

## Report on dental visit 11-24 nov. 2018

My fifth visit to Bawku began this time with bringing the news of a very sick former dentist, Dr. Wim. I was lucky to have sent him a last message from Bawku before he passed away on November 13. He knew that the dental clinic would be taken care of by Dr. Alex and myself on behalf of FOB, in the way he would have wanted it. All the former dental workers came to greet me and I was able to tell them the news in person.

The Dental Clinic itself was nice and tidy and even re-tiled. The AC is working nicely so a lot of work could be done. Most of the instruments, machines and materials were found well, however some needed unpacking, rearrangement or repair. The big suction was put to work again thanks to the input from the DHIN (Dental Health International Nederland), the new hoses and of course Pascal.



After getting all the wrapped up things we started work slowly. Following the broadcasting on the radio, the patient numbers were enormous. Evelyn and Douglas explained that people had to come earlier to the dental clinic helping them more by performing prevention rather than only taking out their teeth. Apart from staff and family members 82 patients were seen in 9 days. Mostly fillings, root canal treatment, bleaching of non-vital dark teeth, and some extra-ordinary cases like broken jaws and suspected cases. Some of them we could treat ourselves others needed referral to Tamale Teaching Hospital.



The dental has always the same reliable staff. Since this year Azara has also retired, after Rose last year. Evelyn, Ayagira and Douglas Avoka were there with a rotational; Benjamin Ayaaba.

The difference between the two dental workers in skills and attitude are significant. Partially due to their background (1 year community oral health versus surgical dental assistant 3 years). Still we've managed to bring the dentistry to a higher level again.

A lot of used and new materials were brought in, such as composites, toothbrushes, drills, handsome curing light and a scaling machine. The anaesthetics and gloves were sufficient. Most of the other stock was still ok. The daily maintenance such as cleaning of machines could be better. The responsibilities of the one in charge are not clear. I would have expected amongst other things: training rotationals, daily maintenance, keeping stock for materials for daily work and so on. The dental clinic could be better equipped, if small defects would be detected earlier and not after they have broken down completely. These problems were discussed with either the dental workers or with John Azaare, coordinator FOB.



The hygiene is taken care of by washing the instruments with a bleach solution, rinsing and drying. Unfortunately the small copper brush, which is to be used for cleaning the (small) instruments like the drills themselves, was misplaced and never found again. Afterwards the ones, which can stand the heat are put into sterilisation. The autoclave from ENT is used for this. Unfortunately they close up at two, which means that the instruments can not be sterilised the same day resulting sometimes in lack of instruments for the dental the next day.

After the X-ray department has gone digital last year the waiting room and reception had a real make-over this time. There were two very well skilled members of staff now: Paul Awini and Awudu, with whom it was a pleasure to work with. After explaining the diagnosis of the patient they made very good useful X-rays for the dental. Unfortunately for the dental X-rays themselves there is no digital system. Neither are there any chemicals anymore for the analogue way of developing. So they have promised to arrange small amount of fluids to develop the solo X-ray which we've made during my visit. Either they keep developing X-rays like that, or we should try (to import) the self-developing ones for the future.

Again I had a very fruitful and pleasant stay not at least because of the nice and efficient collaboration with John Azaare. Some written lessons about endodontics, filling making, use of handpieces and what to eat when jaw is broken were sent later by email for the dental clinic to be used as reminders.

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