Into the unknown – my time in Zimbabwe with the African Painted Dogs

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ABSTRACT: Veterinary nursing can take you anywhere. In September 2019, I was lucky enough to work with Wildlife Vets International (WVI) and Painted Dog Conservation to provide a neutering and vaccination service to the local communities of Zimbabwe. Vaccinating local cats and dogs can help prevent the spread of diseases having devastating effects on the species. The aim of this article is to encourage all veterinary nurses to give their time to any animal welfare or conservation projects and to share my experiences of neutering projects of Zimbabwe and the plight of the African Painted Dogs.

Keywords: African Painted Dogs; Zimbabwe; volunteering; neutering

Introduction

Working as a Registered Veterinary Nurse (RVN), I always knew that the profession could take me to far off places and open up a whole new world for me. In 2014, I spent two weeks in Thailand, predominantly in and around Chang Mai. For one of those weeks, I volunteered at the Elephant Nature Park to care for sick and injured elephants. The park also had a dog and cat centre where a group of volunteers looked after the sick often providing free health care to the local communities. As a nurse, I could not refuse when I was asked to help while their regular nurse was away. I dressed and cleaned wounds, cleaned the kennels, fed and watered all inpatients and helped the other volunteers complete their tasks. The experiences I had in Thailand inspired me and I knew I would work with other wildlife and welfare projects in the future.

In April 2019, my wish was granted when I was asked if I would like to join a team for Wildlife Vets International (WVI) to provide basic veterinary care and to work with Painted Dog Conservation (PDC). Who wouldn't jump at the chance?!

Before the trip in September though, there was a lot of work to be done. Protocols needed to be discussed such as the medications to be used and a kit list drawn up and organised (how many of any one particular consumable we needed for the trip for example). Soon we were collectively asking for donations from many kind veterinary suppliers to assist us in our goal (see kit list, Table 1).

Day 1 – Heathrow to Victoria Falls

September soon arrived and we were packed and on our way to Zimbabwe. This was my first trip to Africa so to say I was excited was an understatement. Travelling is and always will be a great joy for me. Jet lag not so much!

Our arrival at the airport was somewhat exciting. We were stopped at customs and the airport staff were surprised when (despite us having the proper paperwork) we opened our suitcases and spilling out came the sheer amount of kit (e.g. gauze swabs and giving sets) we had brought with us. A few hours passed but we managed to leave without too many complications.

On the 2.5-hour drive to base camp, I was able to experience the beautiful landscape

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Table 1. Kit list for Zimbabwe.

Surgical kits
Suture Material
Needles and syringes
Iv Catheters
Cleaning solutions (Safe 4, etc.) for two cleaning tubs at the cleaning station for the kits
Towels for the table
Drapes
Hartmanns fluids
Giving set
Tape for catheters
T-connectors
Clippers
Blood tubes
Tubs for scrub
Water container for vets to scrub
Scrub brushes
Surgical gloves
Tissue glue
Flea/worming
Bins for waste
Stethoscopes
Etubes
Ambi bags
Monitoring sheets
Muzzles
Pulse oximeter

of Zimbabwe. I have never experienced a feeling of such infinite space. The long open road ahead taking us to the Hwange National Park where the Painted Dog Conservation Centre was to be home for the next week.

Day 2 – safaris and kit prep

The following day, we were up early for a sunrise safari where I saw for the first-time wild elephants, giraffes, hornbills, hyenas, crocodiles and hippos to name a few.

Today was a day for learning. We headed to the research centre to hear how the conservation project started and how the centre invites local school children to stay and learn about the painted dogs and how important it is to protect the local wildlife. Some of these school children return as adults and work for the centre so you can feel the impact and how important it is in conservation to have the support of the local people.

That afternoon, we were busy dividing the kits up as we would be splitting into teams to carry out as many neuters and vaccinations as possible. The real work began in the morning.

Day 3 – clinic day 1

We were lucky enough to take part in the relocation of a pack of Painted dogs being relocated to Mana Pools. There were three adults and six pups so a fair few to get through. They all needed catching/sedating, vaccinating, bloods taken, general health checks, wormers and fluids before being crated for their onward journey. If all days started like this!

From here, we waited to be picked up so we could be taken to Dete Grounds, a community centre. We pitched up under a tree and set to work getting the area prepared (Figure 1). Spare fluid bags acted as cradles for surgery, fluids were hung from trees and disinfection stations were set up to clean instruments between patients. I was the only nurse on the trip and I had two vets to look after let alone the patient, so multi-tasking was a must.

Things were slow to start but as soon as people realised we were there, we were vaccinating, taking bloods and castrating dogs. Queues soon started to build up. Each patient was assessed by the vet and given a sedation and waited to be anaesthetised. The patient was then moved to the operating table and clipped, cleaned, bloods taken as part of a PhD project focused on disease surveillance, fluids attached and running, flea treatment applied and neutered. This was particularly interesting for myself monitoring and maintaining the anaesthesia (Figure 2). Now imagine doing this for two patients plus getting your kit for the vets and getting them ready for surgery. When surgery was complete, the patient's sedation was reversed and they were put on a towel in the shade. The vet would then go and find their next patient. When the patient was starting to come round, the owners would be called to sit with them until they were able to walk home (Figure 3). I felt for the owners and their pets. Some walked 2kms to see us! In between patients, the tables would need cleaning, kits cleaned and anaesthetic charts set up and owner/patient details recorded.

Towards the end of our time at Dete Grounds, a dog fight unfortunately broke out between a recovering patient and four other dogs. Luckily, we were able to separate them and checked over the patient who thankfully, only had a small puncture wound which was cleaned and the patient was able to walk home with his owner.

We packed up and ate something quick before heading off to Magoli Business Park. It was a little busier here… There were about 50 people waiting with their pets. Not all were here for surgeries. One of the spays we saw here during surgery was bleeding a lot with no known origin. This was likely the result of Babesia so surgery was completed asap and the patient recovered well. As day turned to night, I equipped the vets with head torches so they could continue in the dark. We finished around 9 pm after making a diversion to Dingani Business Park to meet the others in our team. We ate dinner and went straight to bed!

Day 4 – clinic day 2

We headed towards Dopota Grounds where there was a school across the road from us. There were several cattle and goats roaming around with cattle bells attached round their

Figure 1. First Clinic day.

Figure 2. A different way of monitoring.

Figure 4. The local school loved watching surgeries.

Figure 3. An owner waiting for his dogs to wake up.

Figure 5. A rare cat spay.

necks. Combine the chiming of the bells and the laughter of children playing across the road, it made for a nice soundtrack for our day. Again, there were several groups of people waiting patiently for their pets to be neutered and vaccinated. When the school broke for lunch, the children came running over to see what we were doing. They watched intently, fascinated by what we were doing. They even helped us when the wind kicked up a bit to collect all the spare bits of rubbish from our kits that were blowing away. Their teacher had to run over and make sure they all got back to the class room after lunch. They returned as school finished and they watched as our last patient woke up and walked off with its owner. They wanted to see all the photos we had taken so far on our trip and crowded round when I asked if they wanted a photo. They all laughed when I showed them the photo (Figure 4).

Day 5 – clinic day 3

Today we would again spend our day in one location. We were in a large football pitch for today (the name escapes me). It was very windy here. All the paper or light weight items were blowing away and sand was covering everything. It was decided to move the truck we arrived in and create a wind break and hang the fluid bags off it. This worked quite well until you needed to move so everyone didn't bake in the heat of the midday sun. It was here that we had our first cases of Transmissible Venereal Tumours (TVT). These tumours are sexually transmitted and affect genitalia of both male and female dogs. The best treatment for these is chemotherapy but unfortunately, we were not able to import this into Zimbabwe for our trip and so we surgically removed as much as we could at the time of their neutering to at least preserve their quality of life. We also had a cat spay today which was a nice change (Figure 5).

At the end of the day and after everyone had left, we had a very sleepy post spay recovering from her surgery and no owner in sight. After a little detective work, we were told she belonged to the village head and so we took her 1 kilometre up the hill and dropped her off.

At the time of our trip, Zimbabwe was still waiting for the rains. They were suffering the effects of one of the longest droughts in

Figure 6. Painted dog pup with a broken leg.

Figure 8. The Team.

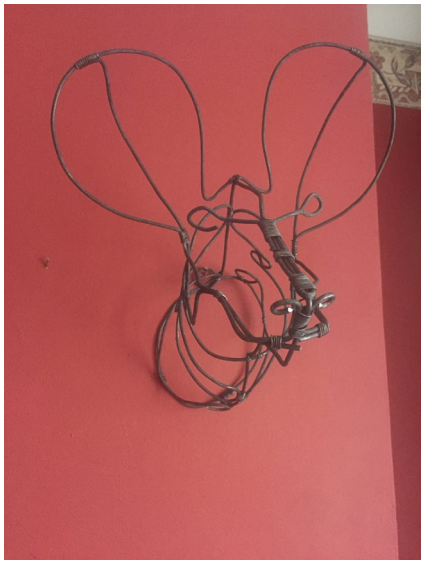

Figure 7. Snare Wire Art Painted Dog.

decades and you could see that the people and its landscape were suffering.

Day 6 – clinic day 4

This was our last full day of clinics and we would spend it at Cross Dete Borehole. There weren't many trees here and so we had to fashion a drip stand out of twigs and sticks as the truck was needed elsewhere. This was our busiest day and we did 8 spays and 2 castrates (although we were told 8 spays and 12 castrates)! We saw several TVTs and one pregnancy which was spayed and the foetuses euthanised on welfare grounds. As the light started to leave us, we finished our last surgery and started the process of packing up all our kit and as it was our last night, we were invited to a Braai (BBQ) at camp. We learnt a little bit more about all the people involved in keeping the PDC running including the project managers, drivers, mechanics, trackers, cleaners and education coordinators. Unbeknown to us, we all had to stand and share what we would be taking from this experience. This was a great opportunity to thank all of those people who made our job a little easier and helped us when we needed it. I'm not the best public speaker but was told I didn't do too badly.

Day 7 – one last job and home

We had an early morning start as we needed to catch our flight home at lunch time but not before helping sedate and assess the broken leg of a painted dog pup (Figure 6)! The pup was growing and so needed the cast to be removed and reapplied. Anaesthetic monitoring was no different to any dog you would see in clinic and was a great opportunity to see these magnificent creatures up close. The pup was placed back in its enclosure separate from the main group to recover and heal. This was the icing on the cake and the perfect way to finish our lovely trip to Zimbabwe. Before heading home, we were able to buy some of the snare wire art being produced from dismantled snare wire used in traps and for poaching. The wire is moulded into beautiful creations (Figure 7). Turning something horrific into something beautiful.

In conclusion

My time in Zimbabwe is something I will never forget. This was my first neutering project and I not only witnessed the great work being carried out by the volunteers and the project organisers but I got to meet the people of Zimbabwe making a difference in their local communities. Zimbabwe has such a troubled history and I hope now in time it will start to heal.

I would encourage anyone who wants to put their skills as a nurse to the test to come on a neutering trip. There are so many projects out there and you will get to learn a little bit about yourself while being amazed at how beautiful the world is.

Being on this trip made me appreciate what we take for granted in clinic. There was no building for shade in the hot African sun. There was a tree. There was no oxygen and so no gaseous anaesthesia. We just had Total Intravenous Anaesthetic (TIVA) to get through castrates and spays. There was no autoclave, there were two cleaning solution buckets for sterilisation. There was no running water so we had to bring our own to prep patients for surgery. There were no drip pumps. Maybe that wasn't such a bad thing…

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