

Once we have our patients screened and seen we need to get on with the surgery. This occupies most of the remaining time we have but we do have to see and deal with patients who turn up late during the week. At the same time we have to see the patients on the ward and say hello to cured patients who have returned with presents to say thank you. Obviously at the start of the week there are no post operative patients to see whilst on the last day there can be around 25. We try and pop out of theatre and see patients who return during the day at a convenient point. Its always great and rather humbling to see women who have been wet for years coming back to say thank you. It makes the job despite all the work and frustrations so worthwhile.

Usually the night before surgery we leave a list of the patients for the following day on the ward and they get the patients ready for theatre. This means nothing to eat or drink that morning and getting drips in etc. The drawing pins to put the lists up on the wall are also taken out by us. Before that people were using old hypodermic needles ! The patients come over to theatre in gowns many of which are gifts from UK beauty salons etc which we have taken over !!

In theatre we need to mobilise the staff and get things going. Usually the momentum is quite good as we have worked with Mr Waibi the anaesthetic nurse there for many years. We have taken our instrument sets down the night before together with all the sutures, catheters and odds and ends that we think that we might need. Its quite probable that we will have forgotten something though or find that the hospital has run out. Usually we have the sets all sterilised at the start of the day but as we go, the sets have to be washed, counted and autoclaved. It's vital that this is done quickly and efficiently and here as in other areas Brenda's theatre experience is invaluable.

Most of our patients are operated on using a spinal anaesthetic. This means that we numb the patient from the waist downwards whilst the patient is awake. This is ideal for most of our cases. Doing this is interesting as its something the anaesthetists do in the UK and gives us a new skill to use. For those where this is impossible we use Ketamine. This is a very powerful drug which you may have heard of as a recreational substance in the UK or used by vets. Used properly however it gives very deep anaesthesia very rapidly after an injection. Because of this and its safety profile its ideal in these circumstances and also used by the military in battlefield situations.

During an average day we operate on 4 patients. Between cases the theatre has to be cleaned and the equipment washed and resterilised etc. There's rarely an idle moment ! We also have to field questions from the ward and nurses. Around 12 midday we give the staff some money to go and buy lunch. This consists of Chapatis bought from local vendors which have an omelette mix on the inside. The local name is a Rolex !! It takes around an hour or so for them to arrive and we have learnt from bitter experience not to stop for lunch. We tend to eat on the go between cases as stopping means restarting and regaining momentum again; difficult particularly if the staff all disappear !! Power cuts are common place during the day and we have gaps before generators etc are switched on. Murphy's law always seems to come into play as the lights go out at a critical phase.

By about 4pm we have usually finished and are feeling hot and tired. Time to go back to the ward check on the patients, solve any problems and see patients who have turned up during the day. After that back to the house for a sit down relax and cold drink. If the electricity is on thats a bonus as often the supply to the whole of Kamuli can be cut off for anything from 30 mins to several days.

After making something to eat (Masterchef here we come !!) its time to have a read before we pop down to check on the patients about 2130 and then bed ready for a repeat performance on the next day.

By the end of the week there are perhaps between 20 and 25 patients to keep an eye on each ward round which takes more time. This is where our nursing colleagues from Kitovu are such a great help.

On the evening before we leave we have to collect all our instruments and equipment and then carry it all back to the house to store. Store away all our kitchen equipment etc, pack our bags and put money in envelopes to give to the patients for travel and food.

Next morning there's just time to see the patients, hand out the money and say goodbye before we get in the pickup for Moses to drive us back to Entebbe. Another trip over!