## MOBILE MEDICAL CAMP REPORT

Rana SJB*, Neopane A*, Subba Kネ

A mobile medical camp organized by RNAMC was setup in No. 4 Brigade HQ. Nimare Barrack, Surkhet. The duration of the camp was of six days i.e. from $15^{\text {th }}$ Mangshir 2061 to $21^{\text {st }}$ Mangshir 2061.

The 34 strength mobile medical team members were as follows:

1. Brig Gen Dr Suraj SJB Rana

Team Leader
Ophthalmologist
2. Col Dr Gobinda Khadka

Radiologist
3. Col Dr Arya Pandey Obstetrician \& Gynaecologist
4. Lt Col Dr Naresh Giri Surgeon
5. Lt Col Dr Arun Neopane Pediatrician
6. Lt Col Dr Nagendra Prasad Shah Oto-Rhino-Laryngologist
7. Lt Col Dr Bharat Prasad Singh Orthopedic Surgeon
8. Lt Col Dr Arun Sharma Physician
9. Maj Dr Uday Bajracharya Anesthesiologist
10. Capt Dr Nirjala Aryal GDMO
11. Lt Dr Riwaj Karki Dental Surgeon
12. Lt Dr Poonam Chand Thakuri GDMO
13. Lt Col Kamala Subba Specialised Nurses
14. Capt Sarala Thapa Staff Nurse

* Dr. Suraj SJB Rana Brig. Gen., Team Leader Consultant Ophthalmologist
* Dr. Arun Neopane Lt. Col., Pediatrician
* Mrs. Kamala Subba Lt. Col., Nursing Officer

15. Lt Bina Darai

Staff Nurse
16. T/Sub Sarala Sapkota Staff Nurse
17. T/Capt Khagendra Si Ma Medical Lab Technologist (Adam. Officer)
18. T/Capt. Tilak Bahadur Khadka O.T. Technician (Logistic Officer)
19. T/Sub Nakul Thapa Paramedical Staff - (Ophthalmology)
20. T/Sub Sanu Maiya Khadka Paramedical Staff - (Obst./Gynae)
21. T/Jem Guman Singh Pu Ma Paramedical Staff - (Anesthesiology)
22. T/Sub Ram Narayan Paudyal Paramedical Staff - (Dispensary)
23. T/Jem Yem Bdr Godar Paramedical Staff - (Surgery)
24. T/Jem Yagya Purush Pandey Paramedical Staff - (Radiology)
25. T/Hav Shankar Poudel Paramedical Staff
26. T/Hav Ramesh Thapa Paramedical Staff
27. T/Hav. Maheshwor Chaudhary Paramedical Staff
28. T/Hav Gir Bdr Thapa (DMI) Photography
29. T/Hav Ramji Prasad Devkota Paramedical Staff
30. T/Hav Jaman Singh Basnet

Paramedical Staff
31. T/Nk. Ananda Bhandari

Paramedical Staff
32. T/Nk Mohan Thapa

Paramedical Staff
33. T/Nk Dhan Bdr Rai

Paramedical Staff
34. Sep. Lok Raj Parajulee

Paramedical Staff

Specialised medical services were provided in the following fields. General Medicine, General Surgery, Obstetric \& Gynaecology, Pediatric, Orthopedic, Anesthesia, Ophthalmology, Otorhinolaryngology, Radiology, Pathology and Dental. The task given to the team was to provide medical service to the serving soldiers their families and the Ex. servicemen and their families cover by the $4^{\text {th }}$ Brigade. The expected patient load was approximately 1750 (i.e. Ex-servicemen and families) and 200 regular soldiers. The Kalyankari branch through the DMS office provided the medicines. The instruments and equipments were taken from Shree Birendra Hospital. It took three trips for the "Sky Truck" to transport the team members \& the equipments to Surkhet. The first two trips were flown on 14 ${ }^{\mathrm{h}}$ of Mangshir and the last trip came on the $15^{\text {th }}$. The team started work right from the $15^{\text {th }}$ of Mangshir in spite of the incomplete manpower.

The camp was setup in the previous $N_{0} 41$ ambulance complex. The space available $w_{i 1}$ sufficient however we managed to squeeze if specialised OPDs, the Pathology Laborit Dispensary, X-Ray, USG, ECG and Refrat units. The Brigade MI room, which was conve to an O.T. with pre and post-operative and $C$ facilities. There were two beds for pre-oper patients and four beds for post-operative pati The pre-operative beds were also used $f_{c}$ patients.

Patient Registration was a tough job at first but on it was more organized. Daily about three of the patients who reported to the Arti Battalion in Mangalgarhi Barrack situate Surkhet bazaar, 7 kilometers away from Bri HQ were brought by bus to the camp location. 1 patients however came from the near by Bri HQ area. The No 4 Brigade HQ staffs provider support. They provided the necessary sect administration support, cooperation and the $v$ hospitality.

## Procedures

| S.No. | Department | Procedure | No. of Cases | Remarl |
| :--- | :--- | :--- | :---: | :---: |
| 1. | ENT | Uvelectomy | 1 |  |
|  |  | Inferior Turbinectomy | 1 |  |
|  |  | Foreign body removal nose (Insect) | 2 |  |
|  |  | Excision of Papiloma soft palate | 1 |  |
| 2. | Dental | Extractions | 49 |  |
|  |  | Fillings | 113 |  |
| 3. | Eye | Refraction | 263 |  |
|  |  | FEUM | 42 |  |
|  |  | Syringing | 65 |  |
|  |  | Schiotz tonometry | 46 |  |
| 4. | Obst./Gynae | Dresbyopic specticals provided | 135 |  |
|  |  | Chalazion I \& D : For incomplete abortion | 1 |  |
|  |  | Laprotomy and excision of Twisted |  |  |
| 5. | Medicine | ECG | 1 |  |
| 6. | Radiology | Chest X-Rays | 6 |  |
|  |  | LS/Cx Spine | 61 |  |


|  |  | Joint/Bone | 98 |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  | KUB | 31 |  |
|  |  | PNS | 4 |  |
|  |  | Skull | 1 |  |
|  |  | USG Abdo | 170 |  |
|  | USG Thyroid | 1 |  |  |
|  |  | Urine RE | 169 |  |
|  |  | Stool RE | 108 |  |
|  |  | Pregnancy tests | 47 |  |
|  |  | Blood RE test | 48 |  |
|  |  | LFT | 125 |  |
|  |  | Blood grouping | 67 |  |
|  |  | Remen analysis | 72 |  |
|  |  | Blood Sugar test | 138 |  |
|  |  | Uric Acid | 101 |  |
|  |  | Hbs Ag | 90 |  |

Following Surgeries were performed at Surkhet Medical Camp
Surgeon: Lt. Col. Dr. N.K. GiriAnaesthesiologist: Maj. Dr. U.B. Bajracharya

| S.No. | Rank | Name of Patient | Age | Sex | Diagnosis | Operation | Anacsthesia |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Date: 2061/8/15 (Day 1) |  |  |  |  |  |  |  |
| 1. | Family | Mr. Surendra Basyal S/O Hav. Arjun Basyal | 10 yrs | M | Small lump abd and mass ring finger | Excicion | LA |
| 2. | Family | Mr. Arjun Basyal S/O Hav. Arjun Basyal | 9 yrs | M | Mole Lt. leg | Excicion | LA |
| 3. | Family | Mr. Suman K. Pariyar S/O Nk. Shankar Pariyar | 8 yrs | M | Abscess Rt. ankle | I/D | GA |
| Date: 2061/8/16 (Day 2) |  |  |  |  |  |  |  |
| 1. | Family | Master Sushil Poudel | 2 yrs | M | Phimosis | Circumcision | GA |
| 2. | Hav/Clk | Bhakta Bdr Tamang | 28 yrs | M | Anal tag | Excission | LA |
| 3. | Lnk. | Krishna Bdr Ra.Ma. | 25 yrs | M | Auricular cyst | Aspiration | LA |
| 4. | Family | Master Kiran Achhami | 3 yrs | M | Phimosis | Circumcision | GA |
| 5. | Nk . | Yam Bdr Oli | 25 yrs | M | Ingrowing toe nail | Excission | LA |
| 6. | Nk. | Sher Bdr Basnet | 33 yrs | M | Epigastric hernia | Hernia repair | LA |
| 7. | Nk. | Bharat Bi.Ka. | 38 yrs | M | Lipoma | Excission | LA |
| 8. | Family | Mr. Ganga Bdr Shahi | 11 yrs | M | Cervical lymphadinitis | Excission | LA |


| 9. | Hav. | Arjun Ranabhat | 28 yrs | M | Multiple lipoma | Excission |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 10. | Hav. | Bhim Bdr Sherpa | 32 yrs | M | Multiple lipoma | Excission |  |
| 11. | Family | Mr. Hikmat Sherman | 10 yrs | M | Ganglion Rt. hand | Excission |  |
| 12. | Family | Miss Tika Bi.Ka. | 7 yrs | F | Wart | Excission |  |
| 13. | Family | Mrs. Laxmi Kafle | 25 yrs | F | Foreign body Rt. hand | Excission | 1 |
| 14. | Family | Mrs. Parbati Bi.Ka. | 53 yrs | F | Calcinosis cutis Rt. hip | Excission | A |
| 15. | Family | Mr. Raju Darlami | 18 yrs | M | Incised wound Lt. index finger | Suturing | A |
| Date: 2061/8/17 (Day 3) $\quad$ P |  |  |  |  |  |  |  |
| 1. | Scp. | Jit Bdr Shrestha | 22 yrs | M | Hematoma anal region | Excission | SA |
| 2. | Family | Mr. Laxchay Magar | 5 yrs | M | Hydrocele | Hydrocelcetomy | GA |
| 3. | Family | Mris Purna Lamichhane | 14 yrs | F | Sebacious cyst scalp | Excission | LA |
| 4. | Family | Mrs. Rasila Baduwal | 23 yrs | F | Appendicular lump | Appendicectomy | SA |
| 5. | Family | Mr. Danda Lal Regmi | 57 yrs | M | Lt. inguinal Hernia | Hernioraphy | SA |
| 6. | Family | Mr. Naresh Bista | 14 yrs | M | Cyst scalp | Excission | LA |
| 7. | Sep. | Chitra Bdr Bu.Chhe. | 21 yrs | M | Hydrocele Lt. | Hydrocelectomy | LA |
| 8. | Family | Mrs. Basundhara Acharya | 55 yrs | F | Sebacious cyst | Excission | LA |
| 9. | Sep. | Mohan Thapa | 20 yrs | M | Lipoma | Excission | LA |
| 10. | Family | Master Pawan Thapa | 18 months | M | Inguinal abscess | I\&D | G $f$ |
| 11. | Sep. | Khagendra Kotuwal | 24 yrs | M | Sebacious cyst | Excission | L 1 |
| 12. | Family | Mr. Pradeep Ghale | 5 yrs | M | Congenital hydrocele | Herniotomy | G 2 |
| 13. | Family | Mrs. Hira Maya Bi.Ka. | 28 yrs | İ | Ganglion Lt. wrist | Excission | LA |
| 14. | Family | Mr Decepak Khadka | 10 yrs | M | Congenital hydrocele | Herniotomy | $\mathrm{G} t$ |
| 15 | Family | Mr. Tek Bdr Rana | 19 yrs | M | Lipoma back | Excission | L $/$ |
| 16. | Family | Mr. Subinil Chandra | 4 yrs | M | Sebacious cyst scalp | Excission | Lf |
| 17. | Family | Mrs. Bhagwoti chand | 24 yrs | F | Incomplete abortion | D\&C | G/ |
| 18. | Sep. | Chok Bdr Khadka | 24 yrs | M | Family planning | Vasectomy | $\mathrm{L} /$ |
| 19. | Family | Mr. Mohan Bi.Ka. | 4 yrs | M | Tongue tie | Release | G 1 |
| 20. | Family | Mr. Jap Bdr Budha | 69 yrs | M | Lipoma scalp | Excission | L t |
| Date: 2061/8/18 (Day 4) |  |  |  |  |  |  |  |
| 1. | Family | Master Suman Thapa | 2 yrs | M | Phimosis | Circumcision | $\mathrm{G}_{2}$ |
| 2. | Family | Mr. Swapnil Chand | 4 yrs | M | Phimosis | Circumcision | G |
| 3. | Family | Mr. Decpak Khadka | 10 yrs | M | Congenital hydrocele | Herniotomy | G |
| 4. | Family | Mr. Pradeep Ghale | 5 yrs | F | Congenital hydrocele | Herniotomy | G |
| 5. | Family | Mr. Tika Ram Pandey | 7 yrs | M | Corn Rt. sole | Excission | $\mathrm{L} /$ |
| 6. | Family | Mrs. Khagiewara Saru | 40 yrs | F | Bursitis Lt. knce | Excission | $\mathrm{L} /$ |
| 7. | Family | Miss Elisha Singh | 6 yrs | F | Ingrowing toe nail | Excission | L |
| 8. | Family | Mrs. Usha Basnet | 21 yrs | F | Fibroadenoma | Excission | L |
| 9. | Family | Mrs. Maina Kandel | 25 yrs | F | Galactococle | Excission | G. |
| 10. | Family | Mr. Mito Lal Bi.Ka. | 10 yrs | M | Septic arthritis | Arthrotomy | G. |
| 11. | Nk. | Khim Lal Bi.Ka. | 33 yrs | M | Ganglion Rt. ankle | Excission | L |
| 12. | Lnk. | Khadga Lal Basyal | 23 yrs | M | Ingrowing toe nail | Excission | L |
| 13. | Lnk. | Botha Bdr Budhathoki | 24 yrs | M | Lipoma | Excission | L |


| 14. | Scp. | Mangal Kumal | 32 yrs | M | Lipoma | Excission | LA |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 15. | WO2 | Jit Lal Lama | 35 yrs | M | Corn Rt. sole | Excission | LA |
| 16. | WO2 | Keshab Humagai | 35 yrs | M | Corn Rt. sole | Excission | LA |
| Date: 2061/8/19 (Day 5) |  |  |  |  |  |  |  |
| 1. | Family | Mr. Kamal Gurung | 11 yrs | M | Bladder Stone | Vesiculolithotomy | GA |
| 2. | Family | Mr. Kamal Tha.Ma. | 8 yrs | M | Congenital hydrocele | Herniotomy | GA |
| 3. | Family | Mr. Padam Rout | 14 yrs | M | Gynaecomastia | Excission | GA |
| 4. | Family | Mr. Som Bdr Sa.Ma. | 10 yrs | M | Anal polyp | Excission | GA |
| 5 | Family | Miss Dil Kumarı Rout | 12 yrs | F | Lipoma neck | Excission | GA |
| 6. | Family | Miss Roshani Giri | 4 yrs | F | Bleeding $\mathrm{P} / \mathrm{R}$ | EUA | GA |
| 7 | Lnk. | Kaji Ram Rout | 20 yrs | M | Ingrowing toe nail | Excission | LA |
| 8. | Family | Mr. Bhushan Hamal | 7 yrs | M | Congenital hydrocele | Herniotomy | GA |
| 9. | Family | Mrs. Laxmi Shahi | 40 yrs | F | Cervical Lymphadenitis | Excission biopsy | LA |
| 10. | Family | Mrs. Bhagwoti Thapa | 25 yrs | F | Corn Rt. sole | Excission | LA |
| 11. | Family | Mrs. Golma Thapa | 50 yrs | F | Lipoma Rt elbow | Excission | LA |
| 12. | Rt. | Mahendra Bdr Shahi | 20 yrs | M | Forcign body Rt. hand | Excission | LA |
| 13. | Sub. | Netra Bdr Khatri | 40 yrs | M | Lipoma Rı. hand | Excission | LA |
| 14. | Scp . | Rabindra Rai | 20 yrs | M | Small nodule RI. middle finger | Excission | LA |
| Date: 2061/8/20 (Day 6) $\quad$ _ |  |  |  |  |  |  |  |
| 1 | Family | Mr. Ishanta Oli | 4 yrs | M | Congenital hydrocelc | Herniotomy | GA |
| 2. | Family | Mr. Deepak Wagle | 11 yrs | M | Congenital hydrocele | Herniotomy | GA |
| 3. | Famuly | Mr. Bhupemdra Acharya | 21 yrs | M | Congenital hydrocele | Herniotomy | GA |
| 4. | Family | Mrs. Meena Cliand | 33 yrs | F | Twisted ovarian cyst | Laparotomy | GA |
| 5 | Police | Prem Bdr Budhathoki | 25 yrs | M | Post auricular cyst | Excission | LA |
| 6. | Lnk. | Narayan Bhandari | 35 yrs | M | Wart penis | Diathermy Excission | LA |
| 7. | Nk. | Buda Bdr. Bu.Chhe. | 33 yrs | M | Lipoma Rt. hand | Excission | LA |
| 8. | Maj. | Harka Bdr Shahi | 36 yrs | M | Skin tag neek | Diathermy Excission | LA |
| 9 | Family | Mrs. Chandra Kala Giri | 31 yrs | F | Corn Rt. sole | Excission | LA |
| 10 | Sep. | Kamal Thapa | 23 yrs | M | Ganglion Lt. wrist | Excission | LA |
| 11. | Family | Mr. Jagu Ram Tharu | 50 yrs | M | Corn Rt. sole | Excission | LA |
| 12. | Family | Mr. Ram Bdr Bohora | 50 yrs | M | Sebaceous cyst scalp | Excission | LA |
| 13 | Family | Mrs. Gopi Sara Gharti | 20 yrs | M | Forcign body Rt. hand | Excission | LA |
| 14. | Nk. | Dhan Bdr Shahi | 26 yrs | M | Lump occipital region | Excission | LA |
| Date: 2061/8/21 (Day 7) |  |  |  |  |  |  |  |
| 1. | Sep. | Chet Naraya shrestha | 25 yrs | M | Splinter injury Lt. arm, Rt. Leg | Splinter removal | GA |
| 2. | Lnk. | Gaja Bdr Ra.Ma. | 28 yrs | M | Splinter injury Lt. arm, open \# Lt. femur, laceration Lt. part of face | Splinter removal, Wound dehridement | GA |
| 3. | Lnk. | Givinda rana Magar | 25 yrs | M | Splinter injury Rt. butlock | Splinter removal | LA |

STATISTICS OF OPERATION NIMARE MEDICAL CAMP

| Date |  |  |  |  |  |  |  |  |  |  | 20 |  | TOTA |  | Grand Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Department | INS | F/Ex | INS | F/Ex | INS | F/Ex | INS | F/Ex | INS | F/Ex | INS | F/Ex | INS | F/Ex |  |
| ENT | 5 | 23 | 3 | 36 | 14 | 45 | 11 | 68 | 3 | 31 | 17 | 48 | 53 | 251 | 304 |
| Dental | 2 | 1 | 1 | 46 | 15 | 43 | 20 | 49 | 6 | 26 | 13 | 65 | 57 | 230 | 287 |
| Eye | 14 | 19 | 10 | 70 | 29 | 119 | 13 | 130 | 8 | 87 | 28 | 106 | 102 | 531 | 633 |
| Medicine | 27 | 40 | 21 | 151 | 79 | 132 | 80 | 187 | 101 | 82 | 82 | 191 | 390 | 783 | 1173 |
| OB-GYN | Nil | 13 | Nil | 88 | Nil | 80 | Nil | 110 | Nil | 76 | Nil | 87 | Nil | 454 | 454 |
| Pediatrics | Nil | 19 | Nil | 108 | Nil | 122 | Nil | 144 | Nil | 48 | Nil | 113 | Nil | 554 | 554 |
| Surgery | 8 | 5 | 14 | 30 | 21 | 31 | 12 | 30 | 9 | 23 | 18 | 34 | 82 | 239 | 321 |
| Ortho | 1 | 5 | 14 | 30 | 14 | 53 | 19 | 63 | 10 | 29 | 20 | 59 | 78 | 239 | 317 |
| Radiology | Nil | Nil | 6 | 75 | 11 | 70 | 9 | 80 | 3 | 80 | 3 | 43 | 32 | 348 | 380 |
| Pathology | 37 | 82 | 53 | 379 | 155 | 342 | 151 | 475 | 59 | 232 | 159 | 595 | 614 | 1630 | 2244 |
| Registrations | 37 | 87 | 53 | 379 | 155 | 342 | 151 | 475 | 59 | 232 | 159 | 595 | 614 | 2087 | 2701 |
| Prescriptions | 32 | 83 | 34 | 427 | 101 | 508 | 168 | 480 | 46 | 375 | 129 | 630 | 505 | 2508 | 3013 |
| TOTAL PATIENT CONTACT WITH MEDICAL PERSONAL DURING CAMP ** |  |  |  |  |  |  |  |  |  |  |  |  | 2416 | 4251 | 6677 |

** Number of times a patient came in contact with a single prescription being referred to various specialists and tundergoing various investigations. INS - In Servicemen patient

## Mobile Medacl Camp Surkhet

Histopathological Impression of Surgical Specimens

| S.No. | Biopsy No | Name | Clinical Diagnosis | Histological Impression |
| :---: | :---: | :---: | :---: | :---: |
| 1. | 223R | Nk. Khem Lal Bi.Ka. | Calcified Ganglion (Ankle) | Forcign Body Granuloma |
| 2. | 224R | Hav. Arjun Ranabhat | Multiple Lipoma | Lipoma |
| 3. | 225R | Nk. Bharat B.K. | Multiple Lipoma | Lipoma |
| 4. | 226R | Sub. Netra Bahadur Khatri | Lipoma | Lipoma |
| 5. | 651 F | Meena Chand | Ovarian cyst (Rt.) | Mucinous Cystadenoma |
| 6. | 652 F | Laxmi Shahi | Cervical Lymphnode | Cascous Necrosis (AFB Negative) <br> - Consistent with Tuberculous <br> Lymphadenopathy |
| 7. | 6.35 F | Som Bahadur Sa.Ma. | Anal Polyp | Juvenile (Retention) Polyp |
| 8. | 654 F | Parbati Sunar | Skin Lump | Calcinosis Cutis |
| 9. | 655F | Usha Basnet | Breast Lump | Fibroadenoma (Intracanalicular) |
| 10. | 656 F | Surendra Basyal | Cyst - Anterior Abdominal Wall | Cysticercus |
| 11. | 657F | Arjun Basyal | Mole | Hemangioma (Cavernous) |
| 12. | 658F | Gagan Shahi | Cervical Lymph node | Reactive Para cortical Hyperplasia (Reactive Lymphadenopathy) |
| 13. | 659F | Tek Bahadur Rana | Lipoma (Back) | Neurofibroma |
| 14. | 660 F | Padam Raut | Breast Lump | Gynaccomastia |
| 15. | 661 F | Purna Lamichhane | Hemangioma Scalp | Hemangioma |
| 16. | 662 F | Rasila Baduwal | Appendix | Early Inflammatory Changes in Appendix |
| 17. | 663 F | Mina Kandel | Breast Lump | Galactocele |
| 18. | 664F | Dil Kumari Raut | Hemangioma (Postauricular) | Angiomatosis |
| 19. | 665 F | Khagisara Saru | Knee Swelling | Chronic Bursitis |

## Conclusions

1. The planning of such Mobile Medical Camp should be done well in advanced.
2. The selected team should have ample time to organize the camp.
3. Good coordination with No 11 Brigade and No 16 Brigade for air and land transport.
4. Portable light equipments should be used.
5. Portable dental chair with portable dental unit with dental air compressor.
6. This type of ambulatory surgery and anesthesia was first of its kind in the medical history of RNAMC.
7. For major surgeries, Mobile ICU (Air/Ground) should be arranged to transfer patient perioperatively if required.
8. Mobile blood bank will be an intelligent idea if it is feasible.
9. More GDMOs, female nurses and nursing assistants required.
10. OT, Surgical assistants/anesthesia assistants/ Scrub sisters were not enough.
11. Ambulatory surgeries should be continued. Standard preparations should be uplifted. For fast tracking after ambulatory surgeries, short acting drugs like propofol, fentanyl, mivacurium, vecuronium, rocuronium, sevoflurance should be used.
12. A large number of cases were pediatric anesthesia and pediatric surgeries.
13. Boyle's Machine with OMV (Oxford Miniature vaporizer) would be a better choice. Tri service apparatus another option.
14. A portable OT table \& good OT lighting system are a must.
15. Better CSSD facilities should be provided.
16. There should be a system of identify the families of the both in-service soldiers and the Ex-servicemen.
17. The patients flow was tremendous and the team saw and treated more than 3300 patients (i.e. Ex-servicemen \& families totaling to about 2700 \& Regular Soldiers approximately 600).
18. Medicine which were taken from Kathmandu was meagerly enough for the camp duration but the estimated amount for the estimated patients was just enough except for a few drugs which were scarce. The dispensary managed to adjust a few medications in the later stages with some restrictions and reservations.
19. The various equipments take by the respected departments were adequate but were not up to
the field standards, which meant packing transporting them was a big problem. Medical equipments have to be procul such camps are to be conducted reg. because the hospital equipments are bot get damaged.
20. The coordination part deserves some mi especially with the No 11 Brigade side, was very poor. Flight scheduling, timin load calculations were not satisfac coordinated. The withdrawal plan was miscalculated also.
21. Coordination with the local commandes not very problematic as they did their best to help the medical corps conduc camps, in spite of their hectic duties and responsibilities.
22. Medical side we found that the camp ${ }^{\text {, }}$ have been more effective if we had some specialties involved like the Ortho surgeon, Dermatologist, Pathologis maybe even a Pharmacologist to take c: medicine procurement and dispensing.
23. Such medical camps should be provided needy families and retired soldiers 0 Royal Nepalese Army on a regular I Geographically deprived and crisis aff patients should get the priority, which n that the patients in the far west shoul more medical facilities than the economi geographically and medically privil patients in the east of our country.
