

# HAND RECONSTRUCTIVE SURGERY MEDRETTE

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LTC Cassy Lewis, OTR and SFC Kathy Rasmussen, COTA, participated in the third annual Hand Reconstructive Surgery MEDRETTE to Tegucigalpa, Honduras. The other team members included hand surgeons, anesthesia, OR nurse and OR technician.

The mission was to provide evaluation and treatment to patients with congenital hand deformities, acute and chronic traumatic injuries (usually machete), burn scar contractures, and other deformities and afflictions of the hands. In addition local surgeons, residents, and Occupational Therapy students were provided hands on training and didactic lectures. The team members experienced operational medical readiness in a foreign, austere environment closely simulating wartime field conditions.

Seventy-one patients were seen the first clinic day and 55 were scheduled for surgery. Some of the patients with complex nerve and tendon injuries were not candidates for reconstructive surgery because of joint stiffness. OT had an immediate caseload and saw 8 to 10 patients a day for treatment. The patients were quite stoic, very compliant and so appreciative. Some made amazing gains in a short period. We went to the OT school and provided lectures and demonstrations/lab sessions. The students were very enthusiastic. Their resources were limited. They had one goniometer and it had been copied and laminated. The one dynamic splint they showed us was out of plaster and wire and was quite high profile. Their textbooks were limited and were in English. The OT instructor wrote a rehab text in Spanish that was the main OT textbook. One student asked what option was available for splinting when plaster and plastics were not available. One suggestion from a Mexican OT was to use empty lotion bottles and sponges for lining. The rehab approach was traditional with Physical Therapy providing the exercises and modalities and OT providing functional activities. We had a tour of the clinics and saw mainly family members working with the patients because of limited staff.

In the past, a COTA was not part of the hand team. The addition of SFC Rasmussen was essential due to the large rehabilitation and teaching component of the mission. More therapy supplies need to be added to the packing list to include toys for the pediatric cases. The team had toys to donate so OT took some of the toys to use for the pediatric post op and therapy patients.

The Honduran experience was definitely a career highlight.