

Africa Cancer Care Inc.

## **ACCI Host Another Cancer Medical Mission**

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For Fall 2012, ACCI took yet another cancer medical mission to the Catholic Diocese of Orlu in Imo State of Nigeria under the invitation of his Eminence, Bishop Onwukwe, the Bishop of Orlu Diocese. The mission lasted a total of 11 days. ACCI went above and beyond their primary focus which is cancer awareness and screening to provide medical care in most of the localities under the Orlu Catholic Diocese. Arriving Orlu on the 1st of October, which is Nigeria's Independence, the members of ACCI were up and ready to take a go at it by early morning of October 2nd. Our first day was spent at St. Damian's Hospital, Okporo, Orlu. As it turned out, this is the best hospital in Orlu Dioceses in terms of structure, organization, staffing, cleanliness, and accessibility to the people.

The team made up of volunteers from both the United States of America and Nigeria kicked off the medical mission with public education. Dr. Iwuanyanwu, A Physician Assistant and Staff of MD Anderson Cancer Center based in Houston Texas and the Founder of the organization spoke to the crowd about cancer. She explained cancer to the people while the team members passed around pictures and models to promote better understanding. She explained the reasons why it is very important to try to prevent the preventable cancers and to detect early others at a time when intervention can truly make a difference. She stressed the importance of seeing a doctor when people notice change on their body or in their body function. She told the crowd that usually we recognize early that something is different or is aware that something is wrong but ignoring it, taking wrong action as seeing local herbalists, camping out in the churches to pray, going to the chemist shop or sometime plain procrastination gets us into trouble. People wait till their disease is so advanced that surgical intervention does not help and Cytotoxic makes little or no difference. and are very expensive. She preached routine screening and annual physical examinations for men and women.

Following public education, people were then seen by the providers. Pap Smears, clinical breast exam, digital rectal examination, diabetic testing, blood pressure screening, and occult blood tests were performed. Ninety eight percentage of those seen had other medical concerns which were addressed by the team. The team as usual travelled with lots of medications, medical, and surgical supplies. At the end of the day, we had seen 187 people in Okporo. The Next day, we were scheduled to be at Mater Christi Hospital in Orlu. Considering that there were still many unseen at Okporo, the team was split into 2. One half went back to St Damian's Hospital at Okporo while the other half went to Mater Christi Hospital, Orlu.

For the rest of our time at the Diocese, the entire team covered one location each day. Other areas covered are: St Vincent De Poor Hospital, Amurie Omaze; Mater Amabilis Hospital, Akokwa; Isiekenesi Hospital Complex; Chibundu Joint Hospital, Isiokpo, Ideato South, and Community Health Center, Umuozu. We also spent 2 days at Umuozu Community Health Center due to the large number of turn out.

Surgical intervention was provided over 4 days, 3 at St Damian's Hospital and 1 day at Community Health Center, Umuozu. Most of the surgical cases were breast lumpectomies/biopsies, removal of Liopmas, hernia repairs repair of hydrocele in 2 young boys between the ages of 6 and 10, wound debridement and appendectomies. At the end of the mission, we had seen and treated a thousand people, performed pap smear in 500 women and provided 32 surgical interventions. There were a significant number of cases of abnormal cervix and 10 cases of stage 4 breast cancer all of whom were sent to the Orlu Teaching Hospital. We found several cases with unusually elevated blood pressures. In fact more than 50% of patients seen had blood pressures greater than 170/90. There were cases as high as 210/120.

The last day was divided up between providing medical care at Umuozu Community Hospital and providing a 4 hour train-of-trainer class at St. Damian's Hospital. This was quite a large class. Eighty five percent of the participants were community health workers who actually work in the communities with the people and the remaining 15% was made up of nurses, matrons and others. It was an interactive class. Participants learnt about risk factors, symptoms, screening guidelines and how to motivate people and engage their communities. They got close look at the models. Risk assessment was demonstrated. They received cancer awareness literature/flyers for various cancers.