

Dear Friends and Family,

It was four months ago that we returned to Tansen from our home assignment. It has been a busy time – catching up on lots that was left for us while we were away, but also just meeting the daily needs. Debbie has had to work with the workshop and Ganesh to empty two houses – not her favorite job! We have fewer expats than we have had for many years, and we couldn't continue to rent houses which were empty. She has also had to tell some of the househelpers that they no longer have work – another difficult task. These ladies work so hard for us and show us so much love and care that it is hard to not be able to continue to provide for them. Fortunately, most have some family member who is working and they are not absolutely destitute. We enjoyed a recent "ladies day out" with the House helpers – we hired a van, and traveled to Lumbini to look around Buddha's birthplace, then treated the ladies to lunch at the "Dreamland Gold" resort, and ended up at a fancy shopping center in Butwal before returning to Tansen. It was a really fun day.



Soon, we will be having a holiday – traveling to the U.S. to be with our oldest granddaughter on her 3<sup>rd</sup> birthday. We are really excited to see both the girls again – and to get to visit our children, parents, and other family, as well. Les will return to Nepal in 3 weeks – back to work! Debbie will stay on a bit longer to see our oldest, Rachel, graduate with her Masters in Social Work. We are so proud of how hard she has worked on this over the past 3 years. We are so excited that Rachel will come back to Nepal to stay with us for a visit after her graduation.

I (Les) have been working wherever I am needed in the hospital (except for doing major surgery), just to make it easier for the person making the schedule. I often end up covering in whichever ward where someone is away on leave. But the largest portion of my work is on the maternity ward, because no one else feels as confident doing that work. For some of the work, I am just there as a "back up" - supporting the nurse midwives dealing with routine cases and making sure the resident doctors get enough experience doing normal deliveries. But there are always some unusual cases that cause me to pause and think, or to even get a bit nervous. One recent week we had 4 cases like that one after another.

B was in the hospital on Sunday morning, with high blood pressure from toxemia that was not easily controlled, and not responding to medication to induce labor. Finally at 8 PM, it was decided that she should have a caesarean section rather than wait longer for labor to start, which would have put

both B and her baby at risk. When she was taken to the operating room, during preparations for the spinal anesthesia, her blood pressure shot up to 250/150, then she had a cardiac arrest! The anesthesiologist and his assistant started CPR, while the surgeon, who was already scrubbed, started operating. The baby was quickly delivered, and started breathing after just a couple minutes of ventilation. And as soon as the baby was delivered, the mother got a heartbeat back. After finishing the surgery, B was still not breathing on her own, so she was put on the ventilator in our High Dependency Unit, where she stayed for the next week. The morning after surgery, she was still not awake, but she was taking some breaths and her pupils responded normally, so we were hopeful for a quick recovery. Apparently she had had sudden heart failure, triggered by the IV fluids given in preparation for the surgery, while the heart was overworked pumping against her increased blood pressure. After taking fluid off her lungs, reducing her blood pressure, and treating a pneumonia associated with her unconscious state, she was able to come off the ventilator on the third day. But even after she came off the sedation she still was not waking up. She was breathing well on her own, and tolerating the tube feeds well, but she did not respond to anything except painful stimuli. After going for a CT scan that showed no bleeding, she returned and has continued to do rehabilitation with us. B's brain suffered some damage from lack of oxygen during her cardiac arrest, and we don't know what losses she will have, but she is doing quite well and is interacting more and more with people. Her baby is doing fine, and the family is caring for



both of them. They were discharged a couple of days ago – the husband was so happy to be taking both his wife and beautiful new daughter home with him.

That same week, on Tuesday, I saw T in the clinic. She had been seen on Monday by another physician, who had found that one of her near term twins in her womb was dead. Since there was apparently only one

placenta, even though the babies were separated by a membrane (Monochorionic diamniotic twins), it was recommended to T that she have an immediate caesarean section, but she had refused until she could consult with family members coming in from the village. When I saw her on Tuesday, the second baby was thankfully still alive, and she was agreeable to have emergency surgery. This was done Tuesday evening, delivering one healthy baby and one small dead baby. T recovered uneventfully and went home after 3 days.

While we were doing rounds on Thursday morning, I saw N, who had been admitted during the night with high blood pressure. Her blood pressure readings after her admission were all recorded as normal, even with no medication, and she was only in early labor, so I said we would just wait for her lab test results before we decide what to do, if anything. While we were seeing another patient, N collapsed in the bathroom having a seizure. Her toxemia had progressed to an eclampsia fit! After stabilizing her with Magnesium sulfate, the antidote, she woke up enough to say she felt like pushing.



Her labor had progressed rapidly, and she delivered a healthy baby in just over another hour. By the next day, she was feeling pretty well, and was able to go home on Sunday.

Then on Saturday, L came to the emergency room, referred from neighboring Gulmi district because she was in labor with a baby in breech position. But when she arrived, it was found that the cord was prolapsing. There seemed to be a pulse in the cord, so she was taken to the operating room for an emergency caesarean section. Unfortunately the baby could not be revived. The outcome may have been different if the doctor in Gulmi district had had the training, confidence, and facilities to do caesarean sections there, rather than sending her in a 4 hour ambulance ride to Tansen.

All 4 of these women had difficult problems, and not every story ended happily. Thank you for your prayers for the ministry that happens in Tansen, giving the best medical care we can, and comforting those who grieve. Please remember all our patients, for God's healing hand to be upon them, and for us to have the right words to minister to them in their need, so we can point them to the source of all healing and comfort, Jesus Christ.



Thank you to all of you who continue to support us and pray for us and for the work here at Tansen Mission Hospital. Your prayers and giving are making a difference in so many lives. Blessings! Debbie & Les Dornon



Thanks to some wonderful ladies in Ohio who knitted these bears. Both the Pediatric nurses and the children in the wards enjoyed them!