THE HISTORY OF COLORECTAL TEAM OVERSEAS

Conversation with Dr. Marc Levitt | CTO Founder & Pediatric Surgeon

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[The history of Colorectal Team Overseas]

[Marc Levitt, Pediatric Surgeon, CTO Founder, Washington D.C., USA]

One day about 15 years ago, I was invited to join a team going for surgery to Honduras. And several of us joined to help with the colorectal parts of the pediatric surgical effort of that team. And we were sitting around saying we should do this on our own, we should do a devoted colorectal mission, only colorectal care, around the world. And that is where CTO was launched; Colorectal Team Overseas. We realized that there was care to be provided in the developing world, with resource-limited places where children were suffering with colorectal problems, and could not possibly go anywhere to get that care other than where they were living, and we had to come to them. And so we launched a not-for-profit organization which has 40 members from 20 different countries, and this includes surgeons, and nurses, and anesthesiologists, and a variety of volunteers and coordinators. And we organize a trip of 20 or 25 people each time twice a year, sometimes three times a year, where we go for a trip to help the children, but mainly to help the team there become better at caring for these patients.

The mission is to train, the mission is to get the surgeons and nurses to do better care, so that when we leave, they have the ability to provide that care the next week when we're not there. That is a sustainable model. We felt we had a mission- we could bring colorectal care to the world. And I started to receive invitations from surgeons from around the world saying “Will you come for a visit? We have many cases, our patients can’t travel, and we need your help”

[Marc speaking to the group:] I feel very close and really warmly welcomed, and very appreciative of how hospitable you are, and clear we're trying to solve problems together…

I decided to assemble a team to do the surgery, provide the anesthesia, the nursing care, and always added a group of volunteers to do some project in the hospital. And we went to many places; we've been all over the world at this point. We've been to South Africa several times, we've been to Ghana, we’ve been to Ethiopia, recently we were in Vietnam, we've been to Russia. It’s a whole list of wonderful places and wonderful experiences.

Always with the mission of training the local team to be able to do their own cases after we leave. I believe in the model, the approach, of providing the education, the training. Otherwise, it's not sustainable care. You only are treating the patients that you see yourself. What happens

the following week when the team has left? The ideal scenario is to train the surgeons and the nurses how to do that care. You leave, the next patient shows up the very next day, they get the higher level of care. I realized that an ideal way of doing these trips was to, you had to connect to a person. It's the human-human bonding that mattered. And I started meeting surgeons from around the world, and we talked to them, got to know them, realized their situation, and what they struggled with for the care of their colorectal patients. And I started a routine where I would invite them to visit me, to spend time with me for a minimum of one month. I got to know them, I understood their style, I understood their level of efficiency. I could detect how organized they were. They learned our protocols, they learned what radiology testing the patient needed, and I came to a determination of whether or not they could organize a trip to host us. So, I have many of these people in the pipeline, where they have spent a month with us, and now we're going forward in the next year or two to visit them at their place. And when I arrive, and the team arrives, we have a really nice organization. We have communicated in the weeks before, we have reviewed the radiology, nowadays that's on Zoom. Very organized, we've met all the patients virtually, and then we arrive and we are very efficient. And then we do care in the operating room, in the clinic, in the ward for the inpatients, we do teaching of the anesthesia team that they have, the nursing team, clinic, floor, OR [operating room]. And we bring with us a group of volunteers to do some project that helps the hospital.

So, what I noticed was starting to happen is, I would be at some academic meeting somewhere in the world and surgeons would come talk to me about a difficult case, and we would get to talking about their clinic and how it works in their operating room, and how much of a colorectal need they have. And then that's when the bonding began. And what I would do is if I detected in them something special, something unique in the way they wanted to care for these patients, I would then invite them. And now we have a wonderful program that has been sponsored by a devoted family that we helped, who looked at our international effort and was very excited and impressed by it. And they asked me, "how could we help your international effort?" And I said, well, the relationship begins by inviting the surgeon or the nurse or both, to our hospital. And they donated money to provide the flights and the hotel for one month. Imagine, I'm at a meeting, I'm talking to a colleague from somewhere in the developing world and I say to them "Would you like to come to DC? Washington DC?", of course they say "yes I'd love to, but I can't afford it". Oh, no, we will cover your flight and your hotel and you'll be our guests for one month. They start crying sometimes, they never even thought that that was a possibility. and then they come and we bond and we formulate a plan, and I detect their capacity to organize a trip, and then sometime in the next year or two, we go. The CTO team goes and helps them with their cases. And if we really have a wonderful experience with them, we keep going- every year or every other year after that.