



Dinajpur

Cleft Camp Dinajpur 2005

During our routine work we perform our operation mainly in Dhaka & Chittagong. Hospitals in these areas are well equipped and safe for most critical surgery. However there are times when we are requested to do cleft camps in distant places. The target patient are those who can not afford to come to Dhaka or Chittagong. They are too poor to meet their daily livelihood.

We felt very sorry to know that a father sold his rickshaw (that he used to earn his living) only to cover the expense to come to the camp site and food during that period. His daughter was operated.

One other spend the money he kept for giving tin roof to his house. Unfortunately during screening his daughter was not selected. We came to know about the incidence later & felt deeply sorry.

Two months later we visited Dinajpur again and performed the operation we left behind. And this time we took some clothes and gifts for the patients.





Before the selection date announcement is by loud speaker, banners are hanged and poster is spread throughout the region during every camp.

The operation team with all support system and medicine usually arrives a day before the program begins.





Patients are listed by hospital staff at the front desk. Then called one by one for evaluation by surgeon and anesthesiologist for G/A check up.





All the patients are well documented so that they can be contacted time to time.

Patient who are too young to be operated are advised the future treatment plan, contact address is given. If possible a probable date of operation given with necessary guideline.

Those with protruded pre-maxill are strapped, so that it comes to level by the time of operation.













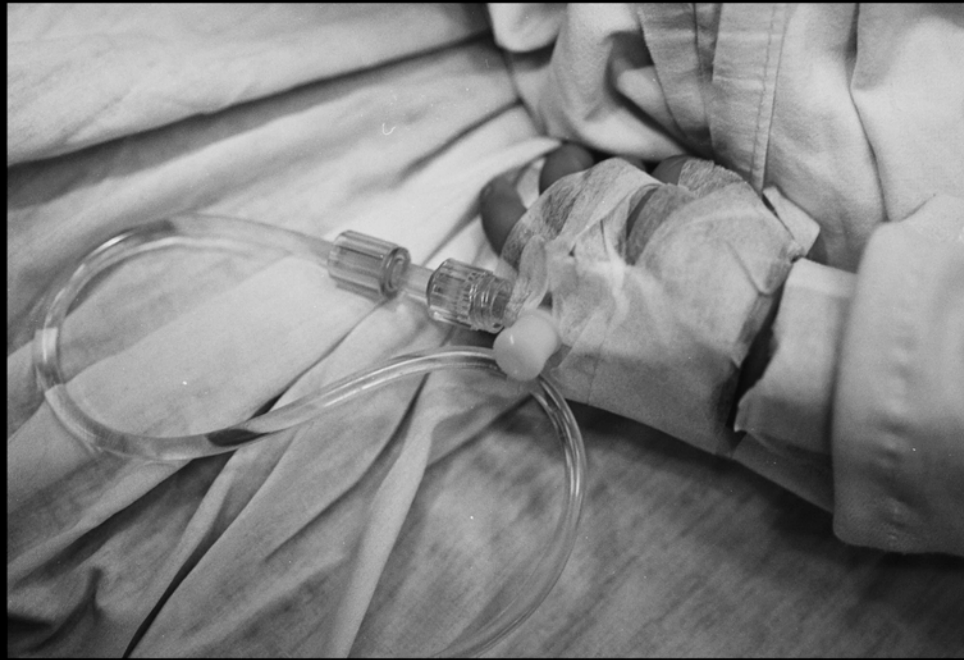
Once all the patients have been seen and sorted the operation list of selected patient is informed to the parents.





Compared to our routine operation theater in Dhaka (left & top left) the camp theater (top) is lot more under equipped and cramped.















Once operation is completed and recovery follows, photograph is taken.











Bilateral Clefts with projecting pre-maxilla are the most difficult cleft operations that we often perform in these camps. There are only a few surgeons who do these operations here.







Patients travel long distance in bare foot.

They also shows other side of their life

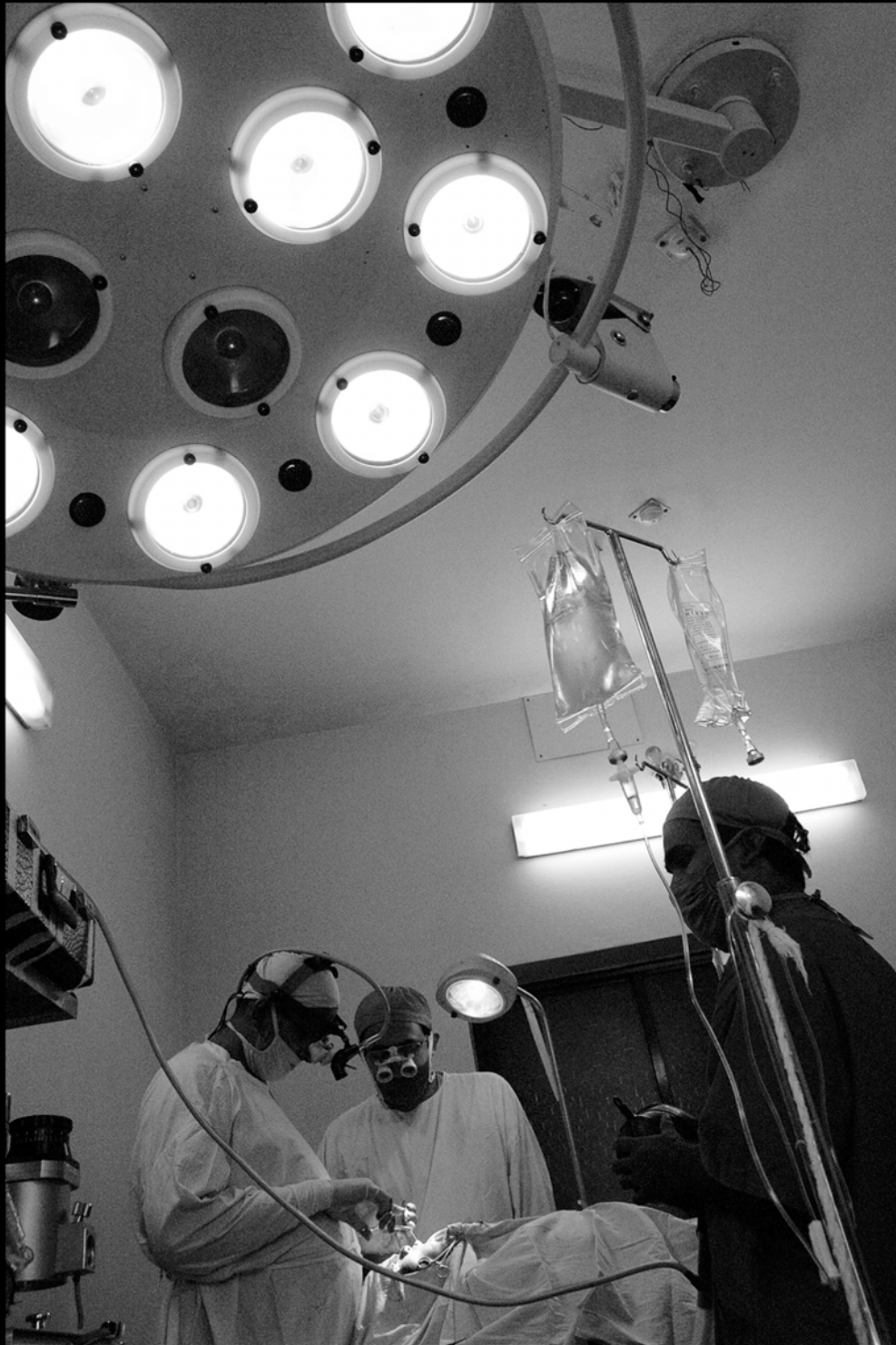
In every camp on the second day there is usually a seminar. All the local doctors, social workers and general people are invited. Here an overview is given on clefts, which covers causes, precautions and treatment plan.







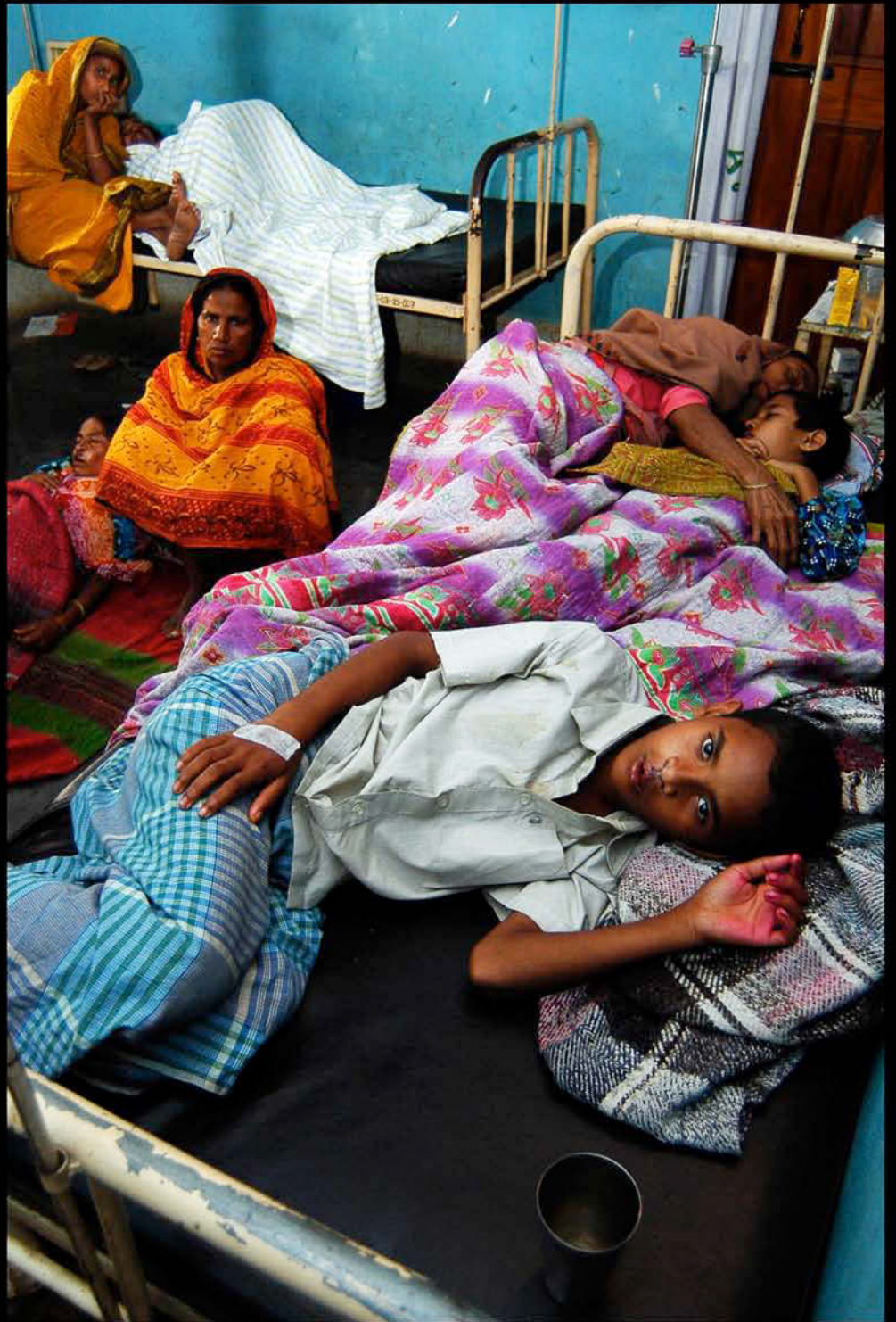








It's quite hard to maintain constant rhythm of patient inflow into the operation theater and outflow to post-operative part. One of our nurse is always on the move to keep an eye on this aspect.





All the guardians are eagerly looking after...







The father was taking a close to the lip of her daughter while they all fallen asleep after a long day. He didn't noticed as I stepped into the room to take picture... it was quite late at night.. 1:45 am.











<< Late night just about to sleep.

Too many patients to be accommodate in a small community hospital like this. As a result they have to share the same space wide open.









How hard we try there is always more to do. As the news spread from one village to another patients arrive late in the day.

It's midnight 2 am & they are still waiting. Some find only place to sleep is in the verandah. We were on the move to our hotel after day long surgery.









As we leave we promise to come back at least once a year for these poor people of Dinajpur in their Sushastho (which means good health) Clinic.















Saidpur
Dinajpur

Bangladesh

(Dhaka)
Dacca

Chittagong

Khulna

Kolkata

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I have photographed most of these pictures during 3 camps in Dinajpur in 2005. For more information send your request to me

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