MOBILE MEDICAL CAMP REPORT

Rana SJB*, Neopane A*, Subba K★

A mobile medical camp organized by RNAMC was setup in No. 4 Brigade HQ. Nimare Barrack, Surkhet. The duration of the camp was of six days i.e. from 15th Mangshir 2061 to 21st Mangshir 2061.

The 34 strength mobile medical team members were as follows:

- Brig Gen Dr Suraj SJB Rana Team Leader Ophthalmologist
- Col Dr Gobinda Khadka Radiologist
- Col Dr Arya Pandey
 Obstetrician & Gynaecologist
- 4. Lt Col Dr Naresh Giri Surgeon
- Lt Col Dr Arun Neopane Pediatrician
- Lt Col Dr Nagendra Prasad Shah Oto-Rhino-Laryngologist
- Lt Col Dr Bharat Prasad Singh Orthopedic Surgeon
- 8. Lt Col Dr Arun Sharma Physician
- Maj Dr Uday Bajracharya Anesthesiologist
- Capt Dr Nirjala Aryal GDMO
- Lt Dr Riwaj Karki Dental Surgeon
- 12. Lt Dr Poonam Chand Thakuri GDMO
- Lt Col Kamala Subba Specialised Nurses
- 14. Capt Sarala Thapa Staff Nurse
- Dr. Suraj SJB Rana
 Brig. Gen., Team Leader
 Consultant Ophthalmologist
- Dr. Arun Neopane
 Lt. Col., Pediatrician
- ★ Mrs. Kamala Subba Lt. Col., Nursing Officer

- 15. Lt Bina Darai Staff Nurse
- T/Sub Sarala Sapkota Staff Nurse
- T/Capt Khagendra Si Ma Medical Lab Technologist (Adam. Officer)
- T/Capt. Tilak Bahadur Khadka
 O.T. Technician (Logistic Officer)
- 19. T/Sub Nakul Thapa
 Paramedical Staff (Ophthalmology)
- 20. T/Sub Sanu Maiya Khadka Paramedical Staff - (Obst./Gynae)
- 21. T/Jem Guman Singh Pu Ma Paramedical Staff - (Anesthesiology)
- 22. T/Sub Ram Narayan Paudyal Paramedical Staff (Dispensary)
- 23. T/Jem Yem Bdr Godar
 Paramedical Staff (Surgery)
- 24. T/Jem Yagya Purush Pandey Paramedical Staff (Radiology)
- 25. T/Hav Shankar Poudel Paramedical Staff
- 26. T/Hav Ramesh Thapa Paramedical Staff
- 27. T/Hav. Maheshwor Chaudhary Paramedical Staff
- 28. T/Hav Gir Bdr Thapa (DMI) Photography
- T/Hav Ramji Prasad Devkota Paramedical Staff
- 30. T/Hav Jaman Singh Basnet Paramedical Staff
- 31. T/Nk. Ananda Bhandari Paramedical Staff
- 32. T/Nk Mohan Thapa Paramedical Staff
- T/Nk Dhan Bdr Rai Paramedical Staff
- 34. Sep. Lok Raj Parajulee Paramedical Staff

Specialised medical services were provided in the following fields. General Medicine, General Surgery, Obstetric & Gynaecology, Pediatric, Orthopedic, Anesthesia, Ophthalmology, Otorhinolaryngology, Radiology, Pathology and Dental. The task given to the team was to provide medical service to the serving soldiers their families and the Ex. servicemen and their families cover by the 4th Brigade. The expected patient load was approximately 1750 (i.e. Ex-servicemen and families) and 200 regular soldiers. The Kalyankari branch through the DMS office provided the medicines. The instruments and equipments were taken from Shree Birendra Hospital. It took three trips for the "Sky Truck" to transport the team members & the equipments to Surkhet. The first two trips were flown on 14th of Mangshir and the last trip came on the 15th, The team started work right from the 15th of Mangshir in spite of the incomplete manpower.

The camp was setup in the previous No 4 I ambulance complex. The space available was sufficient however we managed to squeeze in specialised OPDs, the Pathology Laboras Dispensary, X-Ray, USG, ECG and Refract units. The Brigade MI room, which was conveto an O.T. with pre and post-operative and C facilities. There were two beds for pre-operations and four beds for post-operative patients and four beds were also used for patients.

Patient Registration was a tough job at first but on it was more organized. Daily about three of the patients who reported to the Artij Battalion in Mangalgarhi Barrack situate Surkhet bazaar, 7 kilometers away from Bri HQ were brought by bus to the camp location. I patients however came from the near by Bri HQ area. The No 4 Brigade HQ staffs provided support. They provided the necessary sect administration support, cooperation and the v hospitality.

Procedures

S.No.	Department	Procedure	No. of Cases	Remar
1.	ENT	Uvelectomy	1	
	n die Amerikaanse Antigen kalle All Hermongstaden voorde speele voorgevoor in de misse voorde Amerikaanse de A	Inferior Turbinectomy	1	2 11
a dia pranta di America		Foreign body removal nose (Insect)	2	
		Excision of Papiloma soft palate	1	
2.	Dental	Extractions	49 -	
mice and an approximation		Fillings	113	
3.	Eye	Refraction	263	
CONTRACTOR AND ADMINISTRATION OF THE PARTY.		FEUM	42	
		Syringing	65	
-	anga at anga a	Schiotz tonometry	46	1. 12.00
7 7		Schirmers test	30	
		Presbyopic specticals provided	135	
		Chalazion I & D	9	
4.	Obst./Gynae	D & C: For incomplete abortion	1	
		Laprotomy and excision of Twisted		
àli,		ovarian cyst (Emergency)	1	
5.	Medicine	ECG	6	
6.	Radiology	Chest X-Rays	61	
		LS/Cx Spine	120	CHANGE OF

		Joint/Bone	98	
		KUB	31	
		PNS	4	
		Skull	1	
		USG Abdo	170	
and the way to be printed to the same		USG Thyroid	1	
7.	Pathology	Urine RE	169	医网络形态
		Stool RE	108	
		Pregnancy tests	47	
		HIV test	48	
		Blood RE	125	
		LFT	67	
		Blood grouping	72	
		Semen analysis	2	A CONTRACTOR OF THE PARTY OF TH
		Renal function test	138	
* * * * * * * * * * * * * * * * * * *		Blood Sugar test	101	
		Uric Acid	90	
entralia seniminativo d		Hbs Ag	42	

Following Surgeries were performed at Surkhet Medical Camp

Surgeon: Lt. Col. Dr. N.K. Giri Anaesthesiologist: Maj. Dr. U.B. Bajracharya

S.No.	Rank	Name of Patient	Age	Sex	Diagnosis	Operation	Anaesthesia
Date	2061/8/1	5 (Day 1)					
1.	Family	Mr. Surendra Basyal S/O Hav. Arjun Basyal	10 yrs	М	Small lump abd and mass ring finger	Excicion	LA
2,	Family	Mr. Arjun Basyal S/O Hav. Arjun Basyal	9 yrs	М	Mole Lt. leg	Excicion	LA
3,	Family	Mr. Suman K. Pariyar S/O Nk. Shankar Pariyar	8 yrs	М	Abscess Rt. ankle	I/D	GA
Date:	2061/8/16	(Day 2)				i Militari	4 1 Y
1.	Family	Master Sushil Poudel	2 yrs	M	Phimosis	Circumcision	GA
2.	Hav/Clk	Bhakta Bdr Tamang	28 yrs	M	Anal tag	Excission	LA
3.	Lnk.	Krishna Bdr Ra.Ma.	25 yrs	M	Auricular cyst	Aspiration	LA
1.	Family	Master Kiran Achhami	3 yrs	М	Phimosis	Circumcision	GA
5.	Nk.	Yam Bdr Oli	25 yrs	М	Ingrowing toe nail	Excission	LA
j	Nk.	Sher Bdr Basnet	33 yrs	М	Epigastric hernia	Hernia repair	LA
	Nk,	Bharat Bi.Ka.	38 yrs	M	Lipoma	Excission	LA
	Family	Mr. Ganga Bdr Shahi	11 yrs	М	Cervical lymphadinitis	Excission	LA

, .	Hav.	Arjun Ranabhat	28 yrs	M	Multiple lipoma	Excission	-
0.	Hav.	Bhim Bdr Sherpa	32 yrs	M	Multiple lipoma	Excission	1
1.	Family	Mr. Hikmat Sherman	10 yrs	M	Ganglion Rt. hand	Excission	
2.	Family	Miss Tika Bi.Ka.	7 yrs	F	Wart	Excission	
3.	Family	Mrs. Laxmi Kafle	25 yrs	F	Foreign body Rt. hand	Excission	!
14.	Family	Mrs. Parbati Bi.Ka.	53 yrs	F	Calcinosis cutis Rt. hip	Excission	
15.	Family	Mr. Raju Darlami	18 yrs	M	Incised wound Lt.	Suturing	-
Date	: 2061/8/17	(Day 3)					_
1.	Sep.	Jit Bdr Shrestha	22 yrs	M	Hematoma anal region	Excission	
2.	Family	Mr. Laxchay Magar	5 yrs	M	Hydrocele	Hydrocelectomy	_
3.	Family	Mris Purna Lamichhane	14 yrs	F	Sebacious cyst scalp	Excission	
4.	Family	Mrs. Rasila Baduwal	23 yrs	F	Appendicular lump	Appendicectomy	
5.	Family	Mr. Danda Lal Regmi	57 yrs	M	Lt. inguinal Hernia	Hernioraphy	_
6.	Family	Mr. Naresh Bista	14 yrs	M	Cyst scalp	Excission	
7.	Sep.	Chitra Bdr Bu.Chhe.	21 yrs	M	Hydrocele Lt.	Hydrocelectomy	
8.	Family	Mrs. Basundhara Acharya	55 yrs	F	Sebacious cyst	Excission	
9,	Sep.	Mohan Thapa	20 yrs	M	Lipoma	Excission	
10.	Family	Master Pawan Thapa	18 months	M	Inguinal abscess	I&D	
11.	Sep.	Khagendra Katuwal	24 yrs	M	Sebacious cyst	Excission	Ma.
12.	Family	Mr. Pradeep Ghale	5 yrs	M		Herniotomy	
13.	Family	Mrs. Hira Maya Bi.Ka.	28 yrs	F	Ganglion Lt. wrist	Excission	
14.	Family	Mr. Deepak Khadka	10 yrs	M	Congenital hydrocele	Herniotomy	
15.	Family	Mr. Tek Bdr Rana	19 yrs	M	Lipoma back	Excission	
16.	Family	Mr. Subinil Chandra	4 yrs	M	Sebacious cyst scalp	Excission	
17.	Family	Mrs. Bhagwoti chand	24 yrs	F	Incomplete abortion	D&C	
18.	Sep.	Chok Bdr Khadka	24 yrs	M	Family planning	Vasectomy	
19.	Family	Mr. Mohan Bi.Ka.	4 yrs	M	Tongue tie	Release	
20.	Family	Mr. Jap Bdr Budha	69 yrs	М	Lipoma scalp	Excission	
Dat	e: 2061/8/1	8 (Day 4)					
1.	Family	Master Suman Thapa	2 yrs	M	Phimosis	Circumcision	
2.	Family	Mr. Swapnil Chand	4 yrs	M	Phimosis	Circumcision	
3.	Family	Mr. Deepak Khadka	10 yrs	M	Congenital hydrocele	Herniotomy	
4.	Family	Mr. Pradeep Ghale	5 yrs	F	Congenital hydrocele	Herniotomy	
5.	Family	Mr. Tika Ram Pandey	7 yrs	M	Corn Rt. sole	Excission	
6.	Family	Mrs. Khagiewara Saru	40 yrs	F	Bursitis Lt. knee	Excission	
7.	Family	Miss Elisha Singh	6 yrs	F	Ingrowing toe nail	Excission	
8.	Family	Mrs. Usha Basnet	21 yrs	F	Fibroadenoma	Excission	
9.	Family	Mrs. Maina Kandel	25 yrs	F	Galactocoele	Excission	
10.	Family	Mr. Mito Lal Bi.Ka.	10 yrs	M	Septic arthritis	Arthrotomy	
11.	Nk.	Khim Lal Bi.Ka.	33 yrs	M	Ganglion Rt. ankle	Excission	Γ
12.	Lnk.	Khadga Lal Basyal	23 yrs	M	Ingrowing toe nail	Excission	
13.	Lnk.	Botha Bdr Budhathoki	24 yrs	M	Lipoma	Excission	1

			,				
14.	Sep.	Mangal Kumal	32 yrs	M	Lipoma	Excission	LA
15.	WO2	Jit Lal Lama	35 yrs	M	Corn Rt. sole	Excission	LA
6.	WO2	Keshab Humagai	35 yrs	M	Corn Rt. sole	Excission	LA
Date	: 2061/8/19	(Day 5)					
١	Family	Mr. Kamal Gurung	11 yrs	M	Bladder Stone	Vesiculolithotomy	GA
2.	Family	Mr. Kamal Tha.Ma.	8 yrs	M	Congenital hydrocele	Herniotomy	GA
3.	Family	Mr. Padam Rout	14 yrs	M	Gynaecomastia	Excission	GA
1.	Family	Mr. Som Bdr Sa.Ma.	10 yrs	M	Anal polyp	Excission	GA
5.	Family	Miss Dil Kumari Rout	12 yrs	F	Lipoma neck	Excission	GA
5.	Family	Miss Roshani Giri	4 yrs	F	Bleeding P/R	EUA	GA
7.	Lnk.	Kaji Ram Rout	20 yrs	M	Ingrowing toe nail	Excission	LA
š.	Family	Mr. Bhushan Hamal	7 yrs	M	Congenital hydrocele	Herniotomy	GA
),	Family	Mrs. Laxmi Shahi	40 yrs	F	Cervical Lymphadenitis	Excission biopsy	LA
().	Family	Mrs. Bhagwoti Thapa	25 yrs	F	Corn Rt. sole	Excission	LA
11.	Family	Mrs. Golma Thapa	50 yrs	F	Lipoma Rt. elbow	Excission	LA
12.	Rt.	Mahendra Bdr Shahi	20 yrs	M	Foreign body Rt. hand	Excission	LA
13.	Sub.	Netra Bdr Khatri	40 yrs	M	Lipoma Rt. hand	Excission	LA
14.	Sep.	Rabindra Rai	20 yrs	M	Small nodule Rt. middle finger	Excission	LA
Date	: 2061/8/20	(Day 6)				. 29	
1.	Family	Mr. Ishanta Oli	4 yrs	M	Congenital hydrocele	Herniotomy	GA
2.	Family	Mr. Deepak Wagle	11 yrs	M	Congenital hydrocele	Herniotomy	GA
3,	Family	Mr. Bhupemdra Acharya	21 yrs	M	Congenital hydrocele	Herniotomy	GA
4.	Family	Mrs. Meena Chand	33 yrs	F	Twisted ovarian cyst	Laparotomy	GA
5.	Police	Prem Bdr Budhathoki	25 yrs	M	Post auricular cyst	Excission	LA
5.	Lnk.	Narayan Bhandari	35 yrs	М	Wart penis	Diathermy Excission	LA
7.	Nk.	Buda Bdr, Bu.Chhe.	33 yrs	M	Lipoma Rt. hand	Excission	LA
3.	Maj.	Harka Bdr Shahi	36 yrs	М	Skin tag neck	Diathermy Excission	LA
)	Family	Mrs. Chandra Kala Giri	31 yrs	F	Corn Rt. sole	Excission	LA
0.	Sep.	Kamal Thapa	23 yrs	M	Ganglion Lt. wrist	Excission	LA
11.	Family	Mr. Jagu Ram Tharu	50 yrs	M	Corn Rt. sole	Excission	LA
12.	Family	Mr. Ram Bdr Bohora	50 yrs	M	Sebaceous cyst scalp	Excission	LA
13.	Family	Mrs. Gopi Sara Gharti	20 yrs	M	Foreign body Rt. hand	Excission	LA
4.	Nk.	Dhan Bdr Shahi	26 yrs	М	Lump occipital region	Excission	LA
		21 (Day 7)		 			
	Sep.	Chet Naraya shrestha	25 yrs	М	Splinter injury Lt. arm, Rt. Leg	Splinter removal	GA
2.	Lnk.	Gaja Bdr Ra.Ma.	28 yrs	М	Splinter injury Lt. arm, open # Lt. femur, laceration Lt. part of face	Splinter removal, Wound debridement	GA
3.	Lnk.	Givinda rana Magar	25 yrs	M	Splinter injury Rt. buttock	Splinter removal	LA-
	1 72		100				

STATISTICS OF OPERATION NIMARE MEDICAL CAMP

Date	11	15/8	1	16/8	17/8	8	18/8	8	19/8	- 8/	20/8	8/	TOTAL	L	Grand Total
Department	INS	F/Ex	INS	F/Ex	SNI	F/Ex	INS	F/Ex	INS	F/Ex	INS	F/Ex	INS	F/Ex	
ENT	5	23	3	36	14	45	Ξ	89	3	31	17	48	53	251	304
Dental	2	-	-	46	15	43	20	49	9	26	13	65	57	230	287
Eye	14	19	10	70	29	119	13	130	∞	87	28	106	102	531	633
Medicine	27	40	21	151	79	132	80	187	101	82	82	161	390	783	1173
OB-GYN	Nil	13	Nil	88	Nil	80	Nil	110	Nil	9/	lin	87	Nii	454	454
Pediatrics	Nil	19	Nil	108	Nil	122	Nil	144	Nii	48	lin	113	lin	554	554
Surgery	∞	S	14	30	21	31	12	30	6	23	18	34	82	239	321
Ortho	-	5	14	30	14	53	- 61	63	10	29	20	59	78	239	317
Radiology	Nii	Nii	9	75	=	70	6	80	3	80	С	43	32	348	380
Pathology	37	82	53	379	155	342	151	475	59	232	159	595	614	1630	2244
Registrations	37	87	53	379	155	342	151	475	59	232	159	595	614	2087	2701
Prescriptions	32	83	34	427	101	208	168	480	46	375	129	630	505	2508	3013
TOTAL PATIENT CONTACT WITH MEDICAL PERSONAL DURING CAMP **	r CONT	ACT WI	ITH ME	DICAL P	ERSON,	AL DUR	ING CA	MP **					2416	4251	2299

** Number of times a patient came in contact with a single prescription being referred to various specialists and undergoing various investigations. INS - In Servicemen patient

Mobile Medacl Camp Surkhet

Histopathological Impression of Surgical Specimens

S.No.	Biopsy No	Name	Clinical Diagnosis	Histological Impression
1.	223R	Nk. Khem Lal Bi.Ka.	Calcified Ganglion (Ankle)	Foreign Body Granuloma
2.	224R	Hav. Arjun Ranabhat	Multiple Lipoma	Lipoma
3.	225R	Nk. Bharat B.K.	Multiple Lipoma	Lipoma
4.	226R	Sub, Netra Bahadur Khatri	Lipoma	Lipoma
5.	651F	Meena Chand	Ovarian cyst (Rt.)	Mucinous Cystadenoma
6.	652F	Laxmi Shahi	Cervical Lymphnode	Caseous Necrosis (AFB Negative) - Consistent with Tuberculous Lymphadenopathy
7.	653F	Som Bahadur Sa.Ma.	Anal Polyp	Juvenile (Retention) Polyp
8.	654F	Parbati Sunar	Skin Lump	Calcinosis Cutis
9.	655F	Usha Basnet	Breast Lump	Fibroadenoma (Intracanalicular)
10.	656F	Surendra Basyal	Cyst - Anterior Abdominal Wall	Cysticercus
11.	657F	Arjun Basyal	Mole	Hemangioma (Cavernous)
12.	658F	Gagan Shahi	Cervical Lymph node	Reactive Para cortical Hyperplasia (Reactive Lymphadenopathy)
13.	659F	Tek Bahadur Rana	Lipoma (Back)	Neurofibroma
14.	660F	Padam Raut	Breast Lump	Gynaecomastia
15.	661F	Purna Lamichhane	Hemangioma Scalp	Hemangioma
16.	662F	Rasila Baduwal	Appendix	Early Inflammatory Changes in Appendix
17.	663F	Mina Kandel	Breast Lump	Galactocele
18.	664F	Dil Kumari Raut	Hemangioma (Postauricular)	Angiomatosis
19.	665F	Khagisara Saru	Knee Swelling	Chronic Bursitis

Conclusions

- The planning of such Mobile Medical Camp should be done well in advanced.
- The selected team should have ample time to organize the camp.
- Good coordination with No 11 Brigade and No 16 Brigade for air and land transport.
- 4. Portable light equipments should be used.
- Portable dental chair with portable dental unit with dental air compressor.

- This type of ambulatory surgery and anesthesia was first of its kind in the medical history of RNAMC.
- 7. For major surgeries, Mobile ICU (Air/Ground) should be arranged to transfer patient perioperatively if required.
- 8. Mobile blood bank will be an intelligent idea if it is feasible.
- 9. More GDMOs, female nurses and nursing assistants required.
- OT, Surgical assistants/anesthesia assistants/ Scrub sisters were not enough.

- 11. Ambulatory surgeries should be continued. Standard preparations should be uplifted. For fast tracking after ambulatory surgeries, short acting drugs like propofol, fentanyl, mivacurium, vecuronium, rocuronium, sevoflurance should be used.
- 12. A large number of cases were pediatric anesthesia and pediatric surgeries.
- Boyle's Machine with OMV (Oxford Miniature vaporizer) would be a better choice.
 Tri service apparatus another option.
- 14. A portable OT table & good OT lighting system are a must.
- 15. Better CSSD facilities should be provided.
- There should be a system of identify the families of the both in-service soldiers and the Ex-servicemen.
- The patients flow was tremendous and the team saw and treated more than 3300 patients (i.e. Ex-servicemen & families totaling to about 2700 & Regular Soldiers approximately 600).
- 18. Medicine which were taken from Kathmandu was meagerly enough for the camp duration but the estimated amount for the estimated patients was just enough except for a few drugs which were scarce. The dispensary managed to adjust a few medications in the later stages with some restrictions and reservations.
- The various equipments taken by the respected departments were adequate but were not up to

- the field standards, which meant packing transporting them was a big problem. Medical equipments have to be procusuch camps are to be conducted regulated the hospital equipments are bounget damaged.
- 20. The coordination part deserves some me especially with the No 11 Brigade side, was very poor. Flight scheduling, timin load calculations were not satisfac coordinated. The withdrawal plan was miscalculated also.
- 21. Coordination with the local commander not very problematic as they did their best to help the medical corps conduct camps, in spite of their hectic duties and responsibilities.
- 22. Medical side we found that the camp y have been more effective if we had some specialties involved like the Ortho surgeon, Dermatologist, Pathologis maybe even a Pharmacologist to take comedicine procurement and dispensing.
- 23. Such medical camps should be provided needy families and retired soldiers of Royal Nepalese Army on a regular I Geographically deprived and crisis affine patients should get the priority, which not that the patients in the far west should more medical facilities than the economic geographically and medically privil patients in the east of our country.