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Mending faces

UCHealth Nurse travels to the Philippines to help children get surgery for cleft palates and cleft lips.

By: [Andrew Kensley, for UCHealth \(https://www.uhealth.org/today/author/akensley/\)](https://www.uhealth.org/today/author/akensley/)
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Nurse Drea Mogenson forever will remember the children's faces, transformed from cleft lips and cleft palates into irresistible smiles.



"It's incredible. I was so blown away by the 'before and after.' Those babies have a huge life changing surgery. The doctors are incredible. They're like magicians. I plan on going every year as long as they invite me back," said Mogenson, who works at [UCHealth Medical Center of the Rockies \(https://www.uhealth.org/locations/uhealth-medical-center-of-the-rockies/\)](https://www.uhealth.org/locations/uhealth-medical-center-of-the-rockies/).

Mogenson traveled last year as a volunteer with a Colorado nonprofit called [Mending Faces \(http://www.mendingfaces.org/\)](http://www.mendingfaces.org/) to the Philippines, where about one in every 500 births results in a cleft lip or cleft palate.



Birth defect often leads to feeding, speech and education problems

The rate of cleft palates and cleft lips in the Philippines is about double the rate for American children, according to the [American Speech Language Hearing Association \(https://www.asha.org/\)](https://www.asha.org/).

The [birth defect occurs \(https://www.cdc.gov/ncbddd/birthdefects/cleftlip.html\)](https://www.cdc.gov/ncbddd/birthdefects/cleftlip.html) when the lip and mouth do not form properly during the first trimester of pregnancy, which causes the roof of the mouth or the lips to improperly join together, leaving a hole.

While there may be a genetic link, a definitive cause remains unknown. Environmental factors, some of which are more prevalent in poorer countries, including lack of proper maternal prenatal care and nutrition, and smoking during pregnancy, may also play a role.

Children born with cleft lips or palates have immediate challenges feeding and consequently with malnutrition, because they have trouble sucking and eating. They often end up with significant speech problems that can prevent them from doing well in school. They are also at risk of upper respiratory tract and sinus infections throughout life.

A surgery to repair a cleft lip or palate costs between \$10,000 and \$15,000 in the U.S. Through Mending Faces, because of donated facilities, equipment and time, the cost is roughly \$250 per child.

Inspiration from a friend, then on a plane to the Philippines

Mogenson first learned about Mending Faces by chance. She was scrolling through Facebook when a friend's post caught her attention. Within days, Mogenson decided to take some vacation time and before long, she was on a plane bound for the Philippines.

The friend was Amy Romero, a physician assistant at [Orthopaedic and Spine Center of the Rockies \(https://www.orthohealth.com/\)](https://www.orthohealth.com/). She works closely with on-call trauma specialists at [UCHealth Poudre Valley Hospital \(https://www.uchealth.org/locations/uchealth-poudre-valley-hospital/\)](https://www.uchealth.org/locations/uchealth-poudre-valley-hospital/) and Medical Center of the Rockies including [Dr. Robert Baer \(https://www.uchealth.org/provider/robert-m-baer-md-orthopedic-surgery/\)](https://www.uchealth.org/provider/robert-m-baer-md-orthopedic-surgery/) and Dr. [Michael Rusnak \(https://www.uchealth.org/provider/michael-p-rusnak-md-orthopedic-surgery/\)](https://www.uchealth.org/provider/michael-p-rusnak-md-orthopedic-surgery/).

The mission was something Mogenson never would have imagined: performing free cleft palate and cleft lip repairs in a small city called Lucena, about three hours south of the capital, Manila. For Mogenson, this was an opportunity not to be missed.

"It was something that I would never get to do otherwise," Mogenson said.

The work began soon after touching down. Immediately after dropping their bags at the hotel, Romero, the veteran, and Mogenson, her keen assistant, unloaded their gear in what would be the prelude to four consecutive 12-hour workdays in the exhausting tropical heat and sweat-inducing humidity. In all, the team saw 73 patients and performed 84 procedures.

"We have to ship pretty much everything ahead of time, including all of our drugs, so it's a pretty big expense," Romero said, referencing one portion of the trip's considerable cost. "The local hospital staff now allow us to keep some of the bigger stuff, like our five anesthesia machines, in a locked storage area, so we only have to ship it back and forth if it's broken and it needs repairs. Unfortunately, that happens every year."

After spending the first 11 years of her career caring for orthopedic and acute rehabilitation patients, Mogenson's job at home recently shifted to the operating room. So she was primed to learn in the Philippines. She began her first full day as a "circulator," fetching various pieces of equipment, doing what she was told, and essentially soaking up every detail.

With Romero's help, Mogenson learned to identify the supplies she would need, and assisted physicians in caring for the babies when they were brought in for surgery.

"It's a different beast, not what I'm used to at all," Mogenson said. "Like, 'You want me to get what? I don't know what that is!' This is all a foreign language to me. I felt like a little sponge. It was amazing."

Invited guests

Armed with nearly two decades of medical experience, Romero has been performing medical



missions to the Philippines since 2006. She initially went with Dr. Mimi Wong, a Denver-based anesthesiologist and close friend, and a small but dedicated group of health care professionals from along the Front Range. The team quickly discovered that their skills and compassion were not only welcomed, but desperately needed as well.

Government leaders kept inviting the medical workers to help. So Romero, Wong and several others created Mending Faces in 2010. Organizing their work through a nonprofit allowed them to more efficiently raise funds and gather resources. Still, each volunteer pays 100 percent of his or her own way, which Romero said amounts to about \$2,000 every year.

Never a shortage of patients

Romero says there is never a shortage of children who require the surgery. This is partly due to the tireless year-round communications to Filipino physicians and their staff to perform pre-screenings at schools, orphanages, and churches to inform the residents that they plan on coming and when. This way, parents of children born with certain deformities can be recruited ahead of time to ensure that when their child is old enough, they can be registered for the procedure. The goal, said Romero, is to operate on about 80-100 patients a year.



Drea Mogenson, a Colorado nurse, traveled to the Philippines to help multiple children get cleft palate and cleft lip surgeries.

“In some towns they’ll communicate with us every week throughout the year, because they need us there so badly,” Romero said.

Additionally, founding members and Denver attorneys Jay and Donna LaVigne, who have family in the Philippines, continue to nurture relationships throughout the year with the local Filipino-American community and those in the Aklan Province, where the team has performed procedures in the past. These are vital exercises that help streamline trip planning, and obtaining the necessary medical privileges and permissions from the federal government every year, Romero said.

UCHealth connections

Mogenson isn’t the only UCHealth employee to accompany Romero. Cathy McNamara, a physician liaison at the Anschutz Medical Campus, has gone on six previous medical missions with the team. She serves on the Mending Faces board as its outreach coordinator

and helps with fundraising and corporate development and partnerships, raising awareness throughout the year.

And Dustin Vleck, operations manager for Clinical Engineering at UCHealth University of Colorado Hospital, volunteered his time with Mending Faces from 2013 to 2015, serving as a biomedical equipment technician. Vleck frequently used his valuable skills in performing surgeries of a different sort, using doorbell switches, fuses and duct tape to repair injured and dying medical equipment.

Challenges

As one might expect, there are unique challenges to working with challenging infrastructure non-stop for four days in a developing island nation where the average temperature of 80 degrees Fahrenheit. The medical volunteers have to divide one operating suite into several smaller ones and using hand-sterilized, donated equipment.

“You can’t wear gowns in there because you’d sweat to death,” Romero said.

Cleanliness is at the top of the list.

“We run 5 ORs at once, and we use what we’d call a modified sterile technique. I’ll bring out the dirty surgical instruments and stick them in a bucket, and when I go back in to get ready for the next



surgery, the local staff hand washes every single instrument with Ajax and a scrub brush, and soaks it in a cleaning solution for 20 minutes,” Romero said.

And electricity.

“The hospital has a generator, but we get what they call ‘brown outs,’ as in, not a full black out,” said Romero in the nonchalant manner of a medical mission expert. “It still looks light outside, but there’s no electricity. It takes a couple minutes for that generator to kick back in. We can be in the OR with three tables going and you hear everything go down. It used to happen once or twice a day in another hospital. One time I plugged in a cautery machine into a transformer, and the transformer didn’t work, so I blew two machines almost immediately.”

The hospitals in which Romero and her team work also don’t have the kind of sophisticated ventilation systems like here in the West. So to rid the room of potentially dangerous level of exhaled anesthesia gas, they have to duct tape a tube from the breathing machine along the wall and out the window.

And, of course, political instability can cause problems.

“One time things got a little sketchy when there was a government coup and we got stuck in Manila,” she said.

Perspective

Romero downplays her role in taking a couple weeks off work and covering her own expenses year after year, but freely admits that she has developed an emotional connection with the small island nation. The experience, she said, feels like “adult summer camp” and leaves her feeling invigorated every time, with a healthy side dose of humility.

“I have to warn everybody because I guarantee that when I’m completely overwhelmed, I’ll have my ‘ugly cry’ moment,” Romero said. “There’s maybe that one kid you saw that makes you lose it, and then you’re ok.

“It happens at least once on every trip. We work our butts off, and it’s so rewarding and so much fun and you come back revived. When we’re done I’m like, ‘I can’t believe it’s over already.’ It builds all year, this chance to give somebody a life experience they wouldn’t have had otherwise.”

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