O
n our mission to Uganda in March this year, we were fortunate to have five UK members in our dental team: Paul and Aliya (GDPs), Michelle (a practice manager/dental nurse) and Michael (non-dental, but on his second trip with CRU and already trained in sterilisation techniques). In Uganda, we were joined by two UK gap-year students, Todd and Lucie, Todd was directed to us by the oral health charity Den
taid to undertake research on in
fant oral mutilation (IOM). This is traditional practice in several East African countries, in which the deciduous canine tooth buds are gouged out as a “cure” for “tooth worms” which the vil-

lage healers believe cause diar-
rhoea and sickness in an infant. They teach that the baby may die

Lucie volunteered to act as dental nurse. Dental therapist Elizabeth (resident in Uganda) and her hygienist friend Christi
na joined us for a clinic at Eliza
beth’s Hope Ministries project at Bwerenga. At various times we were augmented by the services of 16 dental professionals resi
dent in Uganda who were availa
ble at different times throughout
their stay.

Pain-relief clinics were set up in nine different rural areas of southeast Uganda, working in churches, schools and health centres; as well as in a Govern
ment Rehabilitation Centre for convicted child criminals and street children.

Possible treatments
All the equipment has to be transported in our vehicles and also by boat, so it is limited to hand instruments and forceps, elevators etc, local anaesthetics, Duraphat varnish and glass-ion
omer cements, non-electric ster
ilisers and three Dentaid port
able dental chairs. This enables us to set up a clinic with desig

Dental professionals on a mission
Barbara Koffman reports on her experiences on Christian Relief Uganda’s most recent dental mission and details how you can get involved in future relief missions

‘The decidu
ous canine tooth buds are gouged out as a “cure” for “tooth worms” which the vil
lage healers believe cause diarrhoea and sickness in an infant’
I consider it most important for each volunteer to have opportunities for rest and relaxation as well as work, so there is plenty of opportunity for sight seeing.

The service we can give covers screening, extractions, scaling and atraumatic restorative treatments (using hand instruments to excavate caries and then filling the cavity with glass ionomer cement).

Patients with more complex needs are referred to the nearest health centre for further help. (This can mean using CRU funds to transport the patient and to pay for their treatment.) Last September we found a little boy suffering from Burkitt’s lymphoma, an aggressive cancer, and were able to organise hospital treatment for him. We saw him this time and he is vastly improved.

I consider it most important for each volunteer to have opportunities for rest and relaxation as well as work, so there is plenty of opportunity for sight seeing.

Find out more?

We have a further trip planned for 22-29 November 2010 to climb Mount Elgon, an extinct volcano and the fourth highest mountain in Eastern Uganda. Along with the clinical team, I will be taking a team of volunteers to provide oral health education and IOM lectures. All necessary training for this will be provided. For more information, visit www.christianreliefuganda.org, email bkoffman@nrcru@hotmail.com or call 07970 165798.

Christian Relief Uganda wishes to thank Derek Hampton of the Actron Group of Satelec UK Ltd of St Neots for his generosity in arranging the long-term loan of an ex-demonstration Trans’Care Max portable dental unit for use in the dental missions to Uganda.

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