

Elma's e-musings  
March, 2015  
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Greetings praying friends! Are you already enjoying Spring, or does it feel like Summer? Here in the Philippines, March is graduation season. Our educational system mandates 10 full academic months beginning June. And so for this month, I would like for you to rejoice with us as we have two patients who graduate.



Ian is 9-yr old boy with Hirschsprung's disease. He has had a diverting colostomy since he was 2-yr old. The 2<sup>nd</sup> stage of the operation, removal of the diseased colon segment without normal nerves, was deferred until September 2014 because there was no Pediatric surgeon in the province. The last stage of the operation, closing of the colostomy, was performed March 3.

Another Hirschsprung patient is Gaupo, a 11-mo-old boy. He had a diverting colostomy on his 8<sup>th</sup> day of life, bowel pull through at 9 mo. and closure of the colostomy at 11 mo. Their graduation meant no colostomy and that they will move their bowels the conventional way. Notice the ages at graduation. Rejoice with us and thank God that these two children will have a better chance to a normal life.

But just like in school, we have patients who graduate and those that have just been enrolled. Baby boy Q was transferred to us on his 20th hour of life, from another government hospital 23 km (14.3 miles) away. They have no Pediatric surgeon. He was born with high type of imperforate anus. He too will have three stages of operations. We begin by doing emergency colostomy to divert the flow of feces. This we have done on his 2<sup>nd</sup> day of life. We can do the 2<sup>nd</sup> stage after 2 mos. Why 2 mos? We need him to gain weight while we perform tests to diagnose other congenital anomalies that may complicate the more complicated 2<sup>nd</sup> stage and/or affect later. Imperforate anus is usually associated with other birth defects having more morbid, sometimes life threatening, consequences.

Another transferred patient is Arjay, a 9-y/o boy, who was also born with imperforate anus. His colostomy was done in the northern province. They had tried a government hospital in Manila but was never cleared for surgery due to a persistent urinary infection. It was expected because his kind of defect is associated with an abnormal connection between the rectum and the urinary bladder (recto-vesicular fistula). For Arjay, I felt very challenged because his was a complicated, more meticulous operation. On the day of his surgery, two more babies needed to have emergency operation. Because of this, I felt

inadequate and needing urgent prayer support. Praise God for Facebook Messenger that we can use as an emergency prayer circle. Praise Him for giving us victory. Arjay is still recovering but has started eating a regular diet. His 3<sup>rd</sup> stage surgery will be when we have made sure the new anus is adequate for its intended purpose.



Vanessa, 12-y/o, was in school playing with a friend during a break. At some unexpected turn she was pushed and during her fall she hit her back side on a hard table. She started peeing blood. She was brought to us and on an abdominal CT scan we saw her right kidney to be affected. The left kidney was normal. We took her to the theater and saw that the right kidney was actually shattered beyond salvageable. With a normal functioning left kidney, we removed the right kidney. Very unfortunate, but still compatible to life! This is her on follow up, requesting for a picture with my very personable resident Dr. Ian Letargo.

I haven't told you, I think, that I train younger doctors here to operate on pediatric surgical patients. Of the 5 yrs of Surgical Residency training, each 2<sup>nd</sup> year resident rotates to my section for 6 months. Dr Ian is my current trainee.

Whew! I am tired. I believe I deserve to put my feet up and enjoy a can of Cherry Coke. Please pray for me that I will not be slack in being a competent and safe surgeon. Pray that I will not only transfer technical skills but also the better side of being a servant-doctor. Pray for my patients, that they will cooperate with post-operative management and that these children will grow up to be the pride of their parents and our country.

I cannot close without news about my mother. She has recovered from several small illnesses one after another. Somehow she hasn't regained her usual self. What does a daughter do? I took her to Atimonan United Methodist Church, 177 km (110 miles) away from where we live. It was a weekend when I said, "Come on let's catch a bus to Atimonan so you can visit with your friends". She was a deaconess serving in that church from 1958- 1959. What do you know? Her heart was glad and she regained her strength. I should have taken their picture but I was trying to have some rest as well and completely forgot. Bottom line: mother is back teaching Bible studies.

Thank you for your loving support to the missions and for praying for me and my concerns. God bless us