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Newsletter June 2024

A Historic Trip at Hospital Nacional de San Benito

This issue of the AVA Newsletter is dedicated to the historic Aid Via Action Short Mission Trip (AVA SMT), which took place June 10-14, 2024, at Hospital Nacional de San Benito (HNSB) in El Petén, Guatemala. During this trip, we have demonstrated that when we all come together with a common goal to help others, seemingly impossible tasks can be accomplished.

The **historic nature of this AVA SMT** emanated from the successful completion of the first TURPs and Laparoscopic groin hernias at HSNB.

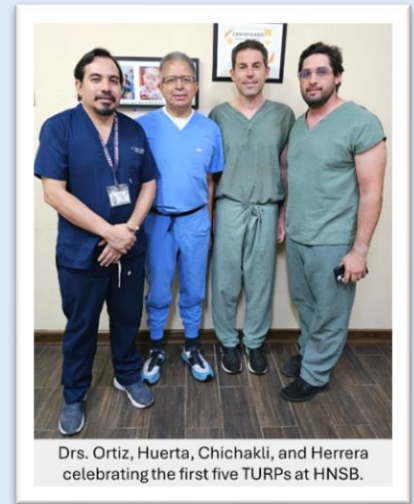
This marks the fourth AVA SMT. In total, we performed 42 operations during the week. Our week in El Petén, was similar to other [AVA SMTs](#). However, June 10-14 was truly remarkable.

Participants:

Once again, we were extremely fortunate to have a an incredibly strong group during this AVA SMT.

For the first time in the history of HNSB, we were able to perform TURPs at the hospital. This was only possible due to the participation of three remarkable individuals: Drs. Chichakli and Herrera as well as Mr. Chris Cole.

Dr. **Herrera** was a student of mine during the summer of 2011 at the University of Texas Southwestern as part of the Joint Admission Medical Program



Drs. Ortiz, Huerta, Chichakli, and Herrera celebrating the first five TURPs at HNSB.



(JAMP). At the time, he was a successful undergraduate student at UT Austin and was then admitted to UT San Antonio School of Medicine. Later in his medical school, he indicated his desire to become a urology resident. Mistakenly, I had initially advised him against this option. However, he was convinced of his career path, and he successfully matched in a Urology program at UT San Antonio. He is a remarkable reminder that anyone should pursue his/her dreams independent of obstacles. Currently, he has been in private practice for the past three years in Rio Grande Urology in El Paso, Texas and Las Cruces, New Mexico. Dr. Herrera was a natural choice for this activity. He is perfectly fluent in Spanish, but most importantly all you need to do is talk to him for a few minutes to know that his moral compass is in the right place, and he has a passion to help others in need.

We were also fortunate that Dr. **Chichakli** participated in this AVA SMT. Dr. Chichakli had



been practicing in San Diego California in the same group with a good friend of mine. I later learned that he was planning to join the VA North Texas Health Care System. He stayed in Dallas Texas for five years prior to returning to California. His tenure at the Dallas VA was simply remarkable, he was immediately liked by everyone in the hospital. His talent was rapidly obvious. He received a resident's

UT Southwestern teaching award within the first few years after arriving at the VA. These were my best five years of a urology program at the Dallas VA. Everyone at the VA in Dallas was happy that I was going to be able to catch up with Dr. Chichakli. Notably Dr. Chichakli had started a urology program in Guam. Thus, we were fortunate that he was also part of the historic event at HNSB. Watching him perform TURPs at HNSB was like watching Picasso painting. You will need to look very hard to find any issues with Dr. Chichakli, but if there was one it was his lack of Spanish speaking. However, he responded with a nice smile to whatever he was asked in Spanish, and nobody seemed to mind. He adapted very quickly.

When I contacted Dr. Herrera to participate in the program. He informed me that he knew Mr. **Christopher Cole**. Chris is an independent distributor of medical equipment representing six various companies. Chris was pivotal in bringing some of the equipment required for performing the first urology procedures at HNSB. His passion for assisting others in need was immediately obvious. His dedication was remarkable. He was present for all the urology cases to assist with anything that was needed. We would not have been able to make history without his assistance.

Notably, for this AVA SMT we were not only able to bring experts on the field of Urology, but all the equipment was brought by Drs. Chichakli, Herrera and Mr. Cole. We are hoping that this will just be the beginning of an ongoing program at HNSB to continue to provide this much needed service.

The second historic part of this AVA SMT was possible with the participation of Dr. **Daniel Scott**. Dr. Scott is an internationally recognized laparoscopic surgeon. He is a past



president of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). He is currently the Assistant Dean of Simulation and Student Integration. He also holds the Frank K. Kidd Jr., M.D., Distinguished Professor in Surgery.



Drs. Huerta and Scott. Dr. Scott performed the first laparoscopic gastric bypass in Texas. He now is credited for performing the first laparoscopic inguinal hernia at HNSB.

Danny and I joined the faculty at the University of Texas Southwestern (UTSW) in 2005. We worked closely together in resident and medical student education in our respective roles Dr. Scott as the program director of the general surgery program and I as the clerkship director at UTSW during 2011 to 2015.

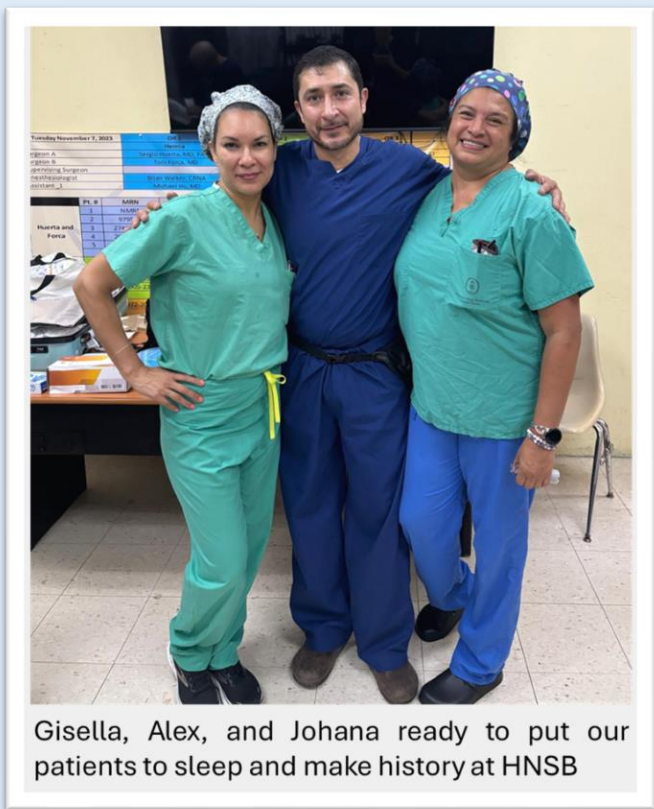
When the leadership at HNSB indicated a desire to learn more advanced laparoscopic techniques, Dr. Scott came immediately to mind. We were very fortunate he joined us during this trip.

Dr. Scott's participation was additionally meaningful to the primary mission of AVA, which is to provide the same level of care at HNSB compared to high-income countries. Advancing laparoscopic techniques at the hospital was a remarkable accomplishment during this AVA SMT.

Just as Dr. Chichakli there was a concern that Dr. Scott had limited Spanish speaking ability. However, his daughters Alexis and Caroline were present in most of the operations to assist him with translation. At the conclusion of the short mission trip, Dr. Scott surprised everyone with a nicely

prepared speech that he delivered to the entire group in Spanglish.

We could not have done any of this with the addition of three excellent anesthesia providers that came from two different corners of the United States. **Gissella Dettbarn**, CRNA and **Johana del Busto**, CRNA (from Miami) as well as **Alejandro Mendez**, CRNA (from El Paso) were successfully recruited to this AVA SMT by Secherre Michaelis, CRNA, who is an AVA board member. Both Johana and Gisella had a great deal of experience with short mission trips to multiple countries in Central America. Their passion for helping others was immediately obvious. I always tell people that one of the most rewarding aspects of doing these



Gisella, Alex, and Johana ready to put our patients to sleep and make history at HNSB

mission trips is the opportunity to meet amazing people. Gisella, Johana and Alex are perfect examples of this.

Another substantial advantage was that they were all perfectly fluent in Spanish. In fact, one of the patients asked Johana where she was from. When Johana asked the patient to guess, the patient said Cuba, for which Johana corrected him indicating

that her background was from Nicaragua. When I asked the same patient to guess where I was from, he quickly replied that I was more gringo than anything else. During a similar story, Dr. Quinonez inquired where Alex was from. She commented that his Spanish was perfect. She said to me that she did not mean to offend me, but she said that Alex's Spanish was much better than mine. I did not take offence to this as I knew that it was clearly True.

Guatemala City and is currently working as a general physician. However, he is native of El Petén and his family lives there. Because of his interest in pursuing a residency program in general surgery in the United States, a common friend of both of us put us in touch. He jumped at the opportunity to come to HNSB to assist with our AVA SMT.

Two other phenomenal participants were Dr. Scott's Daughters. **Alexis Scott** was phenomenal in helping with retraction during most of my hernias. She also assisted with skin closure in a few cases. You could not tell she was an undergraduate student as she was performing at the level of a medical student during a clinical rotation. Her younger sister **Caroline Scott** was also present in most operations to witness history at HNSB. They both were a wonderful addition to this mission trip.



Gisella and Johana in the Operating Room at HNSB.

As a result of their extraordinary skill, we were able to perform all operations under general, regional, and local anesthesia. I was particularly thankful to Johana who kept all my patients comfortable during the eleven hernias that I performed under local anesthesia.

We had additional help during this AVA SMT. Dr. **Jorge Rosado** was pivotal in helping with my hernias and keeping the flow going in the urology room. Dr. Rosado graduated from medical school in

The Cases:

As we continue to accumulate experience with the AVA SMTs, we have continued to increase the number of cases during each trip. We have also increased the degree of complexity. We have done this deliberately as we need to determine that there is appropriate follow-up for all patients at each step of the way.

During this trip, we performed 44 procedures in 38 patients during the week of the June 2024 AVA SMT.

Procedure	N	Anesthesia
Transurethral resections of the prostate (TURP)	5	GA
Exploratory Cystoscopy for pelvic trauma	1	GA
Laparoscopic Inguinal Hernia	2	GA
Laparoscopic Cholecystectomies	3	GA
Open Cholecystectomies	7	Regional
Pediatric Inguinal Hernia	3	Regional
Circumcision	1	Regional
Open Inguinal Hernia	7	Local
Femoral Hernia	1	Local
Umbilical Hernia	2	Local
Epigastric Hernia	1	Local
Lipoma	1	Local

Cases during the June 2024 AVA SMT at HNSB. GA = General Anesthesia, Regional = Regional Anesthesia, Local = Local Anesthesia + MAC

The Patients:

There was one patient had had been admitted to HNSB with severe urinary retention. He had a history of prostate cancer and had developed blood clots within the bladder for which an indwelling urinary catheter was not helping as it kept being obstructed by the massive clots. This was causing severe pain and acute kidney injury from the massively distended urinary bladder. As soon as we arrived in Flores, Dr. Ortiz (General director of the Hospital, and general surgeon) informed me of the case, and I immediately mentioned this to Drs. Chichakli and Herrera. They were ready to intervene. The next day, this was the first case in the hospital (Monday June 10, 2024).



First urology patient operated on at HNSB with blood clots with complete urinary retention causing a great deal of pain and acute kidney injury

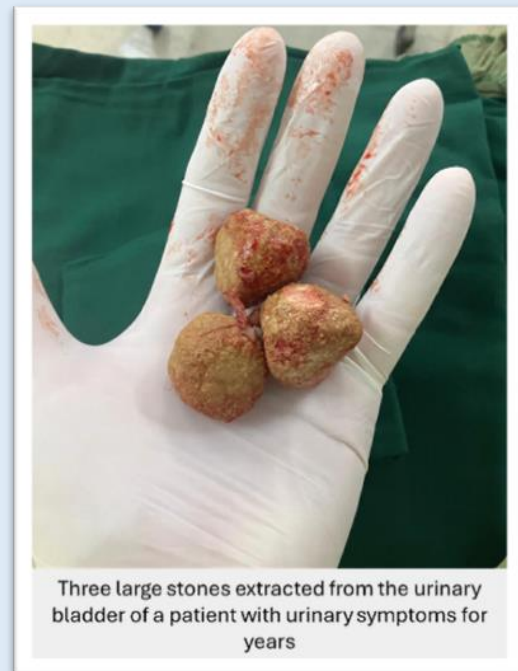
Just prior to the intervention when the patient was under anesthesia, Dr. Chichakli pointed to me that his urinary bladder distention was visible on his abdomen. One could only imagine the degree of pain and discomfort this was causing.

Drs. Chichakli and Herrera successfully performed the blood clot extraction and performed the first TURP at the site. If it had not been for their intervention, this patient would have needed to be transferred to Guatemala City, but this would have taken time, and his pain would have continued. This would potentially have led to renal failure as well.

In a second urology case, there was a patient that had been scheduled for an open inguinal hernia. I saw that patient the day prior to this scheduled elective hernia repair. However, when I interviewed him, he indicated to me that he had been suffering from severe urinary retention for the past three years. He told me that his hernia always became much more symptomatic with a larger bulge every time he attempted to urinate. He pleaded with me to take care of his prostate issues ahead of any hernia repair. We changed the previously arranged schedule for the next day to accommodate this operation as last in the laparoscopic room.

During cystoscopy, Drs. Chichakli and Herrera identified a large prostate for which a TURP was performed. But, more remarkably three large bladder stones were found that were causing intermittent urinary obstruction.

If it had not been because of the urologist's presence at the hospital, this patient would have been in pain and suffering for a longer period of time. He would also be risking renal failure because of the constantly obstructed urine outflow.



Three large stones extracted from the urinary bladder of a patient with urinary symptoms for years

In a third case, on Tuesday evening after the successful completion of the first couple of days, Dr. Ortiz informed me that a young patient with pelvic trauma because of a motorcycle accident had been admitted. While he had an indwelling urinary catheter, he was skill leaking urine in the perineum. Dr. Herrera promptly performed an exploratory cystoscopy. However, due to the lack of smaller scopes and other equipment (wires and such), he was unable to proceed with repair of the urethral injury. Thus, this patient was transferred to Guatemala City.

These three urology cases underscore the tremendous need of a urology program at HNSB.

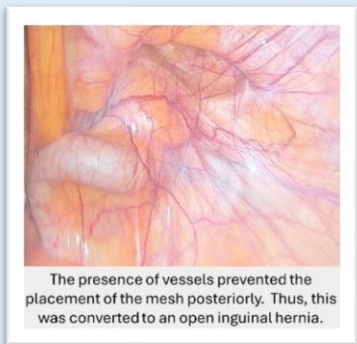
All participants of this AVS SMT were committed to making this possible in the future.

Of the three rooms that we had for general surgery during the AVA SMT, one was exclusively dedicated to laparoscopy. Dr. Scott was assigned to perform the first laparoscopic inguinal hernia on a female patient that had both a recurrent hernia on one side and a *de novo* hernia on the contralateral side. This was an ideal patient for laparoscopy because: (1) the patient was a woman (with a higher incidence of a femoral hernia); (2) the patient had a recurrent hernia on one side, and (3) the patient had bilateral hernias. One of the hernias has a large indirect hernia sac that was challenging to reduce. However, Dr. Scott was up to the challenge and was able to



perform this complicated operation with the local surgeons at HNSB.

On a separate hernia, Dr. Scott encountered an arterial arcade at the site where he was planning to place the mesh posteriorly. Thus, the approach was converted to an open hernia. This was no problem



The presence of vessels prevented the placement of the mesh posteriorly. Thus, this was converted to an open inguinal hernia.

for Dr. Scott as he is as experienced with the anterior approach as he is with the posterior one.

While the cases in the laparoscopic room took a little longer than the other two rooms, we were prepared for this, and both other rooms

quickly assisted with pending cases such that the entire team would finish at around the same time.

As for my room, I performed two inguinal hernias on female patients, one of which was a femoral hernia. I have performed around 2,000 inguinal

hernias at the VA in Dallas in the past 20 years. Of these, 15 have been on women and 24 have been femoral. Thus, during the past three years at HNSB during these short mission trips, I have performed more hernias on women and more femoral hernias than I have encountered at the VA in Dallas.

This is clear evidence of the different pathology that we observe in Guatemala and the unique opportunities that HNSB provides to general surgeons in the United States.

The local surgeons were, as usual, phenomenal. Drs. Corzo and Lopez-Huertas assisted Dr. Scott on alternating days. Drs. Quinonez (Chief of Surgery) and Mendoza as well as the resident Eddy Perez assisted me with the operation in my room. Remarkably, Dr. Corzo performed six open cholecystectomies with the assistance of Drs. Quinonez and Mendoza in one day. They were able to finish at the same time as the other rooms, which speaks highly of their skill with these operations.



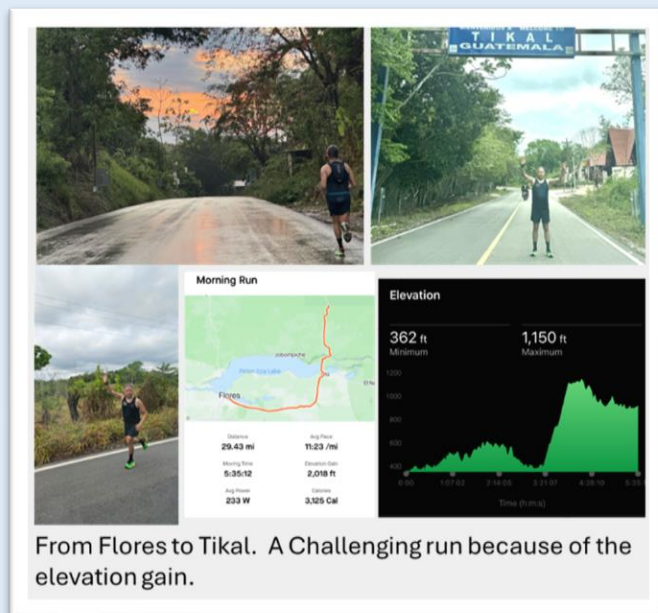
Drs. Scott and Lopez-Huertas top panel and right and Scott and Corzo on the bottom panel

Typically, Dr. Anny Ochoa (an AVA board member) assists with an operation room during our AVA SMTs. However, she was on vacation for this week and Dr. Lopez-Huertas was quick to step in.

A Day of Fun:

As busy as we were, we did not break tradition and the group took Wednesday off to go to Tikal. I had heard from previous participants about a fantastic tour guide, and I ensured that this group was guided by David. This was not a disappointment as I received excellent feedback from his performance.

As for me, I did not break tradition either and took the day off to run the distance from Flores to Tikal. I had done this distance twice before, and I knew



From Flores to Tikal. A Challenging run because of the elevation gain.



Day of fun in Tikal. The entire group celebrating the successful SMT at this magnificent site.



The entire group of who participated at the historic AVA SMT during June 10-14.

that from Flores to Tikal would be slightly over 29 miles. Anny’s husband (Rudy) again arranged a car to follow me all the way there. Luis was similarly wonderful for this task and was prompt to pick me up at the hotel at 4 am. The first five miles of the run were accompanied by rain, which I welcomed as the heat for the week was tremendously high.

As usual, 3.5 hours into the run at around mile 20, El Remate is always waiting from me. The elevation gain at El Remate is substantial and it always feels that I will not be able to continue when I make it to the top. Fortunately, this is followed by a nice gradual downhill run. I then continued running and at around mile 28, the group passed me on their way to Tikal. They took the picture on the right lower panel.

Altogether, this was yet the most successful AVA SMT. A million thanks to all for making this possible:

- Daniel Scott, MD
- Ms. Alexis Scott
- Ms. Caroline Scott
- Jesus Herrera, MD
- Ramsey Chichakli, MD
- Alejandro Mendez, CNRA
- Gisella Dettbarn, CRNA
- Johanna del Busto, CRNA
- Mr. Chris Cole
- Dr. Jorge Rosado
- Dr. Victor Lopez-Huertas
- Dr. Cesar Augusto Ortiz Vargas
- Dr. M. Eugenia Quinonez
- Dr. Juan Antonio Mendoza
- Dr. V Francisco Corzo

This could not have been possible with the extreme commitment and coordination of the director of the hospital Dr. Cesar Augusto Ortiz Vargaz. We spent several weeks prior to the meeting like ping-pong e-mail coordinating all the cases back and forth. At the end, it all paid off.

Additionally, I am grateful to the office of the director for their help. Especially Lic. **Esdras Caleb**. We could not have done this without the remarkable assistance of the entire OR staff who was amazing with the turnaround time. The average turnaround time (the time the last patient left the room to the next one coming into the rooms) at HNSB the first day with my six cases was 19.0 ± 17.0 minutes. I just recorded the times for my day at the VA with four similar cases for which the turnaround time was 56.0 ± 27.8 minutes. That is four times longer than the time at HNSB. Thus, the entire staff at HSNB deserves a great deal of credit in making this happen. Finally, we owe a great deal of thanks to all the drivers who were perfectly on time to take us from the hotel to the hospital and back throughout the mission trip.

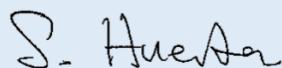
A New Site for Hosting our Team.

This is no longer a new site for us. This is the third time we have stayed at Hotel La Casona del Lago. It continues to be magnificent coordinating all the logistics that we needed. They had conference rooms for us for orientation and dinner on Monday. We also had the award ceremony at the same site with dinner as well. Expect to continue to find Hotel La Casona del Lago as our official hosting site for upcoming trips.

It was a great accomplishment overall. Now, onto planning the next SMT in November 2024.

I hope to see you all there!

THANK YOU ALL!



Sergio Huerta, MD, FACS, HEC-C
Aid Via Action Inc.
President & CEO

Please support our efforts to minimize disparities in health care imposed by geographic location by donating today: [DONATE](#)

If you have not done so, please sign up for our AVA 5K coming up soon: November 21, 2024. This provides a great deal of support to our cause as well.

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