

## Tranquilo in Paraguay



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As the landlocked neighbor of better-known South American countries, Paraguay is often forgotten by world politics and world travelers alike. Locals treasure the word “tranquilo” as a supreme objective in everyday life, encompassing the idea of calm, quiet, and being at peace with what life may bring.

I first had the pleasure of knowing Paraguay when I served a church mission nine years ago. In addition to the warmth of the people (and the sun), I remember the “asados,” marked by the incredible airborne aroma of dripping slabs of fresh beef sizzling in the silence every Sunday from nearly every Paraguayan home. When I left two years later, I promised myself to find a way to give back to the country that taught me so much about a simpler life.

That opportunity came as a fourth-year medical student. I was fortunate to find that **Richard Wagner, MD**, of Global ENT Outreach (GEO) was going to Paraguay for two weeks with the intent both of teaching local physicians

and performing ear surgeries. Five minutes after emailing GEO, I talked to Dr. Wagner and found myself planning a trip back to Paraguay.

The people were just as friendly, the sun was just as warm, and the grilled beef just as promising as I remembered, but I now recognized the incredible amount of otologic pathology present in the country. During our two weeks there, Dr. Wagner performed more than 25 procedures for chronic and acute ear disease. We encountered everything from tympanic membrane repair to extensive external auditory canal remodeling in the wake of disfiguring fibrous dysplasia, plus cholesteatomas exerting various degrees of destruction on surrounding ear structures. Having completed rotations with two prominent otologists in the U.S., I was amazed at how being medically under-served *outside* the U.S. is an entirely different experience.

The generally quiet nature of Paraguay was advantageous to GEO’s mission. A group meeting for all otolaryngologists in the country was very well attended, and attendees later enjoyed a traditional *asado* hosted by a local surgeon. Additionally, nearly every day local newspapers and broadcast media reported on

the “American surgeon,” who had come to teach and operate. As such, we were stopped in the street and questioned by potential patients who had been waiting for decades, some of whom had been told that their problem did not have a solution. We made many referrals for follow-up testing in a beautiful public outpatient facility recently donated by the country of Japan.

During the tour, we worked with surgeons from the public Hospital Internacional de Itagua, the Hospital de Clinicas, and the government hospital, Instituto de Prevision Social. At each, we found physicians eager to learn and well prepared in every way. Each hospital cleared its daily operating schedules so that all otolaryngologists could observe the techniques, and witness anatomy that some had never seen before outside a textbook. As a student, I helped with much of the patient care and equipment setup, as well as closing and dressing incisions. After the first few intense days, I could also describe to the medical residents various parts of the procedures that were invisible due to the lack of teaching microscopes.

Indeed, poor quality or lack of proper equipment was a common theme. Surgical lighting was a constant battle, and even an operating stool with wheels was an impossible luxury. The microscope at each hospital suffered from a disabling combination of burned-out light sources, broken lenses, and advanced old age. The absence of proper microscopic amplification intensified the intricacies of inner ear surgery to the point that we lost countless hours in begging to use closely guarded neurosurgery apparatus at two locations. Between the three public hospitals where we worked, we could finally assemble the parts and pieces of about 1½ functional operating microscopes (and then disassembled them the next day to operate at another site!).

The chance to return to Paraguay has only increased my desire to return to a place where the pathology is matched only by the gratitude of the people. As I return to the stress of preparing my residency application for this fall, I am impressed that each program to which I apply has facilities beyond the comprehension of most Paraguayan physicians.

Most patients with whom I will interact have options that far exceed their Paraguayan counterparts. Paraguay offered me the chance to see the best of otolaryngology, and has excited me to return one day in a greater capacity.

Medical students, residents, or otolaryngologists interested in Global ENT Outreach can contact [info@geoutreach.org](mailto:info@geoutreach.org) for upcoming international programs in Samoa, Peru, and El Salvador. GEO is accepting donations of new or used operating microscopes for use in Paraguay. Please contact me at [jonathon.o.russell@gmail.com](mailto:jonathon.o.russell@gmail.com).



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## Certificate Program for Otolaryngology Personnel (CPOP)

The CPOP program is a three-phase training program to teach basic hearing evaluation

### For Information, contact:

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This program, which is divided into three phases—a self-study phase, a hands-on workshop, and a six-month supervisory period—is designed to be a highly cost-effective way to increase office efficiency. OTO techs will allow your staff members the opportunity to provide advanced hearing and balance services and focus on challenging patients.

Each CPOP registrant must be sponsored by an otolaryngologist, who will provide guidance and oversight. The sponsoring otolaryngologist is responsible for monitoring the participant's progress, providing direction, and outlining the technician's role in the office.

October 23-25, Drexel University, Philadelphia, PA  
November 13-15, Owens Ear Center, Dallas, TX



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