and was necrotised, so we operated him with a transversal inguinal incision which permitted us to do the resection of the necrotised intestine and then anastomosis (rejoined the normal bowel).***





Before the end of the operation they announced to us that there was **another old man 72 years old with a strangulated hernia in his house since 7 days. We asked for him to be brought to the hospital (19Km without car)**



I decided to continue with the other surgical cases because the strangulated hernia took 3 to 4 hours to be repaired and promised to come another week-end to continue free medical consultations.

That day we consulted:





- **29 children**
  - **67 women**
  - **31 men**
- Total of **127 patients**





We decided to rest at 10p.m when the other patient with the strangulated hernia was brought in a wheelbarrow. We put him under drip and a nasogastric tube to do a short reanimation during that time when we went to eat something in the house of our host and discover Messamena by night.

We did:

- **1 strangulated hernia and intestinal resection**
- **7 hernias**
- **2 lipomas**

**Total of 10 surgical operations**



## *Third day*

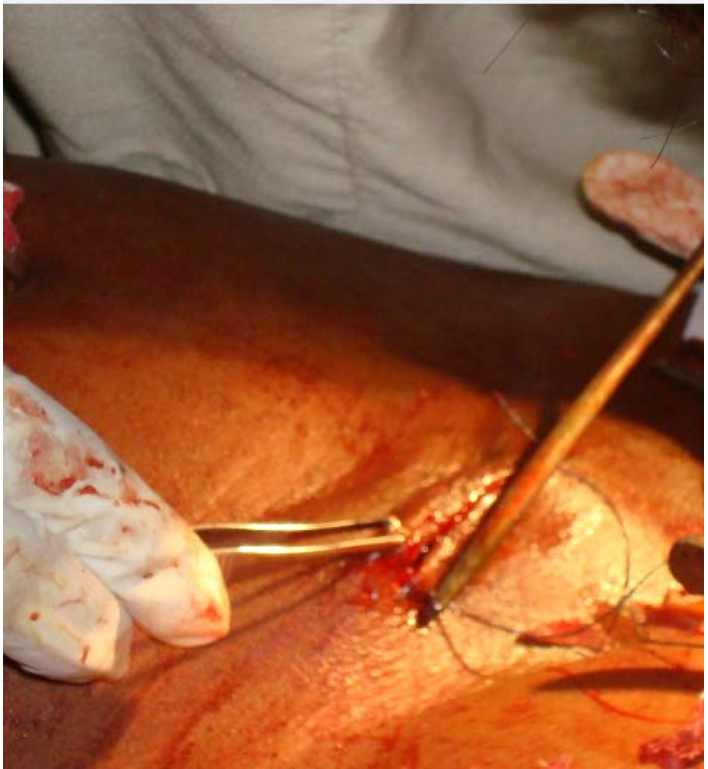
**Sunday at 01a.m**

We decide to restart our surgical work by doing:

- **3 big hernias**
- **Then attack the strangulate one.**

*We discovered that the necrosis involved the end of the small intestine and the caecum (beginning of the colon), so we change our transversal incision to the median incision, the general anesthesia was done by a nurse, without any oxygen, all the necrotised tissue was resected and anastomosis done. The patient recovered 24hours later.*





We left the village that Sunday after this wonderful job done by this 5 young Americans who tolerated all the difficulties of this trip

## SPECIAL THANKS

To those who helped us collect supplies and money to do all this humanitarian activities:

- Those who helped my five volunteers in **US**
- Dr BART MUHS Vascular surgeon (**USA**)
- WILLIAM and CHRISTIE SWANEY (**USA**)
- ARTHURO PAVIA GARCIA (**SPAIN**)
- BELEN GONZALES CASANOVA (**SPAIN**)
- PALOMA CEREZO SOBRINO(**SPAIN**)
- HELENA TORMO(**SPAIN**)
- FERNANDO GUZZMAN (**SPAIN**)
- JEREMY ROUET (**FRANCE**)
- CHAMPION TRISTAN (**FRANCE**)
- WILLY GUIFO FOTSO (**CAMEROUNIAN IN BELGIUM**)
- ADELE MPACKO (**CAMEROUNIAN IN USA**)
- NICOLE and FIDEL MFOULOU (**CAMEROON**)
- ANABA MVOGO JEAN PIERRE (**CAMEROON**)
- BAYAOLA BONIFACE (**CAMEROON**)
- MARQUISE KOOH NGAMBI (**CAMEROON**)
- NANFANG MESMIN (**CAMEROON**)



## CONCLUSION

Helping poor people in this village permitted us to see that there are so many patients without means to take care of their health. During our trip we left 21 patients who were suppose to wait for the next mission in the middle of October 2009 .We did our best but so many things remain undone. This trip was difficult because of the conditions of transport, the team suffered more on the road and we receive serious patients with severe illnesses. Congratulation to these 5 American medical students who came to help me for free in my country. Due to our poor conditions of transport and work we decided that in 2010:

- ❖ *we should buy 2 cars, one to carry the team members and the other one to carry all the equipment*
- ❖ *We should buy 2 electric generators to work in the night. My brother **Willy Guifo Fotsu** started giving half of the money for the first one because they are expensive and i am sure we are going to complete it with your donations*
- ❖ *Arrange how to ship supplies cheaper and discuss with Cameroonian custom*

**Thank you for joining us in this fight.**

**OUR CONTACT IN THE HEADING**