



MILPHAP has established surgical training programs in the cities indicated in red.

MILPHAP-19 (Vietnam, MD) News Letter 2008



Milphap-19 Establishes Training Program In Remote Dak Nong Hospital



fig.1

Our last trip to Vietnam was very successful. I was accompanied by Dr. Ronald Chamberlain, Chief of General Surgery at St. Barnabas Hospital; Dr. Franklin Kasmin, a leading authority in gastroenterology specializing in endoscopic removal of stones from the hepatic duct; and Dr. Marie Le, a Vietnamese-American general surgeon.

We established a new program in Dak Nong, whose capital city is Gia Nghia (fig. 1). This is a remote hospital situated on the Cambodian border. The doctors are still functioning in a building built by the French in the 1920s. It is an extremely poor hospital, catering to a very poor community, in an extremely remote area.



fig.2



fig.11-12



Young girl in leprosarium with deformity of the hands due to leprosy, which is no longer contagious in this stage. We are arranging for a hand surgeon to accompany Miphap-19 in the future to teach the local surgeons how to correct these deformities.



fig.9

Children in orphanage in Nha Trang City



fig.10



fig.3

Urological endoscopic surgery is not possible because of lack of equipment and expertise in the use of needed equipment. During this visit we donated endoscopic urological (fig. 2) equipment and taught the local physicians how to use it. We also performed the first endoscopic prostatectomy ever done in this region (fig. 3).

Dr. Chamberlain taught the local physicians new techniques in gall bladder surgery, which will enable them to more efficiently perform this surgery with better outcomes and less complications (fig. 4).

Dr. Kasmin taught endoscopic surgery for stomach and the bile liver duct with the equipment that he had brought and donated to the hospital.

A new hospital is being built in Gia Nghia and should be completed in January 2009. We will be returning at that time to help establish urological, gastroenterological and general surgical programs to transform the medical care in this province to the state-of-the-art.

We then went to Buon Ma Thuot and to Nha Trang, two areas where we have well-established programs.



fig.4



fig.8

medical visit for later in that year.

Trying to donate equipment, expertise and improve the medical care and treatment of poor people in Southeast Asia is a project that is very dear to my heart. I am very grateful for the donations that I have received in the past and hope that it will continue.

All tax-deductible donations may be made payable to:

**MILPHAP-19
c/o Dr. Gerald Zelikovsky
5 East 84th Street
New York, NY 10028**

In 2009, we will be expanding our program to include Laos and Cambodia

We donated equipment and accessories necessary for urological and gastroenterological surgery and monitored their progress (fig. 5a and 5b). In both these hospitals, we have upgraded the equipment necessary to do surgery on the stones within the bladder and kidneys. Dr. Kasmin also performed endoscopic surgery on the liver ducts, removing stones from the ducts, avoiding the need for open surgery. These were the 1st such procedures ever done in these hospitals (fig. 6).

Dr. Marie Le, being a general surgeon and fluent in Vietnamese assisted in

laparoscopic surgery of all kinds with the Vietnamese surgeons (fig. 7).

We also visited orphanages in Buon Ma Thuot and Nha Trang, where we had donated equipment and medication in the past and where we have a long-standing relationship. (fig. 8) The food budget for orphanages in Nha Trang still remains at \$6 per child per month.

I have already made preliminary plans to initiate programs in Laos and Cambodia in 2009. I will be meeting with representatives of the healthcare system in Vientiane and Phnom Penh and will try to plan a



fig.5a



fig.7



fig.5b



fig.6