

Success story

Lwamu (not real name) is a known Kaposi's sarcoma (plague type) patient since 1997 when a biopsy was done in Mulago Hospital. KS is a rare type of cancer in HIV- persons but very common with those with HIV+. But medical history goes way back in 1990 when he developed an abscess on his right foot which developed into an ulcer, this took long to heal. He underwent a series of treatment including a number of chemotherapy doses with no good results. The illness was not responding to the treatments.

In 2000, Lwamu was enrolled on the Hospice program for pain and symptom control. Nevertheless, he had many social issues which were too a source of pain, these included his wife running away from him with their two children to having no carer in hospital when admitted. This distressed him so much on top of the foul smell that came out from limbs and lack of food thence becoming malnourished and becoming wasted. He got mental confusion on top of the pricking, burning and numbness in the feet. His skin was woody and pilling off. Due to the non responsiveness of a number of medications, it was suggested that a bilateral amputation would benefit him and the only feasible management. Early in 2009,

The Occupational therapist was involved more in his intervention working hand in hand with the other team members. Home, Environment and Activities of Daily Living (ADL) assessments were done and he was given a wheel chair where he began mobility training with the OT teaching him energy conservation techniques.

On one home visit made, his cry was answered after a volunteering doctor who was told about this hardworking 32yr old who stays alone in a semi permanent 3 roomed house.

She was astonished that this double amputee was trying his best to survive even after he was amputate with a new 2 roomed permanent house under construction on his own initiative besides the old one offered to foot the bills for prosthesis for him. He had resumed his occupations of buying coffee berries from the villagers and carrying out his activities of daily living independently.

The OT is now working hand in hand with the orthopaedics technologist to lead him through the mobility training which is scheduled for at least a month with his new prosthesis. This will spiced up with a modification of his toilet and By the end of this training, his dream will have come true and this will shadow all the years of pain and grief.