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Newsletter January 2023

This entire issue of the AVA Newsletter is dedicated to the first Aid Via Action Short Mission Trip (Jan 9-13, 2023).



The first Aid Via Action Short Mission Trip (AVASMT) can simply be described as a tremendous success! In total, fourteen Aid Via Action (AVA) participants together with the local surgeons, operating room staff, and the support of the director, we have demonstrated once more that when we all come together with a common goal, insurmountable obstacles can be accomplished. In the words of Dr. Ortiz-Vargas, the director of the hospital, “never in the history of the Hospital Nacional de San Benito (HNSB) have we been able to perform as many operative room cases in a single day.” In two days, we were able to perform 29 operations that included 10 inguinal hernias, and 16 cholecystectomies, 8 of which were laparoscopic.

One of the most outstanding aspects of the AVASMT was that everything came together almost according to plan. And even more surprising was that this “almost” had to do with unexpected situations that the group was quickly able to adapt to in order to make the appropriate changes to deal with new challenges in front of the group. For instance, during day #1, there was a pediatric emergency, and we all had to rearrange the order of elective cases that we had. While this caused a small

delay in the number of operations that we had to do, we successfully completed the entire day according to plan. During the second day, there was also an emergency that required a thrombectomy on the left lower extremity. In total, there were 4 cancellations that were quickly filled by two emergencies and two inguinal hernias that were admitted the night before.

Tuesday Jan 10, 2023	OR 1	OR 2	OR 3
	Hernia	Laparoscopy	Others
Surgeon A	Huerta	Allen	Ochoa-Hernandez
Surgeon B	Forca Toni	Corzo_F	Jimenez_J
Supervising Surgeon	Eugenia Quinonez		
Anesthesiologist	Joyce	Herazo	Phung
CRNA	Local	Michaelis	Ortiz
Assistant_1	Huchim-Pena	Stephens_P	Nguyen_N
Assistant_2	Ta_Tim	Nguyen_A	Ta_Lydia

Thursday Jan 12, 2023	OR 1	OR 2	OR 3
	Hernia	Laparoscopy	Others
Surgeon A	Huerta S	Allen J	Ochoa-Hernandez A
Surgeon B	Eugenia Quinonez	Corzo_F	Jimenez_J
Supervising Surgeon	Toni Forca		
Anesthesiologist	Joyce	Herazo	Phung
CRNA	Joyce	Michaelis	Ortiz
Assistant_1	Huchim-Pena	Stephens_P	Nguyen_N
Assistant_2	Ta_Tim	Nguyen_A	Ta_Lydia

There were several specific items in the agenda that contributed to this success. The first one was the appropriate planning that took place several weeks prior to the start of the AVASMT. The first thing was actually a year prior to the beginning of the trip, which was deciding the best timing of the year for the AVASMT. We selected January based on the weather. Flores has a typical tropical weather most of the year, which is hot and humid. But during the winter months, both the heat and the humidity are mild. The next matter was to determine the types of operations to be performed. For this first mission trip, the focus was to proceed with common general surgery operations such that we could identify barriers that would be encountered later with future trips. Thus, complex operations would not interfere too much with the flow of the number of elective cases. For instance, we elected not to undertake ventral hernias because some of these are more unpredictable and might need bowel resection

or other interventions that would delay elective cases.

	Sex	Age	Procedure
Huerta and Forca	M	57	Right Inguinal Hernia
	M	25	Left Inguinal Hernia
	M	24	Left Inguinal Hernia
	M	59	Right Inguinal Hernia
	F	66	Left Inguinal Hernia
Allen and Corzo	F	67	Lap Cholecystectomy
	F	45	Lap Cholecystectomy
	F	47	Lap Cholecystectomy
	F	68	Lap Cholecystectomy
	F	52	Lap Cholecystectomy
Ochoa-Hernandez and Jimenez	M	10 m	Left Inguinal Hernia
	F	6	Left Inguinal Hernia
	M	47	Open Cholecystectomy
	F	29	Open Cholecystectomy
	F	38	Open Cholecystectomy

	Sex	Age	Procedure
Huerta and Quinonez	M	68	Large Inguino Scrotal Hernia
	M	65	Right Inguinal Hernia
	F	15	Right Inguinal Hernia
	M	55	Right Inguinal Hernia
	F	70	Lipoma
Allen and Corzo	F	63	Lap Cholecystectomy
	F	47	Lap Cholecystectomy
	F	44	Lap Cholecystectomy
	F	31	Lap Cholecystectomy
	F	26	Lap Cholecystectomy (BD)
Ochoa-Hernandez and Jimenez	F	67	Open Cholecystectomy
	F	62	Open Cholecystectomy
	F	34	Open Cholecystectomy
	M	41	Open Cholecystectomy

One of the major philosophical missions of AVA is to strengthen the infrastructure of the hospital to be able for the local surgeons to provide quality care for their patients. Thus, bringing someone with laparoscopic expertise was pivotal. Recruiting Dr. Juli Allen for this trip was instrumental (though I will admit this was a last-minute development on my part). The second was to gather as much laparoscopic equipment as possible. For this Amelia Henderson (a board of directors' member), Patty



Stephens (an AVASMT participant), and Dr. Juli Allen were phenomenal in providing a great deal of the need to cover this gap.

Another important aspect was to address the needs of the hospital, which is a current high need for anesthesiologists. Thus, recruiting Drs. Herazo and Phung as well as Celina Ortiz, CRNA and Secherre Michaelis, CRNA was fundamental to the mission. We had many cases that had surgeons, but without anesthesiologists this could not have been possible. There was one staff anesthesiologist at HNSB and one resident (EPS). My goal was to place groups that would have Spanish speakers for those that did not have this ability. For instance, the only word that Dr. Allen knew how to speak in Spanish was “hola” and she pronounced the “h” when saying it. Dr. Phung was another hopeless case with Spanish. That is why I put him in my room (which did not help very much either, because I had a serious case of language confusion). Whenever, I travel to a place that speaks Spanish and people hear me talk, they tell me that my Spanish is good. Then, they learn that I grew up in Mexico and then they ask me, “What is wrong with your Spanish?”. In any event, now days when I travel to Guatemala, the first few days are a little rough as I speak Spanglish. As I continue only speaking Spanish, it gets somewhat better day-by-day such that by the last few days I am almost fluent in Spanish again. However, for this trip I kept going back and forth and I would quickly get confused. I would talk in Spanish to English speaking people and vice-versa. Even worse, I would combine English and Spanish during the same conversation such that no body understood what I was saying. But that is a story for another day.

At the core of AVA’s mission statement is to avoid medical tourism. It is important for AVA’s mission to perform operations for which appropriate follow up can be performed by local surgeons. Thus, no operation was undertaken without a local surgeon from HNSB as an active participant. This would ensure sustainability and progressive increase in case complexity as we continue with future missions with AVA. A further mission of AVA is education. Thus, bringing

undergraduate students was a great addition to the trip. In total, four students participated in this mission: Nathan Nguyen, Alex Nguyen, Linda Ta, and Timothy Ta.

Most of us arrived Monday January 9, 2023, at around 7:00 pm. The flight from Guatemala City was delayed. This created the first modification that we had to adjust to on the day-to-day itinerary. I was planning to have orientation with drinks at the hotel; and then have the group go for dinner at the island. However, because of this change, I decided to have dinner at the Maya International Hotel for everyone and I could do orientation at the same time. I created a WhatsApp group and informed them of the development. The director of the hospital along with an ambulance (for a ride) came to pick us all up at the airport. The ride to the hotel was about 10 minutes long. We all headed to the restaurant for orientation and dinner before checking in. After ordering food, I went through some logistics regarding the next day. Dr. Ortiz also welcomed everyone and said a few things about



orientation. Dinner and orientation took about one and a half hours long. After registering, we all went to our respective rooms for the night.

The week in Flores was interesting because it was a week of a festival in town. This meant that the whole week most of the population of the area was partying until late hours of the night. What this meant was that there was very loud music until 1:00 or 2:00 in the morning. This was loud music that created a difficult night of sleep. I could not get a

minute of sleep throughout the night. I was wide awake at 5:00 am and elected to go for a small run around the island before leaving to the hospital. We all had breakfast at 6:00 am. I had arranged this earlier with the hotel because breakfast time at the hotel is typically at 6:30 am and we had to get started at 7:00 am in the hospital. The ambulance of the hospital came to pick us all up. It was perfectly on time, and we left to our six-mile travel to the hospital. There were 14 of us going. This included Dr. Allen's significant other (Patrick) who has a background in Engineering but wanted to



come to see the activities at the hospital. I am sure, he later regretted this because he sat in the same chair at the conference room from 7:00 am to 4:00 pm reading a book. I am sure, he made a lot of progress with his book. He elected to stay behind for the second day.

As we arrived at the hospital, the conference room was still locked, and we were delayed getting into the OR by a few minutes. Dr. Anny Ochoa (a board member of AVA) had arrived at the hospital perfectly on time and had started her first case (a pediatric inguinal hernia) even prior to group arrival to the hospital. As soon as the groups arrived at the operating room, we all got to work. This was the first testament of the amazing organization of the operating room staff and all the work behind the



curtain by Dr. Cesar Ortiz. I had the first inguinal hernia in my room. Dr. Allen had a laparoscopic cholecystectomy and Dr. Ochoa was almost done with her first open inguinal hernia. The first day, I was operating with Dr. Forca (a staff surgeon from HNSB), Dr. Juli Allen with Dr. Corza, and Dr. Anny Ochoa with the resident from HNSB (Dr. Jimenez). Case after case, this was a well-orchestrated activity with everyone working together to accomplish the same goal. The laparoscopic room immediately encountered challenges. This was the only



operating room that required general anesthesia, and this made things slower as our anesthesiologist (Dr. Luis Herazo) needed to get familiar with all the equipment and medications. However, he was quick to figure this out and proceeded with ease for the rest of the cases. The surgeons made several comments about his anesthesiology skills for these cases. Further, the gallbladder cases were more complex. Of the projected number of cases, only four were completed successfully the first day. An extra one was absorbed by Dr. Eugenia Quinonez who performed one of the cholecystectomies open rather than the initial laparoscopic plan.

Additionally, there was a pediatric emergency, and Dr. Ochoa performed an exploratory laparotomy on a 6-month-old baby. She, along with Dr. Jimenez, found a perforation of the transverse colon that they repaired primarily. Even with these few changes including the



emergency, we were able to complete 15 cases the first day. That was quite an accomplishment! We were all tired, but very satisfied to have been done with the first day. I personally felt a great deal of accomplishment. I had decided to have dinner with Dr. Quinones where we talked about the future direction of the organization with the hospital and plans to proceed with progress in the laparoscopic area as well as future projects to move along with hospital to the next generation of care in El Peten.



The first day, I was bothered that the music did not let me go to sleep, the second day, the music helped me sleep. I slept like a rock.





The next day, Wednesday January 11, was a fun day for all of us. I always say to people, “you cannot come to El Peten without visiting Tikal”. Of the three most famous ruins in the entire world [Monte Alban in Oaxaca, Mexico; Masada in Israel; and Machu Picchu (which are all easy to remember by the 3 M’s)]; Tikal, on my book, must be fourth. The place is majestic. We left the hotel at 8:00 am. Dr.



Ortiz had organized transportation, a tour guide, and lunch. We toured the site for four and a half hours, had lunch at a local restaurant with typical Guatemalan food and headed back to the hotel. The day was very relaxing and wonderful.



Once in the hotel, I went for a swim at the Peten Itza lake and made plans for dinner with Dr. Ochoa and Dr. Flores who was a former director of HNSB, a retired psychiatrist, a current educator of medical students, and more importantly a triathlete. During

this dinner, Dr. Flores recognized an individual talking to other people in the corner of the restaurant and proceeded to tell me that he was the owner of the hotel where we were staying (Maya International Hotel). Dr. Flores further said that he was also an amazing athlete. I later googled Juan Carlos Sagastume and was immediately in owe of having met such an incredible athlete. You can google him to determine for your own the type of athlete he is. But amongst his most notable accomplishments as an athlete are the following: Marathon des Sables, the Badwater marathon (a 134 mile marathon in the Dead Valley, CA with temperatures exceeding 110 F and with an elevation



gain), completion and world champion with a new record for five Ironman back to back, completion of 22 ultramarathons in all 22 departments of Guatemala in 22 consecutive days, among many, many other accomplishments.

At any rate, Dr. Flores proceeded to introduce Juan Carlos to me. Dr. Flores then said,



“this is Dr. Huerta, he has an NGO designated to help the people of El Peten, he is a surgeon who is a good friend of the director of the hospital” to all this Juan Carlos was politely nodding his head. However, when Dr. Flores in addition said, “he is also an Ironman”, Juan Carlos

quickly responded “really!” He then gave me a strong handshake. We exchanged a couple of comments and I said, “why don’t we meet tomorrow at 5:00 am for a run before work”. He immediately accepted my invitation, and we were set for the next day.



Thus, we started the second day of the



hospital with me doing a 5.6 mile run with Juan Carlos. This was an entirely new route for me as I only know the island and feel safe around it. He took me around the neighborhood uphill the first half and downhill for the

second half. I learned about his many accomplishments. This conversation was entirely in English. I learned that he had been married to a Norwegian woman that he had met when he was studying the hotel business. He has a 26-year-old daughter with her. He later divorced her and remarried a Guatemalan woman who is a painter artist with whom he has two other daughters. I shared my background, my passion for helping the people of Guatemala, and my love for running. He



asked me if I had children and I said “yes, but she has four legs” to which he laughed. We managed to have a nice run, a good conversation, I got to run a new route (all at an 8:19/mile pace). I mentioned to him that one of the nicest things about running was the ability to get do these morning runs and explore new places. He later told me that it was nice to see how passionate people find time to keep running throughout life.

We then all met at the restaurant for breakfast and left the hotel at 6:30 am sharp. The people from the restaurant were on time an efficient bringing us breakfast, the ambulance driver was perfectly on time, and we arrived at the hospital before 7:00 am. I had received a copy of the key to the conference room from Mario (Dr. Ortiz’s assistant who was designated to help with the trip and did a fantastic job) such that we were even more prepared than the first day. The first day in addition to room assignment for all the staff surgeons at HNSB, Dr. Quinonez was circulating to ensure that



everyone was moving along. The second day, it was Dr. Forca and I operated with Dr. Quinonez. This was important for the flow, but also to deal with possible emergencies. As two emergencies were encountered, this was a good design. Four cases cancelled, but two hernias were added from the night before and with the two extra emergencies, we were full for the day. The laparoscopic room again



had some complex cases, one of which was a very difficult gallbladder that required a partial cholecystectomy. Thus, another laparoscopic case was absorbed by Dr. Anny Ochoa who did it open. I talked to this patient prior to the operation and



people were telling me that she wanted the procedure laparoscopically, but once I told her that one of the best surgeons, I knew was going to do her operation, she quickly changed her mind. We completed five cases in my room (four inguinal hernias, and one back lipoma), Dr. Allen completed four cholecystectomies, and Dr. Ochoa completed one inguinal hernia and three cholecystectomies. Further, Dr. Forca performed a lower extremity thrombectomy for an acute leg ischemia.

We had planned for a group photo with all the surgeons in front of the hospital at 3:00 pm, this was moved to 3:30 and then to 4:15 as we all had to finish the cases. We took the photos and headed back to the hotel to prepare for dinner. Dinner was in the island. The entire group received a certificate (presented by Dr. Ortiz) and a medal for participation. Everyone received first place for one thing or another. The most notable award was that Patrick Corey (Dr. Allen's significant other) was promoted to Doctor Patric Corey. The evening concluded with a cheerful, happy, and satisfied atmosphere. I was happy we were all done. Because of the festivities in the island, there was no ride back to the hotel and Anny and Ruddy walked me to the





hotel. As I got to the hotel, I started getting ready for bed and began taking my shoes off at a wooden chair. I fell asleep for about 10 minutes and after getting ready for bed I slept more soundly than ever. I did not even notice the music or anything else. The next morning, I got up out of bed for a slow 5 K run and we all got ready for the airport to head back home.

It is important to note that no one for this trip received funds from AVA to travel. Each participant paid travel, hotel, and meals on their own. The only money that was used from AVA was for supplies needed for the hospital for the cases and some of the supplies that we brought to the operating room such as gloves, gowns, shoe covers, and masks that Dr. Phung and his group brought for us for the trip. This is consistent with the mission of AVA, which states that 100% of the money received from our generous donors ends up directly helping the people of Guatemala. This was a tremendous success by everyone. THANK YOU ALL!

S. Huerta

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