

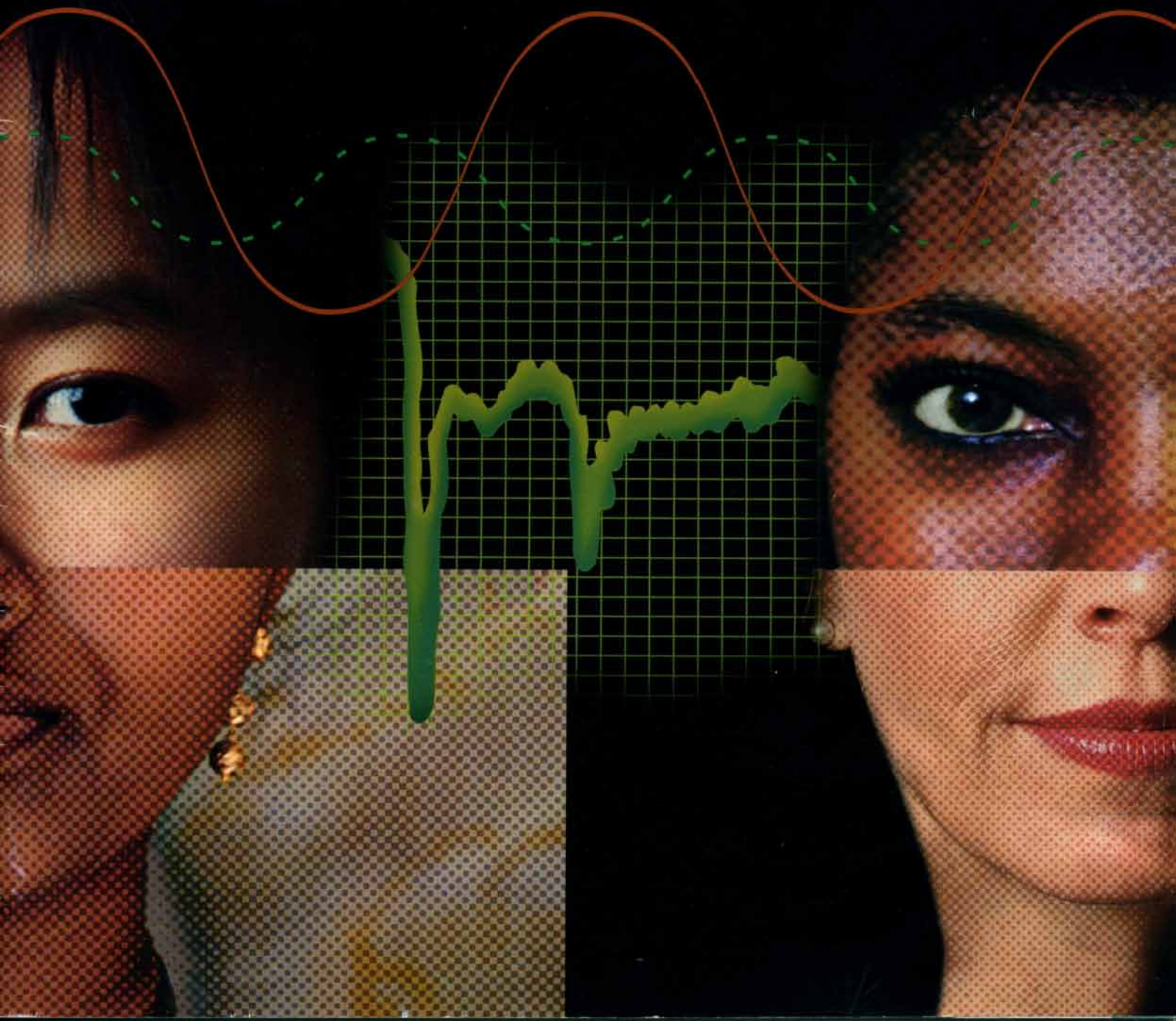
# RushRecord

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## Measuring Menopause:

Tracking Mid-Life Health Risks



# Alum Embarks on Himalayan Adventure in Seat-of-the-Pants Medicine

by Mark Harris

**M**aria Swastek, MD '89, laughs when she recalls her return to the Western world after volunteering at a remote mountain clinic in Nepal for three months. For several days, she kept greeting people in the traditional Nepalian manner — bowing with her palms placed together.

Small cultural adjustments like this were well worth her experience with the Himalyan Rescue Association, says Swastek, an emergency medicine specialist at Elmhurst Memorial Hospital and the Community Hospital of Ottawa. The association recruits physician volunteers to prepare Himalayan trekkers and provide care to local villagers. As a result of the group's work, the high mortality rate from altitude sickness among trekkers has dra-

matically declined.

Swastek heard about the association while attending an emergency medicine conference in Washington, D.C. Her love of travel and desire to learn firsthand about other cultures led her to volunteer.

Swastek's assignment took her to the mountain village of Manang, home to some 400 people and a stone's throw from the Tibetan border. Getting there entailed a 12-hour bus ride from Katmandu, followed by a six-day hike complete with an entourage of two guides and 13 porters carrying supplies and equipment.

"It was an adventure in seat-of-the-pants medicine," Swastek says. The clinic, like the village, lacked running water and only had electricity for six hours a day, if at all. Oxygen supplies were also nonexistent until the last week of Swastek's stay. But the bare essentials were available: a fairly well-stocked pharmacy, a rudimentary lab and just enough room for two patients to lie down.



**Maria Swastek, MD '89, (center) lecturing on altitude sickness to trekkers in the Himalayan mountains.**

"You really had to rely on your clinical instincts," says Swastek, who was one of two physicians assigned to the clinic. "We couldn't do a blood count or measure electrolytes or order X-rays. I actually found it very refreshing. Back home we're always thinking about covering our bases. 'This person's got pneumonia so let's do a CBC, let's do this or that test.' In Nepal it's very simple: Just do what you clinically think is best for the patient."

Every other day Swastek gave a lecture on altitude sickness to trekkers who were hiking through the village. Because Manang sits 11,500 feet above sea level, foreign trekkers usually spend a few days in the village, adjusting to the altitude before continuing.

Swastek and her colleague were also able to treat many trekkers with altitude sickness before the condition became serious, using diuretics, steroids and a portable pressure chamber called a Gamow bag. "It was amazing how



**Swastek with 12-year-old Nepalese girl who was treated for Ludwig's angina.**

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# Interactive Education

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several times a quarter for counseling or to pick up information. Staren hopes students will come to view the medical student program office as a friendly, open place. "We aim to be a place that helps relieve students of the stresses associated with medical school."

Since completing his internship and residency in general surgery at Rush, Staren also completed a fellow-

ship in surgical oncology. Staren is an associate professor and associate attending surgeon in the Department of General Surgery. He also received a doctorate in immunology and microbiology at Rush in 1991. He is the author of more than 100 scientific writings on breast, endocrine and liver cancer, as well as other topics.

Staren continues to perform

surgery and conduct research, but in recent years, medical education has become his primary passion. After being appointed assistant dean for clinical curriculum in 1995, he learned firsthand how education can influence young doctors. "I determined that I could have an even bigger, more positive impact on health care through medical education," he says. ■

# Seat-of-the-Pants Medicine

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many people would walk around with high altitude pulmonary edema," Swastek says. "These were young, healthy people and they'd come to the clinic, saying, 'I'm a little out of breath.'"

The clinic physicians also spent considerable time attending to health-care needs of local villagers. They treated routine infections and respiratory ailments and tended to the needs of the dying.

Access to the clinic was particularly important for one girl — a 12-year-old with Ludwig's angina, a mouth infection. Concerned that the infection would spread and push the girl's tongue back, blocking her airway, Swastek prescribed high doses of intramuscular penicillin. "I remember the trepidation I felt when I first saw her in the village courtyard," says Swastek. Back home, I would have ordered an ENT consult and put her on IV antibiotics, neither of which were available."

The family insisted on taking the girl home, so Swastek had to walk to the other end of the village every six hours to check on the girl. Happily, the girl completely recovered after a few days.

The Himalyan Rescue Association prepared Swastek for the various clinical cases she might encounter in the mountains — every-

thing from pulling teeth to attending sick livestock, she says. "Before leaving for Manang, we were given a crash course in such things as how to take a rectal temperature in a yak and the normal vital signs of a goat," says Swastek. "Not exactly the kind of problems I've encountered at Elmhurst Memorial."

Luckily, the only veterinary problem Swastek encountered was a villager who came to the clinic asking why his brother's goat would drink but not eat. She asked the man to bring the goat into the clinic, but he never returned. Suspicious, Swastek warned the clinic cook not to buy any goat meat that suddenly appeared in the village — a rarity in that area. Sure enough, two days later, goat meat was for sale.

Swastek believes her experience sharpened her clinical judgment — a vital advantage for an emergency room physician. "I'm more likely to say to myself, 'This is

obviously the clinical picture, we don't need this test.'"

Swastek's adventures in Third World medicine — she also spent two weeks last year with a Bolivian medical group — were richly rewarding and rejuvenating on a personal level as well. "If you're interested in getting your batteries recharged, and getting a new perspective on life, it's an experience I would recommend to anyone." ■

*If you're interested in more information on the Himalayan Rescue Association, please contact Maria Swastek, MD, at [musmd@aol.com](mailto:musmd@aol.com)*



**Swastek treats a Nepalese man for an infection.**