Honduras Outreach Mission

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The Republic of Honduras is located in Central America and is bordered by Guatemala, El Salvador, and Nicaragua. Encompassing approximately 43,201 square miles (111,891 square kilometer), it is roughly the size of Tennessee. Its current population of approximately 8,241,532 makes it the second most populated nations in Central America, the first is Guatemala (16,672,956). According to the 2014 World Bank official records, Honduras is a low middle-income country with more than 63 percent of its people living in poverty.

Late October, a team of AHPBA members and two anaesthesiologists volunteered for a surgical mission trip to Tegucigalpa, Honduras' capital city. The team comprised of Anand Annamalai, Sean Cleary, Mariano Gimenez, Desiree Teoh, Lorraine Chow, Hoover Henriquez Cooper, and Quyen Chu. The trip lasted approximately a week (October 31-November 5) and the team achieved a number of notable accomplishments.



The team performed HPB surgeries as well as a plethora of surgical oncology cases. These included liver resection, distal pancreatectomy, a number of partial and total gastrectomies, nephrectomies, ovarian mass resection, retroperitoneal mass resection, modified radical mastectomy, and total thyroidectomy. Our two anaesthesiologists (Desiree and Lorraine) had an opportunity to teach the local clinicians different types of regional blocks as well as the finer points of general anaesthesia. We also spent two half days giving lectures at a scientific symposium to an audience of about 30 people. The symposium was the first one sponsored by AHPBA and the Honduran Society of Hepato-Biliary-Pancreas. It was a great success with lively discussions and great engagement by the audience and lecturers. The local surgeons, residents and medical students were extremely gracious as our hosts. They treated us to a nice dinner at a fine restaurant and on our last day, we were treated to a nice lunch with time left over to



Like many developing nations, Honduras public hospital has limitations. Medical records are not centralized in the hospital; patients carry their medical records with them, including images. Because of the lack of interventional radiology capabilities, we ended up placing a drain where we normally would not for a number of operations. Also, we did not perform a feeding jejunostomy tube that we would normally do because most of the patients did not have sufficient funding for tube feed. Patients are cared for by their family members after surgery. Family members assist their loved ones to the shower, bathroom, and bring in food from home.

Like most surgeons worldwide, we enjoyed sharing our war stories and lamenting on the inefficiency of day to day operations. We brought stapling devices and were surprised that some of the surgeons have never seen such a contraption.



All in all, we had a very gratifying trip helping the surgeons in Honduras. Our hope is to continue to assist Honduras with capacity building. Dr. Cooper, a native of Honduras, will complete his AHPBA fellowship in 6 months and return to help Honduras strengthen its medical infrastructure. Our trip was just the beginning of a long-term relationship with Honduras and many of the volunteers have already made plans to return next year to continue their work with capacity building.





Project team

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