As I prepared for my trip, the idea of traveling to a country where I didn’t know the language, culture, or procedures I’d be performing was admittedly a little terrifying yet exciting at the same time. I felt grateful that I would be able to have a chance to help provide care to those who needed it most.

My week started at a clinic in the public hospital. The Nicaraguan residents had arranged for a select group of patients needing treatment for their foot and ankle conditions, as no specialist was available locally. When we entered the clinic, all of the patients for the whole day were lined up in the hallway waiting for us. They had arrived early in the morning and would wait as long as necessary just for the chance to be seen by us that day. The “exam room” was merely a repurposed classroom where we saw patients simultaneously on opposite sides of the room as few of the residents translated for us. Working alongside them, we evaluated, triaged, and arranged surgeries for the week. While challenging, it was rewarding at the same time seeing the patients so happy that we could help them regain function or relieve their disability.

After we wrapped up our clinic, the residents took us to our hotel but were unable to stay and relax, as they had to return to prepare the specific implants for the next day’s cases. I was surprised to learn that each implant and piece of hardware was individually selected and sterilized ahead of time instead of selected from a pan with multiple choices intra-operatively. I was just beginning to see some of the challenges that would arise.

The remainder of our time was spent in the operating rooms, at three different hospitals. Each location had its own obstacles, from limited implants at the public hospital, power outages at the children’s hospital, or absence of fluoroscopy in Jinotepe. Yet at each location, the local surgeons helped us roll with the punches and be able to provide the necessary care for our patients.

One case that stuck with me was a patient that had sustained a distal tibia and fibula fracture. Due to the difficulty in accessing care and the necessary implants, non-operative management had been attempted, but he unfortunately had developed a non-union with significant deformity. In a society so dependent on physical function, this was completely debilitating, so it was arranged that we would correct his deformity while we were there. In this hospital, there was no intra-operative x-ray, which took us out of our comfort zone. Using careful dissection and identification of anatomic landmarks we corrected the non-union, fixed the bone, and realigned his leg. Post-operative x-rays showed that we had corrected his alignment and gave the patient the best chance we could to regain his functional independence. While we won’t know if we were ultimately successful for a few months, knowing that the skills I’ve learned during residency provided such a strong foundation to provide care in new ways was very rewarding.
Reflecting on the week, I think about the disparities between Nicaragua and the United States, both in health care and life in general. Thinking of the luxuries we enjoy here and things we take for granted would be life altering there. It provided me a new perspective on my place in medicine and the world and striving to make it better for everyone. Having the privilege to go to Nicaragua as part of my residency was an invaluable experience that taught me many lessons and will enhance my future practice.

NICARAGUA, November 2017 – Scott Smith MD, Class of 2018

The mission trip to Nicaragua has been one of my top experiences in residency. Every year as a junior resident I heard about the fantastic excursions and the meaningful encounters the fifth years had during their trips, and I desperately wanted to have my own. I have been lucky enough to travel to exotic places, but never have I gone with a humanitarian goal. I soon realized how much of an undertaking it is to organize this trip; between packing all the surgical gloves, masks, and foot coverings for the week, on top of the copious plates and screws, our group was hauling a significant (and pricey) amount of gear. And there was always the risk that the customs agents would simply “seize” our equipment before we could get out of the airport. And then we were supposed to deliver treatment with a huge language and cultural barrier!

Luckily, immediately after passing customs our group saw a friendly face. Pablo, one of the Nicaraguan residents who did a rotation in Milwaukee as a part of the exchange program, met us at the airport as we began our week. It was here that began to realize that this mission trip is different than others. Because we have established a lasting relationship with Nicaraguan residents and physicians, our week in Nicaragua has a more lasting effect.
This became apparent on the first operative day. Not only were we doing complex pediatric and adult cases, we were working directly alongside the Nicaraguan physicians, exchanging ideas and teaching principals and techniques. As with a lot of humanitarian work, we could have easily swept in, acted like we owned the place, did meaningful work on a few individuals, then picked up and left. However, because we know the Nicaraguan physicians on a personal and professional level, and continue to communicate with them after we leave, we have much more impact on the patients in Nicaragua by helping train their physicians to be more self-sufficient and take on some of these cases themselves in the future. The experience also taught me to appreciate all we have in the US; even equipment as simple as a K-wire is valuable and hard to find. It was interesting having to “MacGyver” through some cases with far less than we have at home.

The trip to Nicaragua is one that I will remember for the rest of my career, as well as sparked an interest in humanitarian work. The experience that Dr. Schwab has developed has set a great example for what mission work can be and how as physicians we can have a lasting impact on our fellow man. I will be forever indebted for this experience.