



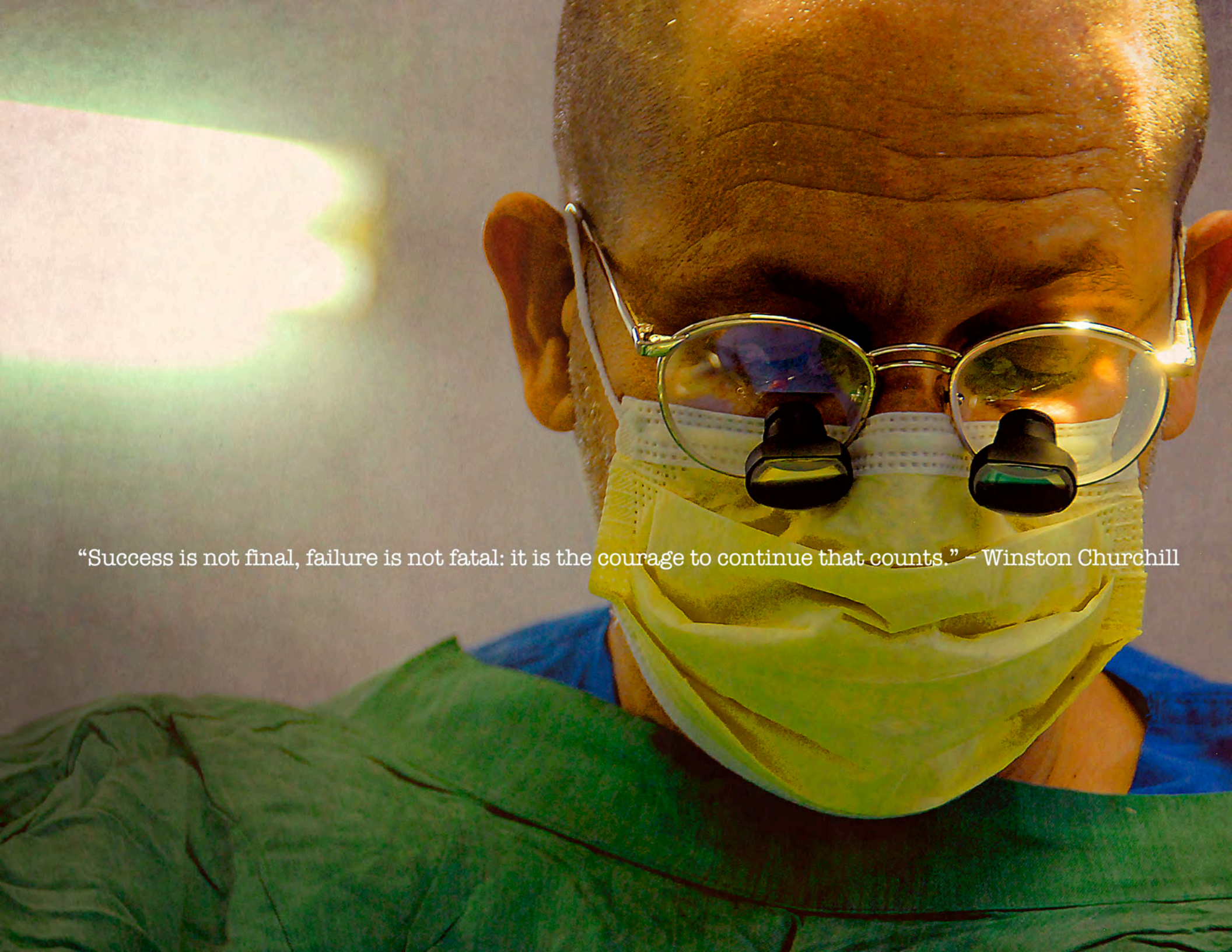
Dr. Brian Camazine:
A Man on a Mission

Introduction

Missionary surgery in resource-limited situations, such as the third-world, is about two things – desperate patients and bold surgery.

For many reasons, often money, patients wait long periods of time before they come to a surgeon. They arrive with terrible, advanced surgical issues. It often requires dramatic, even insanely bold surgery to correct the problems. Not every surgery is a success, but we pray for guidance.





“Success is not final, failure is not fatal: it is the courage to continue that counts.” – Winston Churchill

“When you come to a fork in the road, take it” – Yogi Berra

The Decision

Twenty-six years ago, I made a life changing decision. At the time, in 1985, I was at Harvard Medical School and, bored with the didactic learning. I decided to take a leave of absence and go on a mission trip to Africa. Through a series of fortuitous events, I ultimately found myself on the phone, speaking with Dr. Henry Farrar, a general surgeon from Lebanon, TN. He invited me to join him for 3 months on a mission trip to the Nigerian Christian Hospital (NCH)-a hospital he had founded in 1964. What a great decision! From the moment I arrived, I knew that this was the work I was meant to do. Dr. Farrar proved to be a great person, a great surgeon, and a great mentor. He was an old time general surgeon and could do anything. I spent the next decade of my training trying to become a surgeon like him.

From 1985 to 2011, I made a total of 24 trips to Nigeria, spending a total of more than two years overseas. Many of the early trips were with Dr. Farrar. In 1996, I completed “the circle of life” when I took my own students and residents on a mission trip to NCH. Since then, I have taken many people on these trips, including high school students, college students, medical students, nurses, respiratory therapists, surgical residents, veterinarians, and lawyers. In recent years, my teams have been composed exclusively of local healthcare providers from all parts of Nigeria.



Emela Chineke (Igbo: Thank God)

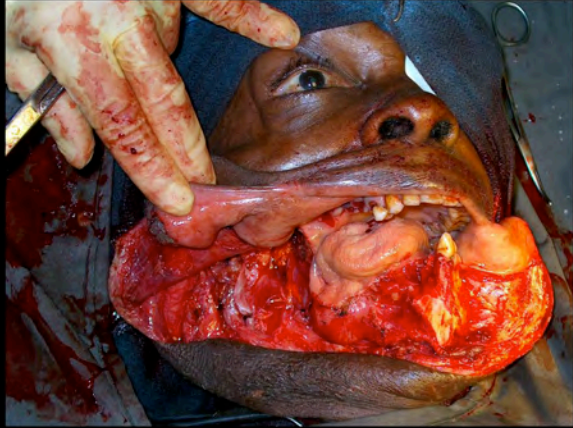
“The mass of men lead lives of quiet desperation” – Henry David Thoreau

Robert

I first met Robert in 2004. He had a massive jaw tumor that had had been growing for a decade. He had a previous surgery but the tumor recurred and he gave up hope of a cure. The tumor was an ameloblastoma, a tumor of odontogenic origin (referring to teeth formation) that expands the mandible (jaw) from the inside. In Robert's case, the hollowed out mandible became infected and developed a sinus to the skin (see the lowest portion of the chin). Every time he coughed or sneezed, pus would gush out of the sinus. It was a terrible way to live.

We resected the tumor, which required removing half of his mandible, and did a pectoralis major muscle flap to help with reconstruction and closure. He is still doing well, without recurrence, as of July, 2011.

An interesting aside to this wonderful story is that Robert's daughter went to medical school. She had financial difficulties and almost had to quit. Earthwide Surgical Foundation, a 501(c)(3) non-profit organization, started by my sister, Alisse Camazine, and myself, supported her education. She completed her schooling in 2010.

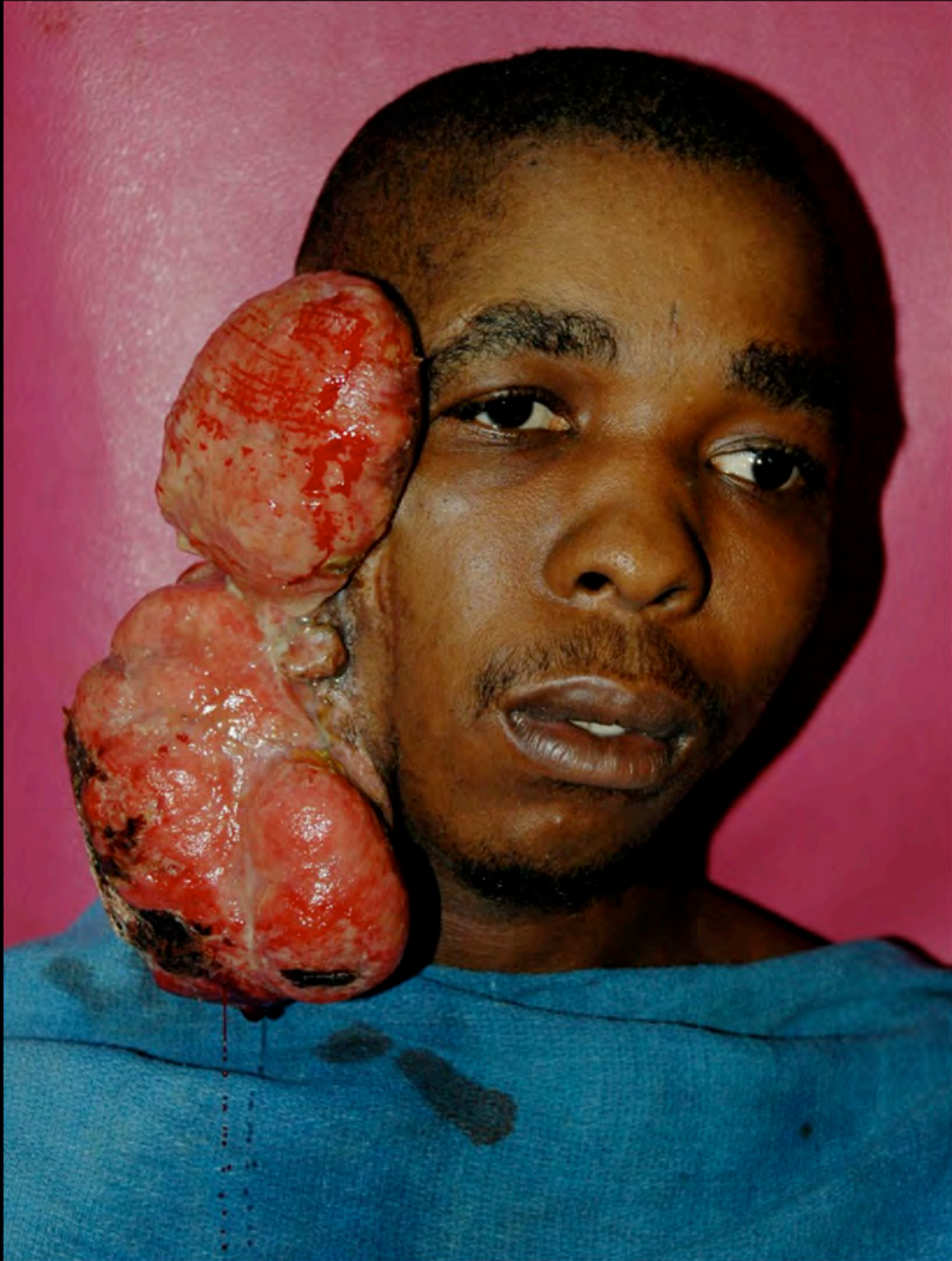


“If it bleeds, we can kill it.” – Arnold Schwarzenegger (Predator)

Innocent

I met Innocent in February of 2011. He is a young male that had a huge mass growing from the right side of his face for years. He had been to several medical centers but the surgeons refused to operate-either the surgeons lacked the required skills or the patient lacked the required funds. The tumor was quite spectacular. Each time Innocent removed the dressings covering the tumor, blood squirted from the bottom. As a result, Innocent was anemic as well as malnourished (since he had no money for food). For this complicated case, I called in the A-Team-Dr. Mike Enyinnah (a general surgeon and past student of mine). We rapidly removed the tumor and controlled the bleeding. The wound did not start granulating until we bought Innocent 6 eggs per day for two weeks! Then we skin grafted the wound.

The pathology showed a dermatofibrosarcoma protuberans (DFSP)-fibrosarcomatous variant. This tumor is a rare soft tissue sarcoma that is usually not malignant but tends to recur locally-especially if the surgical margins are close to the tumor. The fibrosarcomatous variant is more malignant. Unfortunately for Innocent, the margins were very close (since we could not remove his head) and the pathology worrisome. As a result, he will need radiation therapy. Of course, radiation therapy is difficult in Nigeria. There are only 2-3 sites that do this treatment and it is costly. Innocent will have to travel to Zaria, in Northern Nigeria, which is over 500 miles from NCH. Earthwide Surgical Foundation will pay for his treatment.



“I don’t know what it is, but it’s the worst case I’ve ever seen.” – Brian Camazine, MD

Ogechi

When I first saw Ogechi in June, 2006, she was lying in bed, with a shawl covering her upper chest, and I thought she was nursing a baby. She had a enormous left breast mass that was sucking the life out of her. She was too weak to walk. She had surgery previously and when the tumor recurred, she gave up.

It was obvious that resecting the tumor would be challenging. The veins feeding it were bigger than my thumb. I called in Dr. Mike Enyinnah and we braced for battle. I had planned to slowly remove the tumor and keep the bleeding under control. But as Helmuth von Moltke the Elder stated “No battle plan survives contact with the enemy”. The bleeding was so fierce that it was audible. Finally, we just took a scalpel and cut off the tumor as fast as possible. Then we compressed the wound and the bleeding stopped! After several weeks, the wound was granulating well and we placed a skin graft. Ogechi came back 6 months later and had gained about 35 pounds. She was so thankful.

The pathology showed cystosarcoma phylloides which is generally a benign sarcoma of the breast. Ogechi had radiation therapy after surgery and remains tumor free



Egbu gi mgbu (Igbo: Is it paining you)

Ucheria

As soon as Ucheria limped into the operating room for consultation in 2008, I knew from the unusual bulge on her hip that there was something terrible lurking under her clothes. When she dropped her wrap, my jaw dropped as well. Her tumor gave new meaning to “excess baggage”. She had neurofibromatosis! In fact, it was the worst case I had ever seen!

Dr. Mike Enyinnah and Dr. Uche Nkeonye assisted me in the surgery. We had to put two operating tables together to do her surgery. At surgery, it took 4 people just to move the tumor around so it could be removed. We finally separated the tumor from her body and it took two people to carry it out of the operating room. What a workout! After her hip and leg started granulating, we covered the wound with a skin graft.

She recovered without complications. Later we learned that she became pregnant and died during childbirth.



“All the king’s horses and all the king’s men couldn’t put Humpty together again.”

– Nursery rhyme

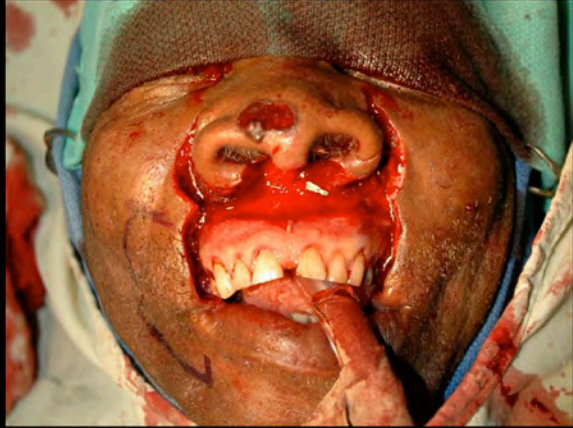
Joshua

Joshua came into the operating room in November, 2010 with a Band-aid across his upper lip. I didn’t realize that the Band-aid was practically holding his face together. He had a tumor of the lip that had been present for years. The tumor was previously removed but recurred. The tumor involved the entire upper lip and destroyed the central portion. There was a separate lesion was on his nose.

The surgery required removal of the entire upper lip. After you remove someone’s entire lip, you realize there’s no going back! We then reconstructed the mouth with a Gillies type Fan Flap. We cauterized the lesion on his nose.

I was so happy when he came back to see me three months later. His mouth was smaller, of course, but he could open it wide and had good lip function. His speech was barely changed.

The tumor was a basal cell carcinoma. He refused radiation but has no recurrence to date.



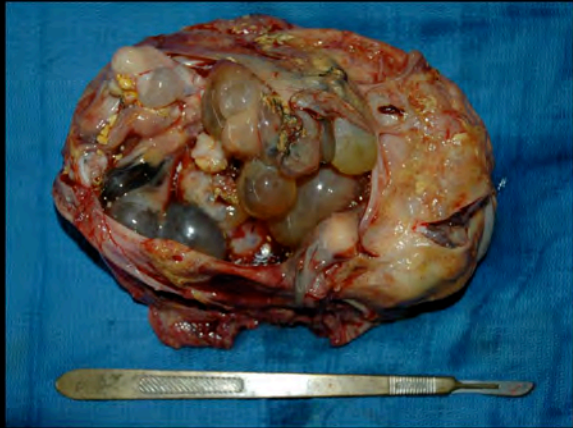
“Without health life is not life; it is only a state of langour and suffering – an image of death.”
– Buddha

Rita and Chinyere

I met both Rita (10 years-old) and Chinyere (32 years-old) in 2010. These two people had giant abdominal masses and were really uncomfortable. They couldn't eat and could barely move. Rita's tumor weighed more than 25 pounds!

Both patients had giant cystic teratomas of the ovary-germ cell tumors that are commonly composed of multiple cell types from one or more of the three germ layers. These tumors are usually not malignant and are usually very easy to remove. Recovery is usually very fast, as well.

After surgery, both patients felt like they were floating on air. It was great to make such a dramatic change in their lives.

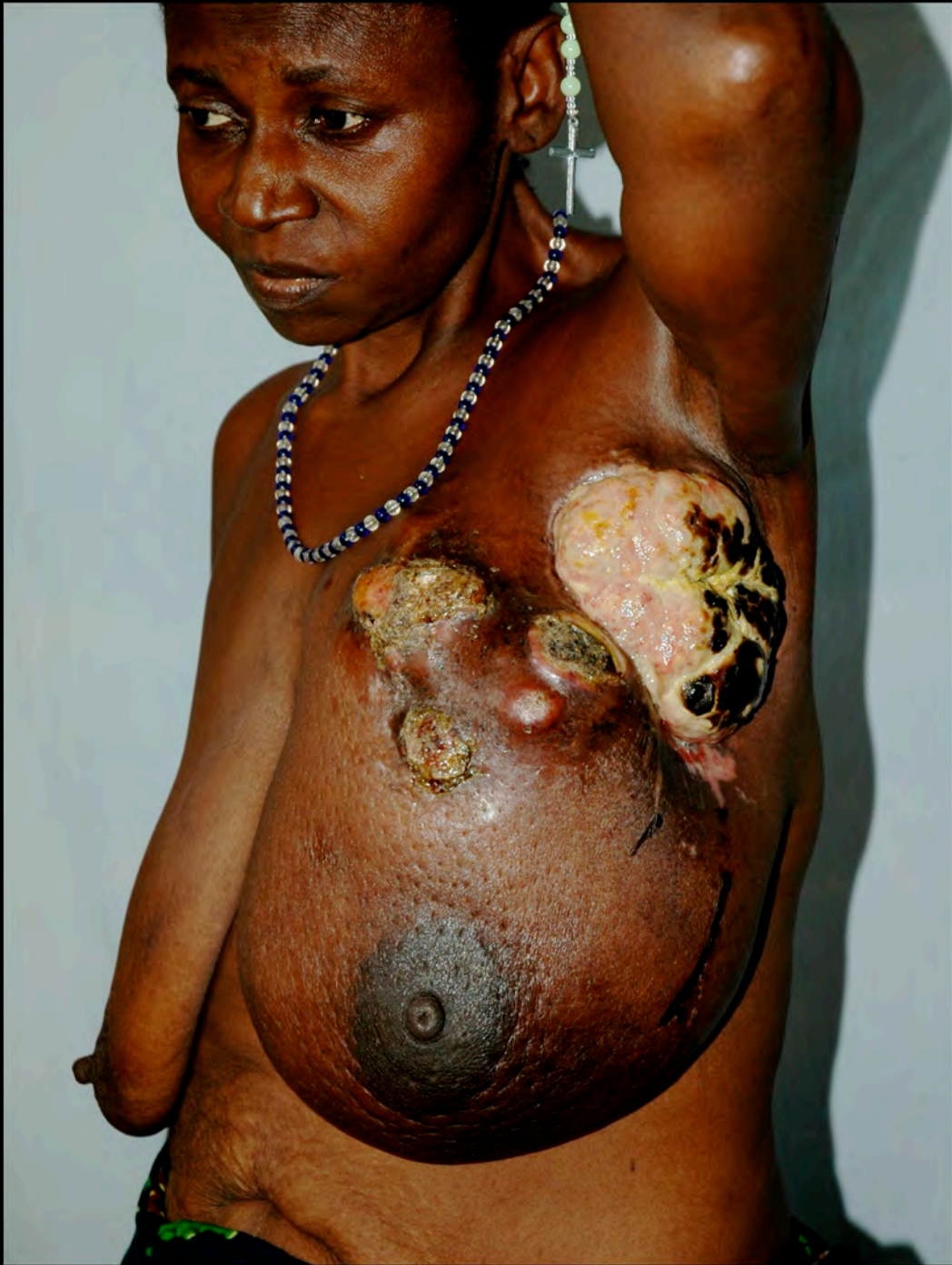


“All existing things are really one. We regard those that are beautiful and rare as valuable, and those that are ugly as foul and rotten. The foul and rotten may come to be transformed into what is rare and valuable, and the rare and valuable into what is foul and rotten.” – Zhuangzi

Breasts

There is nothing worse than the smell of rotting flesh. Unfortunately, it is a smell that is often associated with breast cancer in Nigeria. Either through denial, lack of education, fear, or all of these-many Nigerian women (and occasionally men) present in the late stages of breast cancer. The tumor erodes through the skin and rots. Sometimes the patients come for consultation and ask for a pill to make it go away! Often there is nothing we can do. We try chemotherapy, radiation, and surgery but many succumb to the disease. For many, death is a release since they suffer so much with their disease.

All the women pictured battled their cancer-some won and some lost. They were all brave.

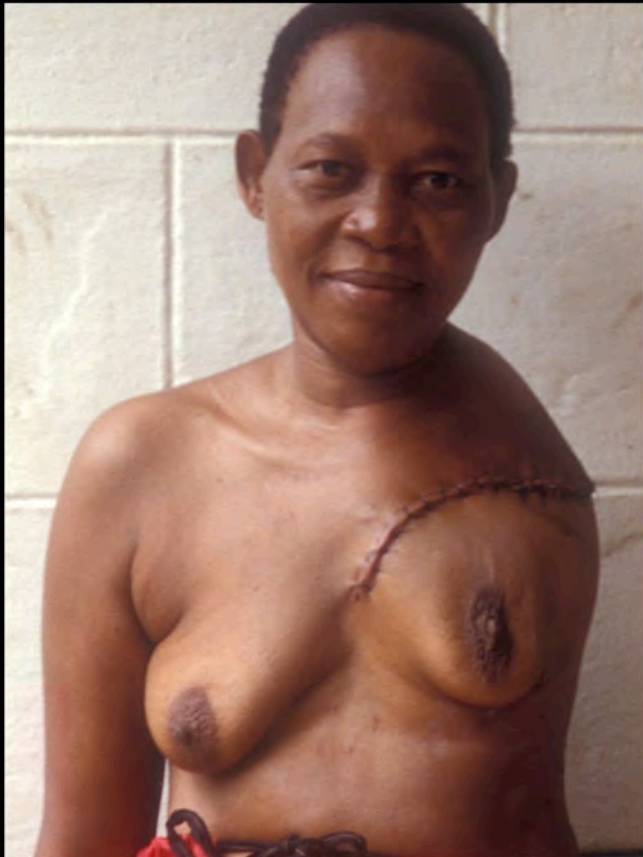


“Start on clavicle. Remove middle third. Control and divide subsc art and vein. Divide large nerve trunks around these as prox as poses. Then come onto chest wall immed anterior and divide Pec maj origin from remaining clav. Divide pec minor insertion and (very imp) divide origin and get deep to serrates anterior. Your hand sweeps behind scapula. Divide all muscles attached to scapula. Stop muscle bleeding with count suture. Easy! Good luck. Meirion.” – (Text message to Dr. David Nott in the Congo from Dr. Meiron Thomas in the UK on how to perform a forequarter amputation on a boy whose arm was severed by a hippopotamus).

Victoria

I met this sweet lady in 1999. Like many of my patients, she had a very large tumor and it had been operated on previously. The tumor was so big that she could not lift her arm. I offered her the only possible treatment-which was a forequarter amputation-amputation of the arm, clavicle and scapula. There were two problems with this recommendation. One, amputations are abhorrent to most Nigerians since prostheses are not readily available. Two, I had never done this operation. This lady wanted to live and she and her husband agreed to proceed.

I studied the anatomy and dreamed about the operation during the night. When I came in the next day, I was ready. We positioned the patient and the surgery began. And then it was over. In less than one hour we achieved our goal! I didn't remember doing the surgery-I was in the zone. Victoria had an uneventful recovery and was out of bed the next day. The tumor was a liposarcoma-a malignant sarcoma that arises from fat cells. She lived five more years until she died from metastatic disease. I have subsequently performed this surgery several times including February, 2011, when a young man's arm was irreversibly destroyed from an electrical burn.



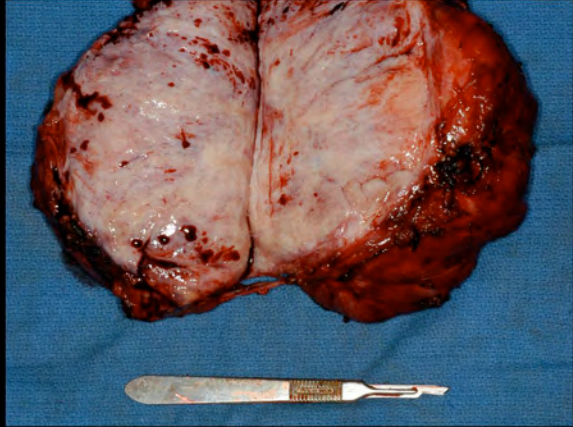
Ndo (Igbo: sorry)

(Obioma) Blessing

This cute little girl came to NCH with her mother in 2004. She had a left neck mass that had been growing since birth.

We did a very careful surgery and removed the mass. Despite giving her a doll, she was never really happy to see us.

The tumor was a benign neural tumor and she made an uneventful recovery.



“Life is short, the art long, opportunity fleeting, experiment treacherous, judgment difficult.”
– Hippocrates

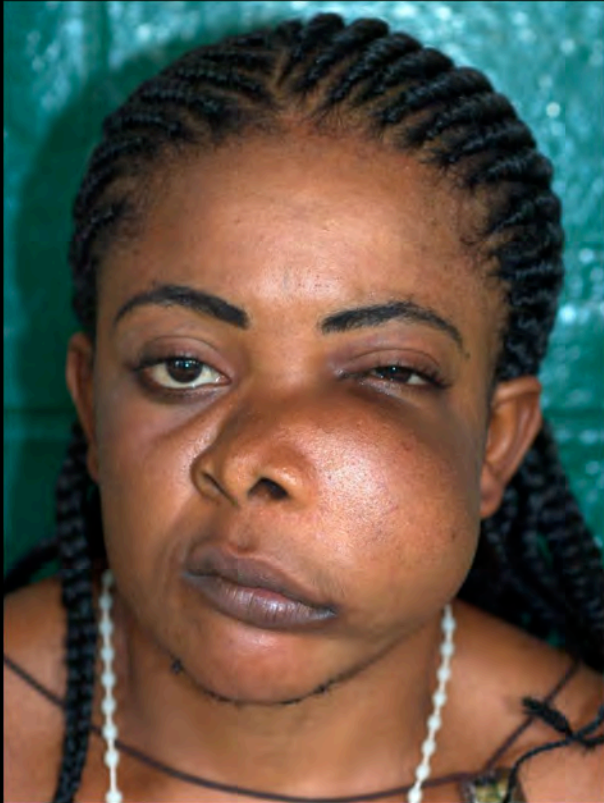
Mercy

Mercy arrived at NCH in 2002 but refused surgery. She came back in June, 2004, just as I arrived with my brother, Scott Camazine, MD. The tumor had grown and Mercy agreed to surgery.

Mercy had a large maxillary tumor. Dr. Farrar had showed me how to do these surgeries, but he wasn't there to hold my hand. I cracked open the “Bible”, Lore's Atlas of Head and Neck Surgery, and studied my lessons. The next day my brother and I proceeded with surgery.

We girded our loins, opened Mercy's face and removed the tumor. It was quite daunting when the face was open. We appeared to be gazing into a deadly abyss. We plodded on and reconstructed her face. The surgery turned out great and she made a rapid recovery.

The pathology showed a benign giant cell tumor-a tumor of undifferentiated mesenchymal cells of the bone marrow.



“And in the end it’s not the years in your life that count. It’s the life in your years.”
– Abraham Lincoln

Chinwendu

When twenty-five year-old Chinwendu arrived in April, 2010, it was obvious, from a single look, that she was a delightful woman-but one with a big problem. She had a tumor of the wrist that had destroyed her hand. Her ulnar bone was gone. The tumor was obviously a sarcoma of some type and amputation was the only treatment. Unfortunately, it would not be a cure.

We proceeded with amputation and she recovered rapidly. She came back to see me in July, 2010 and was happy and looking well. In December, however, she developed a small metastasis on her leg that we removed. Several more appeared over the next six months and we started her on chemotherapy. Overall, her prognosis is poor. Despite this, she remains upbeat.

The pathology showed rhabdomyosarcoma-a sarcoma in which the cancer cells arise from skeletal muscles.



“The two most powerful warriors are patience and time.” – Leo Tolstoy

Sepuruchi

Sepuruchi was a wild banshee from the moment I saw her February, 2011. She didn't want to have anything to do with examinations, surgery or me. She had a benign hemangioma of the lip (a collection of blood vessels) that was growing.

At first, I considered doing some very fancy surgery such as an Abbe-Estlander Lip switch in which a portion of the upper lip is transferred to the lower lip. But then I remembered KISS (Keep It Simple Stupid). I decided to just excise the lesion, and, if the results were unsatisfactory, return for a more complicated surgery.

I did the operation and, in the week following surgery, it looked worse every day!. I fretted about it day and night. Finally, I told the Mom we would see how it looked on the next trip. When she returned July, 2011, my dreams were fulfilled. The result wasn't perfect but it was pretty good and Mom was happy. Sepuruchi still wasn't, however.



“In reality, serendipity accounts for one percent of the blessings we receive in life, work and love. The other 99 percent is due to our efforts.” – Peter McWilliams

Uche

Uche arrived at NCH in January, 2010. She had a recurrent fungating mass below her left ear. Once again, I called my friend, Dr. Mike Enyinnah for assistance.

We removed the tumor but the surgery left a large defect of skin. After the patient recovered for a few days, we took her back to surgery and performed a pectoralis major muscle flap to close the wound.

After the second surgery, she asked me to call her brother in the USA. Amazingly, he lives only four hours from my house. When I returned to the USA, he came to visit me and we have become great friends!

The pathology, not surprisingly, showed mucoepidermoid carcinoma-a cancer of the salivary glands (in this case the parotid gland) that is very resistant to chemotherapy and radiation. Nonetheless, we sent her for radiation.

Unfortunately, she died July, 2011.



“Four things support the world: the learning of the wise, the justice of the great, the prayers of the good, and the valor of the brave.” – Muhammad

Support

Many people have supported my work and done so in many ways. My wife, Susan Camazine has surely made the most sacrifices and certainly deserves a sainthood.

Body and Soul Ministries (BandS Ministries), a 501(c)(3) non-profit organization started by Dr. John Bailey, has been particularly generous in its support. In fact, without Bands, this book would never have become a reality. Dr. Bailey has been a great mentor and supporter for many years and I am very blessed to know him.

Many Nigerians have also supported my work. Among them, Dr. Kelechi Eguzo, Dr. Mike Enyinnah, Dr. Uche Nkeonye and Dr. Chikewe Ifeanyi have helped me beyond measure. These doctors have donated their time to NCH and made many dreams come true.

Many people have made monetary donations and numerous companies have donated surgical supplies. People's generosity has been Odi egwu (Igbo: wonderful). Over the past two years this generosity has included the following individuals and organizations (see page 32):



Individuals:

1. Joseph Antkowiak, MD
2. Julie Bradley, RN
3. Charles and Sylvia Branch, MD
4. Joyce Capshaw
5. Mark Crane, MD
6. Peggy Dorrell
7. Mary/Donald Ellis
8. Alan Freedman
9. Patricia George
10. Theodore Hopens, MD
11. Azikiwe Ikheorha, MD
12. Lloyd Jones, MD
13. Pete Kaplan
14. Edward Monser/Kathryn Howard
15. Barbara Maufas, RN
16. Mr. Cornyn Melvin, MD
17. Judy Miller
18. Phalguni Mukopadhyay, MD
19. David/Joyce Newhouse
20. Donnie Powers
21. Vidyasagar Gurraram Reddy, MD
22. George Robertson, MD
23. Hiroshi Takita, MD
24. James Walsh, MD
25. Jill Wehmer

Organizations:

1. Ambu, Inc. (Debbie Self)
2. Americares (Cia Marion)
3. Body and Soul Ministries (John Bailey)
4. Brookridge Internal Medicine Associates (Saleem Raslan, MD)
5. CooperSurgical (Christopher Lentoca/Victoria Ziko)
6. Covidien (ValleyLab) (Aileen McGarry)
7. Covidien (AutoSuture) (Jane Guillano)
8. CURE (Compassionate Utilization of Resources)
9. Ethicon (Ryan Newhouse)
10. Ethicon Endo-Surgery (Deb Altman)
11. ETMC Carthage Hospital (Robin Patton, RN)
12. ETMC Tyler Hospital (Donna Dahms, RN)
13. Friends of Ostomates USA (FOW-USA) (Ruth Salinger)
14. Good Shepherd Medical Center (Patricia Holmes, RN)
15. Integra Life Sciences(Gianna Sabella)
16. International Healthcare Foundation
17. LifeCell (Beth Hendershot)
18. Lillard & Associates (Malcolm Lillard)
19. Longview Regional Medical Center (Regina Petzold, RN)
20. MAP International (Anne Slaughter)
21. Merci Program- (Trena Berg, RN/Sandie Luthie, CST)
22. Merrill Lynch Donation Matching Program
23. Metroplex Adventist Hospital (Jose Ramirez)
24. Olympus America Inc. (Debbie D'Ottavio)
25. Starsurgical, Inc. (Michael Deutsch)
26. Walking in Love Ministries (Fred & Mary Kay Posey)

WE DRESS
THE WOUND
GOD
HEALS IT

