

Medical Aid in India: A Journey of Smiles

By Eva Sanchez, Recova Post Surgery

I had always imagined my first trip to India involving visits to temples, elephant trekking through the jungle or sunning myself on the beach in Goa. I never expected to be working in an operating theatre in a remote village hospital dressed from head to toe in green scrubs for a week. But that is exactly how my first experience of India went, and it turned out to be one of the most positive and rewarding things I have ever done.

I first heard about the medical aid work that Mr. Shailesh Vadodaria is involved in while I was working alongside him at his clinic in Harley Street in 2008. Mr Vadodaria is a UK-based plastic and reconstructive surgeon originally from a rural part of Gujarat in India. He has made regular trips to developing countries, chiefly India, since 2000 to operate on underprivileged children born with cleft lip and palate. Through his visits he has helped to develop the expertise of local surgeons at remote rural hospitals, and particularly at the Global Hospital and Research Centre in Mount Abu, Rajasthan. He has also taken things further by launching the Help Smile Trust, a charity dedicated to the treatment of children with cleft lip and palate. I found this work fascinating and admirable, and wanted to contribute in some way. Although I had helped to raise money during a few events over the years, such as a 10K charity run in 2013, I really wanted to have a more hands-on approach to supporting this valuable work. In January and February this year I had my chance: an opportunity to join his team for a trip to the Walawalkar Hospital and Research Centre in Dervan, Maharashtra, India.

And so it was that I found myself on a plane to India at the start of what was to be a genuine adventure. It has to be said that Dervan is not the easiest place to reach in the world. After our long flight to Mumbai, followed by a seven hour journey by train and a rather bumpy and erratic introduction to the roads of Maharashtra, I was fantasising about my comfy bed back home. Eventually we successfully arrived at the accommodation centre, but there was no time to rest. Stepping out of the car blinking in the afternoon sun and feeling somewhat dishevelled and weary, we were warmly greeted by the hospital staff before heading straight to the ward to visit the patients.

Walawalkar Hospital began operations in 1996 with basic facilities, and has since grown to become a multispecialty hospital with 300 beds, a medical research centre with 260 staff, five operating theatres and 50,000 patients per year, most of whom are treated with concessions or free of charge (figure 6). My introduction to the hospital was quite an experience: the very definition of overwhelming. I had never seen so many people in need of help in one room before! As we made our way through the packed ward the patients watched us silently and patiently in unison, which was quite unnerving at first. The thought that all of these people were waiting for treatment for lingering injuries and conditions that would be treated as a matter of course in the UK was a sobering realisation.

Without further ado, the group of volunteers and medical staff, led by Mr Vadodaria, began the process of evaluating the patients one-by-one. Many of them were children, awaiting surgery for a variety of conditions, including serious scalds, burns from kerosene stoves, and congenital deformities. Despite their obvious discomfort, the young patients smiled throughout their evaluations, and were the very picture of cheerfulness in the face of adversity. It



seems that these children could teach many western adults a few lessons in life.

Based on the initial evaluations, Mr Vadodaria chose between five and six patients from the wards to operate on each day in one of the hospital theatres. The selection procedure focussed on the degree of injury, but children had a priority, and many of these suffered with cleft lip or palate. Cleft lip and cleft palate are birth defects caused by abnormal facial development during gestation. A cleft is a gap that can affect the upper lip and the roof of the mouth. Around 1 in 700 children worldwide are born with this condition which can also affect the eyes, ears, nose, cheeks and forehead. Children born with cleft lip or palate typically face difficult challenges very early in life, with basic activities such as eating, speaking or even smiling seriously compromised. Sadly, in some parts of the world, children and adults with cleft lip and palate often end up marginalised due to their difficulties in communicating, and for this reason, early treatment is ideal.



Figure 2: Enjoyed teaching Spanish language to the school children



Figure 3a: 15 year old girl lost sensation and movements of her lower limbs following a fall from terrace



Figure 3b: Pressure sore on her bum because of lack of sensation and movement

A good example of such early intervention was one little girl, Drashti, whom Mr Vadodaria treated in stages starting from just 10 weeks of age. First her cleft lip was corrected, and then, at 12 months, her cleft palate was repaired. Now, at five years of age, it was very pleasing to see that she has little sign of impairment, with fluent speech and incredible confidence. She is also clearly mixing very well with other kids her age – something that is frequently problematic for children with cleft lip and palate. (Figure 1)

Mr Vadodaria and the medical team worked long days at Walawalkar to carry out life changing surgery on the many patients in the hospital. My role was mainly to assist on the ward rounds and in the operating theatre, and to document the work of the team. But I also had the opportunity to take a slight diversion from the work on the wards. The Walawalkar Hospital Trust, together with the Shri Viltharao Joshi Charities Trust, funds a school and college of science and medicine in Dervan, and the director invited me to teach Spanish to the Year 6 children. This was enormous fun, and particularly as I realised very quickly that the kids were highly advanced in the language. (Figure 2) So much so that I had to completely revise my lesson plans on the spot after I arrived and heard them speaking. The young children were a great pleasure to teach, incredibly polite,

gracious and outgoing. The experience was a real eye opener, since I had never seen such a large group of well-behaved kids who are so eager to learn. It made me wonder what we are getting so wrong in so many schools in Europe. I would have happily spent the rest of the week there, but there was important work to be done at the hospital.



Figure 3c: Reconstruction by Mr. Vadodaria

One such critical operation involved treating a 15 year old girl who had fallen from the terrace of her house, injuring her spine and tragically losing sensation and movement in her legs. As a result of being bed-ridden, she had developed severe pressure sores, resulting in considerable discomfort and risk of infection. Although the spinal injury itself was untreatable, Mr Vadodaria was able to reconstruct the soft tissues that had been damaged from the pressure sores to improve her way of life. The girl is a keen student, and hopefully one day she will realise her dream of being a civil engineer. (Figure 3 a,b,c)

Although there was a definite focus on children on the wards, there were some adult patients treated by the team, in particular people with serious burns. Often such injuries are caused by the nylon sarees of women catching fire while they cook over kerosene stoves or open fires. These injuries result in severe contractures and disfigurement of the limbs and neck, and make it

very difficult to perform basic day-to-day tasks. One 34 year old lady with severe burns of this kind was treated by Mr Vadodaria in multiple stages over a three year period, so that she is now able to continue caring for her three growing children once more.(figure 4a,b)

I really felt so fortunate to have met so many interesting and remarkable people on the wards. While it was incredibly rewarding to get to know every patient before and after their surgery, a few of them made a particular impression. During the triage work in the wards, I couldn't help but notice one particular 12 year old girl, Pallavi, who was awaiting cleft palate surgery. She greeted us with a shy smile and beautiful bright eyes, and she clearly loved to sing (Figure 5a & 5b). She had an intense energy and a soulful voice, which was unfortunately kerbed by her cleft palate. She had corrective surgery the following day at the skilful hand of Mr Vadodaria, and hopefully now she can become the singer she aspires to be.

Through this experience, meeting people like Pallavi, and seeing how their lives can be transformed as a result of medical aid, I have realised just how important the work of surgeons like Mr Vadodaria is. I would like to take this opportunity to encourage like-minded medical specialists to take some time out of their busy professional lives to turn their skills to improving health in developing countries. Even a relatively short space of time can be immensely valuable to patients who benefit from treatment that they may otherwise have struggled to receive, and, like me, you may discover that voluntary work of this kind enriches your own life.



Figure 4a: 34 years lady with multiple contractures following domestic accidental burns in the kitchen during cooking on open fire



Figure 4b: Rekha had staged operations every year by Mr. Vadodaria



Figure 5a: 10 year old girl born with cleft lip and palate waiting eagerly in the ward for the operation of nose correction and bone graft



Figure 6: The hospital complex in Dervan



Figure 5b: 10 year old girl with hospital staff (figure 5a), her family and Mr. Vadodaria

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Mr Shailesh Vadodaria is the founder of the Help Smile Trust (<http://www.helpsmiletrust.co.uk>). Help Smile works internationally to provide free and safe reconstructive surgery for children and young adults born with cleft lip, cleft palate or other facial deformities. Thanks to Help Smile Trust and its medical volunteers, hundreds of children have received the gift of a beautiful smile every year.

London 10K 2014 – If you would like to help raise money for the Help Smile Trust, and feel like a challenge this summer, then why not take part in the London 10K run on 14th July 2014 (www.thebritish10klondon.co.uk). The Trust has secured 30 places in the event, and if you would like to join the team to raise money for this good cause then please contact Help Smile at info@helpsmiletrust.co.uk or telephone 02070784378, 07792648726.