

Timeline for matching grant project 67136 (D-835, www.matchinggrants.org)

March 2007: Interact Club of Virgin Valley High School (VVHS) under its president Divyesh Choudhri and advisors Mrs. Jan White and Mr. Steve White holds its first annual golf tournament to raise funds for children with handicaps and disabilities due to poliomyelitis (polio) to get free surgery and hospitalization at St Stephen's Hospital (SSH), Delhi, India. Rotarians from Rotary Club of Mesquite Sunrise and locals from Mesquite, NV, turn out in large numbers to support the initiative.

April 2007: Rtn Maj Gen YK Kapoor of RC Panchshila Park, New Delhi, India, and Rtn Smita Mehta of RC Mesquite Sunrise are introduced and decide to work together on a project for SSH. They stay in constant phone and e-mail contact for the next several months and eventually, years.

May 2007: Dr Mathew Varghese, Head of Department of Orthopaedic Surgery at SSH visits Interact Club of VVHS and Rotary Club of Mesquite Sunrise to give presentations on children with polio disabilities and their management (surgery, hospitalization, rehabilitation, and long-term follow-up) at SSH. He is presented with a check for funds for children to be operated upon and receive rehabilitation equipment at SSH. They request him for ideas on supporting the hospital in the future, as there appear to be needs on several levels apart from annual funding. The program at SSH that provides free surgery and rehabilitation at SSH to children with disabilities is called the "Polio Camp" program and was started several years previously.

Interact club of VVHS and RC Mesquite Sunrise jointly decide to apply for a matching grant from The Rotary Foundation in order to provide SSH with a new operating table as the previous one is in disrepair after having broken down several years previously and cannot be fixed despite all proper care given to it throughout its life. Tables such as the one they have last for 6 years, this one has been in use for over 15 years. Surgeries on the spine cannot be performed because patient positioning is impossible and children with spinal deformities cannot be treated. There are several other problems with the table (detailed in final report)

June 2007: RC Mesquite Sunrise pledges \$10,000 to the grant

July 2007: Rtn Robert Novell, the DRFC (District Rotary Foundation Chair, District 5300) coaches Rtn Smita Mehta in applying for a matching grant from TRF. The matching grant is published on the website on July 20, 2007. This grant application is used as a template during the District Foundation Seminar to train others in D5300 to apply for matching grants on August 25th, see below.

August 2007: Rtn Jeff Bird of the newly formed RC Mesquite (second club in Mesquite, NV) pledges \$5000 from his club to the grant on August 1; on the 25th three more pledges are made at the District Foundation training seminar in California. Rtn Randall

Campanale of RC Las Vegas decides to support the grant both personally and through his club and makes the first of several pledges to the grant.

December 2007: DGE Gene Hernandez (D5300) pledges support to the grant with \$250.

January 2008: Rtn Tom Novotny (aide to DGE and DGE 2009-10) pledges personal and club support (RC Las Vegas West) to the grant. Rtn Dave Baxter of RC Las Vegas Southwest follows suit with a \$500 pledge the same month. Rtn Bill McClure and Rtn Sue Conley present the grant application to their colleagues at the Presidents' Advance and secure further support for the grant.

May 2008: Interact Club of VVHS and RC Mesquite Sunrise hold the second annual golf tournament to raise funds for the grant. Rtn Sue Conley personally pledges an additional \$1000 to the grant, bringing RC Mesquite Sunrise's contribution to \$11,000. The grant is approved by The Rotary Foundation (International).

August 2008: Rtn PHF Conrad von Bibra, the District Rotary Grants Chair (D5300), sends a personal check to Maquet GmbH for \$8000 as advance payment on the operating table in order to get the project moving forward.

October 2008: The order for the operating table is placed formally with Maquet GmbH of Germany and remaining funds are forwarded to them.

November 2008: As originally planned, a small amount of funds set aside for table installation expenses and orthotic devices is handed over to St Stephen's Hospital by RC Panchshila Park, represented by (Retd) Maj Gen YK Kapoor.

December 2008: The operating table reaches St Stephen's Hospital and is installed. The first patient, a child with polio disability, is operated upon on December 26th.

Jan 2009: The final report due to TRF in Evanston is submitted and accepted by them.

March 2009: Additional documentation required specifically by Rotary Foundation (India) is submitted and accepted by them; MG 67136 is finally completed successfully!

Divyesh Choudhri, president of the Interact Club of Virgin Valley High School (IC VVHS), Mesquite, Nevada, and club advisors, Mrs. Jan White and Mr. Steve White had raised funds for children affected with polio disabilities to get free surgery and rehabilitation at St Stephen's Hospital (SSH) in Delhi, India.



Interact Club of Virgin Valley High School with Dr Mathew Varghese and Club Advisors

Dr Mathew Varghese heads the Department of Orthopaedic Surgery at SSH. He visited the two Mesquite clubs and gave presentations on the program at SSH that provides the free care to polio-affected patients, called "Polio Camp". After his presentations, IC VVHS and Rotary Club of Mesquite Sunrise agreed to jointly raise funds and apply for a matching grant from The Rotary Foundation. This grant would provide SSH with a new operating table.



Presentation to Rotary Club of Mesquite Sunrise on corrective surgeries By Dr Varghese

The operating table SSH was in disrepair after having broken down several years previously. It could not be fixed despite all proper care given to it throughout its life. Tables such as the one they had last for six years, this one had been in use for over 15 years. Surgeries on the spine could not be performed because patient positioning was impossible and children with spinal deformities could not be treated. There were several other inadequacies with the table, which will be explained.



Old operating table held together by rust and duct tape in St Stephens Hospital

The project was spread across three continents. Different clubs in D5300 (Nevada and California, USA) and RC Panchshila Park (New Delhi, India, D3010) pledged funds. The operating table manufacturer, Maquet GmbH, is located in Germany. Constant phone and e-mail contact between RC Mesquite Sunrise and everyone else ensured a reputation of a “pitbull with a sock in its mouth” for their hapless Youth Services Director!

RC Mesquite Sunrise was joined by eight other clubs in D5300 (RC Mesquite, RC Las Vegas, RC South Pasadena, RC Arcadia, RC Las Vegas West, RC Las Vegas Southwest, RC Glendora and RC Chino) and the host country partner was RC Panchshila Park. Rtn Maj Gen YK Kapoor of RC Panchshila Park was the counterpart in India and his club pledged \$2000.



Formal handing-over of new operating table to St Stephen's Hospital by RC Panchshila Park (India)

The operating table was handed over to the hospital around Christmas 2008 and the first patient, a child with disabilities due to poliomyelitis, was operated upon on December 26, 2008. Since then several patients have benefited from the table and now spinal surgeries are easy to perform.

The old table did not have any attachments that allowed for complex surgeries to be performed; the new table has several attachments and accessories that allow complex surgeries to be performed. Patients with multiple handicaps and deformities can now be operated upon with ease as opposed to surgery on the old table where some clinical defects would be left uncorrected/partially corrected, as the old table could not be used for complete repair of their clinical problems.

Spinal surgeries could not be performed easily on patients who have spinal problems such as scoliosis from their paralysis (due to polio or contractures from cerebral palsy). The new table has a spinal pad that allows patients to be positioned face down for surgeries. The table can also be freely maneuvered to change patient position during surgery or position patients appropriately for spinal surgery from the very start.

Prevention of radiation exposure to operating room staff is another advantage of the new operating table at St Stephen's Hospital. The old table was not radiolucent so that an X-ray image-intensifier (that would reduce radiation exposure from x-rays done during the

surgery) could not be used. If a patient needed an X-ray during surgery, the patient would have to be turned around using a wooden support to allow X-ray visualization using an X-ray television monitor (image intensifier) under the relevant body part. The new table, being radiolucent, allows for easy X-ray imaging without turning the patient over and less radiation exposure to operating room staff. The previous table could not be manipulated to change patient position and therefore needed longer operating times for surgery as patient maneuvering took longer than necessary. The new table allows for shorter operating times.

As a corollary benefit, because of reduced operating time, the patient exposure to anesthesia is also reduced (anesthesia has its own set of complications, especially when prolonged).



First patient to be operated upon on the new table, a child with polio disabilities

Further benefits that will accrue to patients and the hospital are that more complex cases can be operated upon. Because of this, more patients will benefit from the “Polio Camp” program of the hospital. Trauma victims and other patients requiring Orthopaedic surgery from the Emergency Room (Casualty Department) who constitute a source of income for the hospital will generate more funds for the hospital and its charitable programs such as Polio Camp.

The long-term community impact of this project revolves around the patients served by St Stephen's Hospital, already known for the free care it provides for the indigent. Patients will have better and more complete surgical repairs than previously. A larger number of patients will be served. This will ultimately result in SSH becoming an even stronger center for Orthopaedic Surgery for these patients in terms of both quality and quantity of patient-care it provides.