

Saving Sight and seeing a bit of Cang Yuan, Yunnan

By Dr Loon Seng Chee
Photos © Dr Loon Seng Chee

Location and Geography

Yunnan is a province in the southwestern region of China, with its capital in Kunming. I have been there thrice, and since my first trip in 2007 led by Dr Clement Tan, I noticed the warmth and the enormous need of the people, both of which prompted me to return to help them and assist the local doctors. We have worked in a variety of places in Yunnan: Shi Lin, where the hospital is pretty modern; Dali, another rural area and the latest location, Cang Yuan. In between, members of my team and I have also been to Bangladesh as well as Indonesia to do similar work.

In Yunnan, we collaborated with Dr Tan Lai Yong, a Singaporean missionary doctor who has been working there for 14 years. He then liaised with the local officials and arranged the logistics and transport for us. Logistics are the main bugbear and each trip may involve hauling up to 150kg of equipment to the remote regions, with more items brought in from Kunming with Dr Tan's help.

About Cang Yuan

Cang Yuan is closer to Myanmar than the rest of China. The Wa tribe is the local minority tribe that resides here and forms the majority of our patients. They live in a region that is separated only by a mountain range from Myanmar, and the range lies directly in front of the hospital. When things get rough over on the other side, howitzer rounds fired have been known to hit and kill

Chinese residing in Cang Yuan. There is little arable land surrounding the main town, and a thriving flesh trade brings in many visitors from Myanmar. Given that the road leading to the main town is poorly developed, this makes it hard for the area to develop and thus Cang Yuan remains a quiet backwater of China.

The Journey

Cang Yuan is reachable after two flights and a five to six-hour bus ride, and the entire journey takes more than 15 hours. From Lin Cang county airport, we traversed arduous mountainous terrain, winding through little villages and a few towns. These roads are frequently narrow, not always paved, and you have to entrust your life to the bus driver, who, thankfully, is more skilful than Lewis Hamilton. Almost all traffic passes this main artery road, as there are no airports or rail link in Cang Yuan. The bus ferrying us broke down at the beginning of the trip but luckily we managed to repair it.

The journey to Cang Yuan itself was a test of endurance, with pit stops for toilet breaks, and the toilets in these rural areas can only be described as "exotic". Only two girls and two guys braved the ordeal – watching maggots move under their feet was a surreal experience which will be remembered for a long time to come. We stopped for a stunning sunset amidst the clouds. At 1779m above sea level, it was a warm welcome into this quiet and remote region, only 5km from the border with Myanmar.



Post-op patients in sunglasses



Administering local anaesthesia

© Dr Leong Siaw May

The Team

We had a total of 12 team members comprising nurses, doctors, an optometrist as well as church friends who helped with logistics and general duties.

The Hospital and Equipment

The local hospital is small and consists of two four to five storey high buildings with a radiology unit housed in between (which also houses equipment that do not work). With a capacity of about 150 to 200 beds, this represents the available healthcare for the people in this isolated region.

The operating theatre here is rudimentary, with only sliding doors separating the operating rooms and the balcony, and offers a spectacular view of the surrounding mountains. We operated from two theaters; one within the surgical complex and the other, a mobile theater attached to a trailer. Last year, we used a microscope which had the ability to barely peer beyond the anterior chamber of the eye, so this year, we lugged along our own microscope. There were no facilities for general anaesthesia in our theaters, and all the medications in Cang Yuan were labelled in Mandarin.

We tried to balance bringing enough medical equipment to ensure good care and yet not replicate one of Singapore's major hospitals. However, as this hospital was rather spartan, we had no choice but to carry more. Among other things, we brought along our own pulse oximeters, BP monitors and operating microscope, which weighs a good 35kg! The

total weight of the equipment came up to 150kg.

The People

Our patients came from villages up to 1000km away and the last time eye surgery was performed in the region was four years ago. There were not only elderly patients, but also teenagers and some younger patients who were blind from other causes. Most of our patients were from the Wa minority tribe.

The missionary doctors worked hard beforehand to screen cases suitable for operation; this saves a lot of heartache when you have to inform those who are not suitable for surgery. The local staff was also warm, friendly and keen to help. Wearing genuine smiles, many stayed beyond their hours to assist us.

The Work

Since several of us had been there the year before, setting up was smooth and we got to operate with minimal delay. We were like a small commando unit where everyone multi-tasked, doubling up on responsibilities and unlike hospital work in Singapore, there were no boundaries drawn around our duties. Everyone helped out with each other's tasks over the six days of surgery. We frequently worked from 8am to 8pm, making do with minimal facilities. Our anaesthetist was also the circulating nurse, and the medical officers did ward work and chores like getting stores on top of their duties. Two young nurses

were assigned to help and translate for us, especially since the locals speak their own dialect. That was a real boon for us, as we were tight on manpower. However this was better than having too many hands and letting some sit idle.

To give an idea of how basic the hospital was, I even had to buy my own operating chair at RMB 418! We pressed on even with difficult cases and despite it all, we got the job done. The view from the operating room was indeed pleasant and the warm welcome by the locals inspired us to do our very best to help almost 50 patients regain their sight.

The cases were not easy as the cataracts were very dense and some had shaky lenses. The other challenge came from the patients' odour as they bathe very infrequently and quite a few had head lice. We wrapped their heads twice over with disposable caps to prevent lice from leaping over onto the surgeons as they operated!

Gratitude

Food was one thing we could count on – plenty of fresh vegetables, chilli and lots of rice as Yunnan is a big agricultural region. Our hosts bought us dinners, but these could be daunting as they habitually wash down their food with plenty of alcohol, and the liquor is pretty hard stuff.

The local health officials also came along and we enjoyed the performances by the local Wa tribe, who showed their appreciation by performing for us, and toasting us.



Surgical team outside Cang Yuan OT.



Team at Lin Cang Airport

Learning points

Operating in a remote area with basic facilities presented many challenges and learning points for the team and myself.

Logistics and early preparations are vital to ensure a smooth and successful medical outreach trip. I typically plan one year in advance, and the team goes through almost 20 versions of the ops plan before we finalise things. We conduct numerous checks on stocks to be certain we have everything needed for our trip as anything left out can severely hamper our operations.

Having said that, we also learnt to work with less, forgoing some of the items we were used to. We learnt to adapt and the Hokkien adage of “no fish, prawn will do” was our working motto. This meant using available resources or alternatives to deliver good results without compromising on quality. We also learnt to make do, as hot water was not always available, and even in the hospitals, the toilets had no doors. We adapted and one of the most important things we carried along was our “care package” consisting of a disinfectant spray, toilet paper, N95 masks and wet wipes.

Learning to work with just the essential items actually makes us grateful for what we have in Singapore, and that is what motivates me to consider such difficult journeys to remote places. I believe I have been blessed

by God with much, and some of these gifts should be shared with others. All of these trips were mainly self-financed, along with some contributions from friends who were keen on helping but could not come along. The Singapore Society of Ophthalmology and Spring City Golf Resort in Kunming also provided some monetary assistance for this trip to Cang Yuan.

Multi-tasking was also needed. For example, doctors also functioned as scrub nurses to allow our two weary nurses to rest. This also ensured that if someone fell ill, we could still carry on.

On a heartwarming note, we realised that the locals liked the wrist tags we brought as it gave them status and a sense of identity, and they felt like real patients being cared for. This was rather unexpected.

Last but not least, we learnt to treasure and appreciate what we often take for granted in Singapore. It is this spirit and the knowledge that there are so many who are underprivileged and in need that will drive me to go for more medical mission trips next year.

Special thanks are in order to my team, those who helped with preparations in Singapore and China, the missionary doctors and health officials in Cang Yuan, and many others who provided financial support, prayers and encouragement. **SMA**

STARFISH ON THE SHORE

Someone once asked me why I do this, as the 50 or so cases operated on will not solve the problem of blindness in China. I recall a story about starfish on the shore to answer this. A man was seen throwing starfish back into the sea, along a stretch of beach where you could see millions of these starfish. So he was asked why he engaged in this seemingly futile effort and the man replied, “For that single starfish I just threw back and survived, it wasn’t so futile.”

The same goes for my efforts: I will never be able to eradicate blindness in the countries I operate in but someone there will benefit from surgery, and the joy it brings to that one patient also extends to us, and provides much goodwill to the missionaries there and helps to motivate them and us in our daily lives.

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