

2017

Merry Christmas

4th December 2017 Victoria Johnson



Swinfen Telemedicine would like to wish
all those involved with our Trust
a very Merry Christmas
and a prosperous New Year.

To the referring doctors from our 347 Telemedical
links, to the Consultants who give their time and
advice free of charge, to the System operators who
allocate the cases, to our supporters and
donors, without you all this organisation would not be
running today. Thank you.

Our Charity continues to help care for patients and to
save the lives of those who are less fortunate. From one
day old babies with Cancer to 106yr olds wanting help
to stay healthy. No one is ever turned away no matter
their race or creed.

In this very crowded marketplace there is continued
pressure to raise the funds that we need to keep
Telemedical links going.

By contributing to our cause today you can help to
save many lives from pain and ill health.



Deadly Tremors!!

13th November 2017 Victoria Johnson

IRAN – IRAQ BORDERS HIT BY 7.3 MAGNITUDE EARTHQUAKE!



Many people have been killed, thousands have
been injured and are in great need of medical
care, and over 70,000 people are in need of
shelter. About 1.8 million people live within
100km (60 miles) of the epicentre

The quake hit at 21:18 local time (18:18 GMT) about 30km southwest of Halabja,
near the north-eastern border with Iran.

One of the areas hit is Sulimanyiah, where Swinfen Telemedicine is connected to a
Children's Cancer Centre, we are awaiting news.
Our thoughts are with all those affected.

October Activity

[3rd November 2017](#) [Victoria Johnson](#)

Cases received this month from:

Ukraine, Refugee camp in Albania, Iraq, Gambia, Afghanistan, Burkina Faso, Bangladesh, Nepal, Tibet and one from our new link to a clinic in Uzbekistan.

Long awaited Link to Mongolia

[8th September 2017](#) [Victoria Johnson](#)

After a very long time of trying to set up another Swinfen Telemedical link in Mongolia, we finally succeeded to link to Shastin Memorial Third State Central Hospital.

This is a large government owned hospital with Cardiovascular and Neurology reference centres. With 454 beds, 166 doctors, 293 nurses and 45 medical technicians. Those patients that are unable to pay for their treatment will be seen for free.

We look forward to working with them to care for the poor, sick and vulnerable people in this area



Saving Thousands of pounds

[31st July 2017](#) [Victoria Johnson](#)

Case received on the 8th December 2016 from New Foundations Medical Missions in the river Niger Delta, Nigeria, of a 19 year old man with a Parotid swelling over four months, tender, firm to palpate, no encroachment into oral cavity. Attached USS showing heterogenous cyst 6cm diameter. Systemically well. No fever, no lymphadenopathy. Could you suggest diagnosis and possible treatment?

The case was allocated to an Endocrinology, Internal Medicine consultant in Brisbane, Australia who asked a number of questions and discussed the case with a Maxillo/facial surgeon, who agreed that the most likely diagnosis is parotid tumour very probably malignant. That makes biopsy and histology the likely course to follow if that is possible

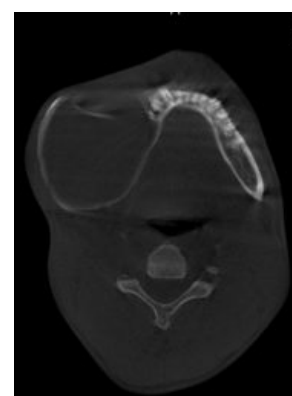
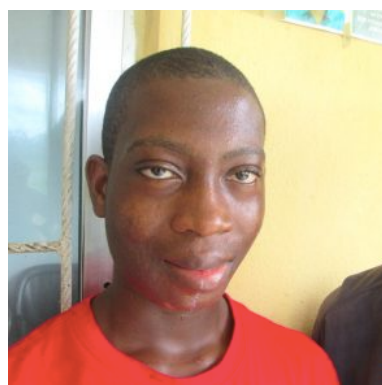
in your setting. I am pleased that the Swinfen team has referred the case to their Maxillo/facial expert.

A Maxillo/facial Surgeon from the UK was involved in the case with comments: "I agree with the points made regards infectious, inflammatory and granulomatous conditions. The size and rate of growth suggests a malignant process. Other signs that would suggest this would be ipsilateral lymphadenopathy and impairment of the facial nerve." He also stated that there was some echogenic lumps at the periphery of the lesion which may be a soft sign for a nematode. "It may be worth reviewing the image again for a worm shaped/ or moving string like shape within it, assuming non haematological disease would be at least a diagnostic /therapeutic superficial parotidectomy and if FNAC demonstrates malignancy then total parotidectomy may be worthwhile."

Our UK systems operator informs the New Foundations Mission that we have a contact with Mercy Ships and how would the referrer like to proceed? Case was passed on to Mercy Ships 15/12/2016. As the young man lived near the clinic this was fantastic news. Passport and visa was arranged.

Message was received from the referring doctor in March 2017 – "you will share our joy that today your case was seen by the team on the Mercy Ship at Cotonou and surgery was completed. After 'pulling' their canoe all night to reach our clinic from their remote riverine community both he and his father were escorted to Lagos, where they switched to local taxi to take them into Benin and liaise with the Mercy ship. Patient is recovering well."

This case started on the 8th December 2016, 64 messages were exchanged through the Swinfen system involving an Endocrinologist/Internal medicine specialist from Australia, a Max.Facial surgeon from the UK and the Swinfen System operators, working together with the New Foundations Medical Mission and Mercy Ships. We estimate that this case would have cost around £5,000 if fees had to be paid.



Interesting case from Zambia

[31st July 2017](#) [Victoria Johnson](#)

A 6 month old infant was seen by doctors on the 16th July at one of our mobile medical clinics in rural Zambia. The rash developed 1 week before attending clinic. Some lesions were crusting and the rash was present on the face, arms, back and buttocks. The rash

did not appear to be bothering the infant and there was no fever or systemic symptoms. The infant was otherwise fit and well, HIV negative and had been seen previously by our doctors at which time there was no evident rash. This rash had been treated by the community health worker with IM benzylpenicillin with some effect.

We sent the case to a Professor specialising in Paediatric Dermatology from the USA.

“This very prominent facial rash with an overall annular scaly appearance and impressive hypopigmentation is characteristic of NEONATAL LUPUS ERYTHEMATOSIS, a rare disorder in which infants have maternal antibodies (SS-A, SS-B sometimes called Ro and La antibodies, rarely RNP antibodies) which are photosensitizing so the rash appears after sun exposure. The rash will fade in time as the infant clears maternal antibodies but sun protection is important until this occurs. Scarring is unlikely. Topical hydrocortisone 1% or 2.5% ointment or Cream applied twice daily is safe and should result in improvement although return of normal pigmentation will likely take many months. Sunscreens and/or complete sun avoidance is strongly recommended until this occurs. The most IMPORTANT ASPECT of NLE is the possibility of CONGENITAL HEART BLOCK which is often complete and can be fatal. When NLE is suspected an EKG as soon as possible after delivery is key. In this infant who appears to be thriving and has reached the age of 6 months, heart block is less likely but EKG is still recommend. Other organ systems can be involved causing, among other things, anaemia and liver enzyme elevations. Mothers of infants with NLE are more often than not asymptomatic and unaware of the presence of antibodies. There is a high risk of NLE in subsequent pregnancies. Serologies may not be available for this infant but I hope an EKG can be arranged. This is an absolutely fascinating case and I am so pleased to review it.”

7 messages were exchanged between referring doctor, Consultant and Swinfen System operator saving approximately £1400 as Swinfen Telemedicine service is **FREE**.



“Brilliant case which beautifully illustrates just why Swinfen Telemedicine is making such an important contribution to world health one person at a time. Love this!”

Dr. A. Howland Hartley, MD, FAAP, FAAD, Swinfen Consultant

Case from Yemen

[31st July 2017](#) [Victoria Johnson](#)

This interesting case was sent to us from our link in Yemen on the 18th March 2017 and was ongoing till the 22nd April.

An 8 year old child was subjected to a direct blow from a small pebble to his left eye. Immediately after the incident he could not see with his injured eye. The pupil of the eye was partially filled with blood. He was taken to the ophthalmologist on the same day

and he reported that he is suffering from a traumatic corneal ulcer and hyphema. Hospitalization was not required and home care instructions along with medications were prescribed. No movement, most of the time in a semi sitting position. The patient and the doctor are in Sana'a and under nightly bombing. There is little water and starvation has been declared.

A second opinion was requested from the referring doctor, especially if any additional measure should be taken in order to save the vision of the child, so the case was sent to us where it was allocated to two Ophthalmic surgeons in the UK. "The trauma seems pretty severe but not necessarily devastating for the eye. If the pressure in the eye is soft then this would suggest a posterior rupture which is VERY serious. If normal or high then things are better. Check his vision regularly and it should be coming back if it does not then obviously something much more serious is happening".

Three weeks after surgery to remove the cataract, further surgery was performed, the retina was examined more closely and he was seen to have "commotio retinae".

18 messages between the referring doctor, the two Ophthalmic specialists and the Swinfen system operators were exchanged. As we offer our Telemedical system and the Consultants advice, diagnoses and recommended treatment for FREE we estimate that the money saved on this case would have been approximately £1600.



[Speech from The Princess Royal](#)

[10th July 2017](#) [Victoria Johnson](#)

The Princess Royal speaks at the Royal College of Physicians and Surgeons of Glasgow conference [#EIH2017](#) and mentions the work of Swinfen Telemedicine.



https://youtu.be/yCxvCWj_Li0

Claire Louise Ellis raising funds for Swinfen Telemedicine

6th July 2017 [Victoria Johnson](#)

Run for Champagne – 10k Run



Claire's story:

As some of you are aware my gentle giant of a father in law is battling cancer. He was first diagnosed over 2 years ago with bowel cancer and had surgery to remove part of his bowel. We all thought he was in the clear after 2 years of being in remission but sadly that wasn't the case. While on his "once in a lifetime" holiday to see the world, with his wife Loveday, he started to become sick again and things weren't quite right. When he arrived back from his 8 week trip he went for more tests and unfortunately he was told he had secondaries in his lungs. So he is now having chemotherapy and immunotherapy as part of his treatment. Unfortunately they will never be able to cure his cancer but hopefully the treatment will be able to prolong his life. At the moment he's going through intense and gruelling treatment which makes him feel sick and tired and we all as a family feel so helpless. We all wish we could take it away and I especially wished there was more I could do. So I thought to myself "What can I do to help?" Not a lot, was my conclusion. But then I had a "lightbulb" moment...

I thought as I have recently started running, I could put all my effort into training and could sign up for something I've never done before and help raise some money for a charity that would be close to both Brian and Loveday's heart. I asked them what charity they would like the donations to go to and I will be running in Brian's honour.

So on the 9th July I'll be taking part in my first 10k at Loseley House as part of their "Run for Champagne" event.

I've always respected and looked up to all he has done in his career as a Professor in Urology. He tirelessly helped many people who battled with prostate cancer in particular and other urological disorders and it's just so unfair that life has thrown this set of cards his way, after all he's done to help others!

I know my husband David, my sister in law Rebecca and mother in law Loveday and all of the family are so proud of what he achieved in his career and we just want to show him how much he is loved and respected and that we are all fighting this disease with him and that he's not alone.

I'm not just doing this for Brian, but for all of those who are living with cancer on a daily basis. And I'm also doing this in memory of my beautiful Auntie Brid who lost her battle to cancer nearly 3 years ago, she is so sadly missed. Lastly not forgetting all those who have lost family and friends to this awful disease, let's keep praying that with all this fundraising money they can finally find a cure!

Both Brian and Loveday work for Swinfen Telemedicine as system operators and help people from all over the world who need medical help and attention. With the help of the internet and mobiles, people from all over the world are only a click away from getting the help that they need.

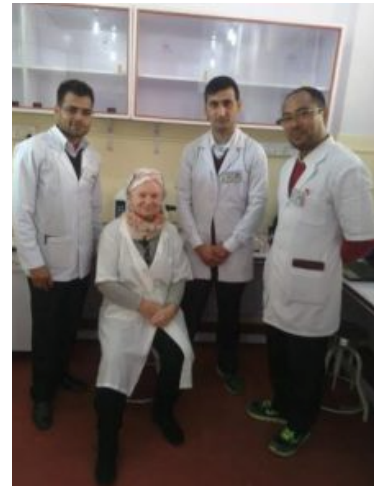
Thanks so much for reading and for any donations (big or small) that you are able to make.

[iPath visit Tansen](#)

[3rd March 2017](#) [Broadbiz Web Services Ltd.](#)

As a result of Swinfen Telemedicine and iPath joining forces Dr Gerhard Stauch, Consultant Pathologist and Mrs Monika Hubler, co-ordinator of iPath, visited one of our Telemedical links in Tansen, Nepal in February. United Mission Hospital is run by Dr Marianne Broqueville and Dr Rachel Karrach, Medical Director.

The aim was to establish a Histology and Cytopathology laboratory, training of technicians in the production of histological and cytological preparations, documentation and archiving, creation of a database for patient data and reports, Training of the team in basic histology and cytology. Training began with a very motivated team.





NGO hospital with 160 beds with an average occupancy rate of 80% and an outpatient clinic of 100,000 patients. The following fields are covered: surgery, orthopaedics with trauma surgery, internal medicine with radiology and ultrasound, gynaecology and obstetrics, as well as a laboratory for Hematology, Parasitology, Microbiology and biochemistry

The next laboratory for pathology is located in Bharatpur, 160 km away (corresponding to 8 hours) and in Bhayavar at 60 km distance (corresponding to 3-4 hours). Gerhard and Monika plan to return to the hospital at the end of the year.



WORLDS FIRST

[2nd March 2017](#) [Broadbiz Web Services Ltd.](#)

Congratulations to Mr Mukhtar – Paediatric Surgeon based in London, who performed emergency surgery on their youngest ever patient after her premature birth at 23 weeks.

We are so proud and privileged to have you as a volunteer consultant at Swinfen Telemedicine.

Thank you for your great skill and devotion to duty and humankind.

Season's Greetings

[3rd January 2017](#) [Broadbiz Web Services Ltd.](#)

Dear all

May I have the opportunity of Christmas and the upcoming new year to congratulate you and wish you all the best and more success in the outstanding service you give for people who are in need, and have access to advanced medical knowledge in order to decrease the immense suffering due to poverty, illiteracy, political and social instability
A Referring Doctor from the Yemen

Happy New Year 2017

[3rd January 2017](#) [Broadbiz Web Services Ltd.](#)

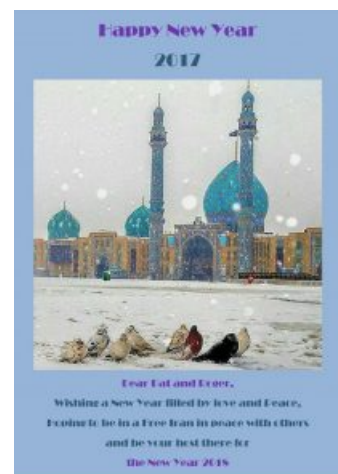
Happy New Year,

My colleagues and I use the occasion of New Year for conveying our profound gratefulness to Swinfen Charitable Telemedicine kind and expert assistance.

We wish a year full of love, peace and happiness for you, your family and colleagues,

May God Bless You All,

Doctor and colleagues in Albania



Christmas Wishes

[3rd January 2017](#) [Broadbiz Web Services Ltd.](#)

Wishing you a Merry Christmas and a happy prosperous new year 2017.

Kunde hospital Nepal



News from Hindu Kush, Nepal

[3rd January 2017](#) [Broadbiz Web Services Ltd.](#)

The following newsletter has been written by Maureen Lines.
January 2017 ON THE OTHER SIDE OF PARADISE

Unique, beautiful, absolute paradise. These are some of the expressions used to describe the Kalash valleys. When I first came here in 1980, I probably used the same ones. In those days there was no electricity, no running water, no latrines, no bazaars, only hair-raising jeep tracks (they still are!), no hotels or guest houses. I knew every water channel and mountain path in Birir. There were no walls, no hedges or fences to bar our way. A few plank bridges enabled us to cross over the river. In those early days I played the role of the 'barefoot doctor' and treated the ailing and the sick.

At that time there was plenty of protein although less in Birir than in the other two valleys. In Tak Dira's house, where I stayed, there was always yoghurt, cheese, milk, walnuts and beans (no eggs as chickens were taboo in Kalash society). Rice, which has now become a staple food for those better off than most, was then a luxury and we only had it when I brought it in from Chitral. Meat was rare and mostly consumed by men and only at weddings, funerals or festival time. Then much later on, I moved across the river. In those days, Grubinasa had only two houses in the middle of fertile land between the river and the hills. Now Grubinasa is a village of some fifteen houses. Everywhere in Birir there are fences and walls. I would no longer be able to travel freely around the valley. The same is happening here now which happened in Britain in the 19th century. There is no open common land anymore, and people are protecting their property from any possible encroachment. Along with that is, like everywhere else, population explosion. Also, when the eldest son marries, he soon tries to leave the extended family and build his own house.

With this also comes deforestation and climate change..... Goats have always been the main stay of Kalash economy along with agriculture. Due to deforestation, more movement, disease among the goat population has increased. People's herds have



dwindled, Less land, less crops, less livestock, lack of income and problems began to multiply. In the nineties, foreign tourists found us and several summers we had something like between three thousand and five thousand western tourists. This brought income. People built small guest houses and tourists often befriended me and would give me money to buy medicine. I used to think, that tucked away in these mountains, the Kalash culture would survive, along with the people

themselves. The signs are full of foreboding.....globalization and climate change will affect the people adversely. Since 2010, we have witnessed terrible floods. Almost half of Bumburet has been completely washed away. Child mortality has improved enormously due to better sanitation, more awareness and better access to doctors. This, however, has had a blowback effect. With the population increase, it has become obvious, that the land can no longer sustain so many people. With both pastoral and agro livelihoods in danger, the youth have to find employment, so good education is a must.

THE SCHOOL

I have been asked a number of times, why I had decided to build a girls' high school. I had moved with my friend and her husband and four children. The eldest daughter, was moaning about the local primary school which was only about a hundred meters distant. Where was she going to continue her education? This bright twelve year old had a point. There was no Middle or High School for girls in the valley.

'Why you don't build one?' 'Me?' 'Impossible!' "why not?" So the idea was born, but it was to take another six years before our dream would become a reality.

The building has now been completed except for the electricity. A new hydro-electric power station has been built, but the people of the valley do not like to have to pay monthly bills! They can't afford to. I am hoping we can use solar panels for the school. We also need a programme of teacher training, as the ability of the present incumbents leaves something to be desired.

