

Quesada 2015

The journey for Team Quesada started on a very early Saturday wintry Canadian morning. By the afternoon, we arrived in warm, sunny Guatemala, where a full group of 14 congregated. From the airport in Guatemala city, we embarked directly to the clinic in Quesada, Jutiapa.

Our team consisted of nine returning volunteers, so set-up at the clinic was quite efficient. Five restorative (fillings) and surgery (extractions) stations were set-up. This consists of a foldable and reclineable chair, with a portable ADEC unit, which is powered by compressed air only, no electricity. Amalgamators for silver fillings, and curing lights for white fillings were all set-up ready for any situation that is presented. Since the previous mission in Quesada 2014, Health Outreach has compiled equipment for rotary root-canal treatment. The sterilization area is an extremely important part of the clinic, where instruments undergo full washing and sterilization before being used again. The diagnosis/triage/anaesthesia area has a simpler set-up, with one chair, and plenty of needles and anaesthetic. Team Quesada then returned to the hotel after a very, very long day from 3:30am at Toronto airport until 9:30pm at the hotel, 19 hours later, including the time change. Our country director is Diego De Leon, who, with his wife Eloisa run an NGO called Quesada Solidaria. He is also our driver, one of our translators, and general go-to person if we need help with anything.

Sunday, truly brought an abundance of sun to Quesada. Children were waiting outside the clinic at 8am. Despite the long travel and set-up day on Saturday, we were able to start promptly on Sunday morning. So the sequence of the typical child patient would be a registration and medical history done by Norma, a local volunteer. The next stage would be triage, where I (Dr Daniel Lee), would ask the child or the parent where there may be pain, or the chief concern. Any more in-depth explanation or description would require the aid of a translator (Marcela). In the triage area, the local anaesthetic is given, trying to administer the freezing as gently as possible, with the use of topical gels, and slow techniques. The child is then escorted to the treatment areas by Pablo (a second translator). This allows for some time for the anaesthetic to properly set-in. Team Quesada 2015 consisted of 5 teams of dentist and assistant: Dr Alex Serebnitski (from Winnipeg, Manitoba) and Marilyn (a local Guatemalan dental assistant); Dr Stephen Mathews (from Brantford, Ontario) and Nidia (Spanish-speaking assistant from Toronto); Dr John Kalbfleisch (orthodontist/dentist from Mississauga) and Charline (regional rep for dental supplies and former assistant from Toronto); and finally Dr Peter Rorke (retired dentist from Ottawa, Ontario) and his lovely wife Sheila; and sometimes me and Yvonne (dental assistant at the Univ of Toronto). The child would then be treated by one of these teams. But treatment does not always go smoothly, and that is where

Marcela, Pablo, Diego or Elio (a local volunteer), come in to try to put the child at ease, and to reassure that the child is safe, and will undergo a painless procedure (Local anaesthetic is supplemented if the freezing is inadequate. When the treatment is completed, the child is then given a toy, or donated clothing, or most importantly some dental aids (new toothbrush and toothpaste).

Treatment days number 2-6 were generally similar, as a continuation of Sunday. The totals for the 6-day week, were 300 patients were seen, over 750 fillings and 200 extractions were done. Nine anterior root canals were also performed, as well as over 20 pulpotomies.

We would work non-stop from 8am onwards, and then have a very late lunch at 4 or 4:30pm each day. Not much in terms of night activity in Jutiapa. We usually had dinner at the hotel for safety purposes. One night the gentlemen of the group went to play soccer with the hotel manager and his friends. This was the Inaugural "Quesada Cup". Technically, our team lost, but we are not sure if their team understood the 'Last goal wins' concept... where we did in fact score the last goal! Much fun was had by all, with the ladies providing much needed cheer-leading in the stands. Our other after-work endeavors were going to the local supermarket, to buy supplies for our temporary dental clinic.

Now, back to the children.... Generally, treatment went on quite uneventfully. Most patients still had other areas of decay, since we could only work on one area, or on one side of the mouth. My treatment planning gave priority to repairing permanent/adult teeth, restoring the front teeth (4 upper incisors), doing root canals when necessary on infected front teeth. Extractions of baby/primary teeth when these teeth are not fixable, and extractions of permanent molars to allow for the newer teeth posterior to them to shift forward to take the place of the very important first molar. Many of the very young children are not used to seeing any doctor or dentist or other health care professional. They are scared of the unexpected, and sometimes cry to resist treatment. The translators and Spanish-speaking assistants, especially Nidia were wonderful at helping to control the anxiety of some of the children. For some, the treatment went on, despite the crying, and when the procedure was finished, the child could have a chance to calm down, and completely.

The children were grateful to us and the Team for coming to help them, where no other dental help is available to them. Intact front teeth has now become a social standard. For me diagnosis of these teeth is easy, as black holes are developing between the teeth, or entire corners, or top-halves of the incisors are gone. Restoring the shape and colour of these teeth can be a first step towards the opportunities for the children to get employment, and possibly leave the poor areas around Quesada.

One of my obvious signs of the sheer poverty is shaking their cold hands, despite a usual 27-28C weather! I am sure mal-nourishment is rampant, especially when 3.3L bottles of pop is cheaper than water. Soda pop has an over-abundance of sugars, and carbonic acid- a perfect recipe for dental cavities, with some 2 or 3 year-olds with deep cavities on every tooth in their mouth. Dental hygiene education is an important part of our mission. Each group of about ten children would undergo a brushing class given by Marcela in the form of a simple song that they can remember.

Friday is our last day, and after the clinic we embarked to Antigua, a city close to the airport. On the way, we visited a project by Quesada Solidaria called 'San Gabriele'. This is a community of single/abused/widowed mothers and their children. Dr. Alex, since his first mission to Quesada in 2014, took the initiative to fund new solid metal goals in the soccer field at San Gabriele. His friends and colleagues in Winnipeg donated much soccer equipment for the children. Dr Alex also provided some uniforms and funds for a soccer coach. This is a great way to impact the entire community, and an instrument to give hope to the ninos and ninas... in addition to giving them some physical (and mental) activity. We arrived into Antigua quite late at night. Our emotions were bittersweet, in that we were extremely satisfied by the record-breaking work that we did over the course of 6 days, but coming to the realization that we will not be able to help the children for another full year! (knowing the abundance of work that is still in need).

The entire team deserved a one day rest in the charming town of Antigua. Team 2 arrived to the hotel at 5pm, and the passing of the baton procedures occurred at that time. Team Rio Dulce was proud of our work for the communities in and around Quesada, and we are very hopeful for their strength, compassion, health, and fortitude for their upcoming mission to such remote parts of Guatemala.

Signing out for another year,

Dr Daniel Lee,

Team Quesada 2015,

Project Leader

G2015 - Quesada

Summary	EXO	REST D1	REST D2	REST D3	REST D4	REST P1	REST P2	REST P3	REST P4	RCT	Pulp	Hygiene	Sealant	Team totals	Team patient totals
Day 1	18	4	16	3	2	7	38	2	4	0	1	0	0	95	38
Day 2	23	15	29	7	5	19	54	2	6	4	7	0	0	171	53
Day 3	46	3	10	1	0	43	96	16	5	2	2	0	0	224	56
Day 4	40	5	15	3	3	38	55	20	4	2	5	0	0	190	52
Day 5	46	2	8	6	1	45	91	17	2	1	6	0	0	225	56
Day 6	26	2	6	4	2	9	22	2	9	0	0	0	0	82	24
Day 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	199	31	84	24	13	161	356	59	30	9	21	0	0	987	279

Alex	John	Steve	Peter	Dan
11	9	12	6	0
11	13	16	10	3
16	11	14	7	8
8	10	15	8	11
17	12	14	8	5
9	4	5	4	2
0	0	0	0	0
72	59	76	43	29