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Local medical professionals spend their vacations helping kids in Colombia

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A special contingent of medical professionals from across the nation – four from right here in Nashua – is heading south today, where they'll find snowless, balmy weather. But escaping winter is far from their reason for going.

It's the classic working vacation for these 34 volunteers, who will be toiling long hours under sometimes less-than-ideal medical conditions in the South American city of Pereira, Colombia. The purpose of their two-week stay is to operate on as many as 100 native children born with a cleft palate or cleft lip in hopes of giving them longer, healthier lives.

The journey is part of an initiative by Rotaplast International, a San Francisco-based nonprofit that provides free reconstructive cleft palate operations for children in need around the world. A humanitarian project of Rotary International since 1992, Rotaplast sponsors occasional missions to developing nations, where American medical personnel perform the surgery and treatment and educate local surgeons.

Rotaplast International's goal, according to its Web site, www.rotaplast.org, is to eliminate the incidence of untreated cleft lips and palates in children worldwide by 2025.

Families are expected to come from far and wide, said Dr. George Chatson, a plastic surgeon who specializes in aesthetic facial surgery and sees patients at both Nashua hospitals.

"This is the chance of a lifetime for these kids, to be able to breathe, eat and talk normally," he said.

Joining Chatson in the Nashua contingent are anesthesiologist Dr. Madhankumar Sathyamoorthy, of Nashua's Granite State Anesthesiologists and Pain Services, who goes by Dr. Kumar; and pediatric nurse Sue Kujawski and operating room nurse Kathy Tomblin, both from Southern New Hampshire Medical Center. For Chatson, who's based out of Andover (Mass.) Plastic Surgery and Nashua Plastic Surgery and is a member of the Andover Rotary Club, this is his seventh trip abroad – his fifth with Rotoplast – to donate his time and expertise.

"In many nations, there's a huge need for this type of corrective surgery," Chatson said. "For instance, the incidence of cleft palate and lip in Colombia is double the normal. There are some doctors that do this kind of work, but no where near enough."

The volunteers, whose areas of expertise include not only surgery and nursing but equipment managers, records clerks and transcriptionists, are assigned to different teams. Kujawski, for instance, has learned she'll be partnering with two nurses from San Francisco in the recovery room.

Part of their preparation involved getting the word out to the medical community, and the Nashua team did that by selling raffle calendars around town.

They raised \$4,300 and a lot of support, Chatson said. "That did a lot to get our team spirit going . . . we were really impressed with how many people got involved."

Being accustomed to life in American hospitals, the volunteers realize, largely through hearing the experiences of their veteran cohorts, that unusual circumstances may arise at the drop of a hat as they work.

"We're in an established hospital, not working out in the field, so I wouldn't call it primitive conditions," Chatson said. "Essentially, several rooms in the hospital are transformed into a plastic surgery unit for two weeks."

"But still, we do encounter unexpected difficulties at times . . . it doesn't take much for the power to go out or water to suddenly stop flowing."

Their hosts, however, are right there with backup plans, Chatson added.

"There's a tremendous network of Rotarians from down there, working behind the scenes, who are of great assistance to us," he said. "It's amazing that how, for a Third World country, they're able to get the word out so well. By the time we get there, they're busing people in from all over."

Another concern in many developing countries is safety, Chatson, Kujawski, and Tomblin agreed. But again, local Rotarians are more than willing to help out.

"Their involvement makes it pretty safe for us," Chatson said. "My wife was quite concerned at first, but since I've come back OK each time, she's not so worried anymore."

The trip is a first for Kujawski, Tomblin and Sathyamoorthy. Kujawski and Tomblin were persuaded to sign up, they said, by a combination of their longtime interest in the program and some prodding by Chatson.

"I like to recruit first-timers like Kathy and Sue," Chatson said, "to watch their reactions and see how much joy it brings to all of us."

Sathyamoorthy, meanwhile, is not only new to Rotaplast, but also to his profession, having gained his certification in 2005. While he's been back to his native Southern India for training, this will be his first trip to South America.

"It sounds very challenging," Sathyamoorthy said. "We haven't seen that many cases up here (as there are in South America)."

"But you can see the (dramatic) results, and I'm sure I'll feel really good about doing this."

Off the top of his head comes one of Chatson's favorite recollections, from a mission to Venezuela several years ago.

"Very often the change (in a patient's appearance) is very dramatic," he said. "In Venezuela we operated on a baby, and afterward brought him to his mother to hold. She looked at him and said, 'This baby isn't mine, this isn't my baby.' Finally we convinced her that the baby was hers. She was overwhelmed. It was one of many great moments."

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