



## The hardest thing we have ever done

**Jeremiah 29:11 - For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future.**

In February 1998, our daughter Charly was diagnosed with Scimitar Syndrome; Charly was only 9 months old. To say the least it was scary hearing that our baby needed to have open heart surgery.

We did not know God then, but I remember praying, asking God to help our little girl. Charly made it through surgery and was happily playing in the hospital toy room only 3 days after a 5 hour operation. It was amazing to see how quickly she bounced back to being her usual bubbly self and even more so with a repaired heart!

I remembered that I had prayed but I also remember brushing God aside and thinking she would have recovered even if I had not prayed.

Thankfully though, God had a plan and my husband and I gave our hearts to Jesus during an Alpha course in the year 2000. We have continued to grow in God and we have brought our two girls up to love God also.

In December 2010, Charly at thirteen years, will take part in her first mission for God – she is going with Teen Missions to Pretoria in South Africa. Charly will leave on the 11<sup>th</sup> of December and arrive at Tewantin, Queensland, for Boot Camp until the 24<sup>th</sup> of December; she will then travel from Brisbane to South Africa.

Charly's team leaders and team members will help with some much needed renovations at an orphanage, they will also share Jesus with the orphans and widows whilst they live at the orphanage until the 16<sup>th</sup> of January 2011, returning to Tewantin on the 17<sup>th</sup> of January for Debriefing until the 22<sup>nd</sup> of January. Uncle Mark will pick her up on the 22<sup>nd</sup> of January and Charly will return home to us on the 24<sup>th</sup> of January. We know with an awesome testimony of what God has done in her life.

As her parents we know that it will be the hardest thing we have ever allowed her to do, but we believe it is her destiny in God, to help orphans. I read "I would die for you"\* earlier this year, and at the end of the book BJ's parents say that they did not tell his story to the world to give other parents permission not to sent their children on mission trips. Those words have stayed in my heart and this year whilst God has been preparing Charly and us for the mission trip to the Orphanage – God has been gently telling me, Charly is His, He had a Jeremiah 29:11 plan for her before, during and after open heart surgery and He has a Jeremiah 29:11 plan for her now. We will Trust in Him, no matter where He takes His Charly.

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[www.teenmissions.com.au](http://www.teenmissions.com.au)

\* ['I would die for you' by Brent & Deanna Higgins - available at Christian bookshops]

### What is scimitar syndrome?

Normal pulmonary venous circulation carries oxygenated blood from the alveolar capillaries to the left side of the heart for systemic distribution. In Scimitar syndrome (approximately 1-3 per 100,000 births), an anomalous vein connects between the pulmonary venous circulation and systemic venous circulation which creates a left-to-right shunt. This anomalous pulmonary venous return can be either partial (PAPVR) or total (TAPVR). The syndrome associated with PAPVR is more commonly known as "Scimitar syndrome", which arises from the curvilinear pattern created on a chest radiograph by the pulmonary veins that drain to the inferior vena cava. This radiographic density often has the shape of a scimitar, which is a curved sword.

Scimitar syndrome consists of several components which include:

Total or partial anomalous connection of the pulmonary veins in one lung to the inferior vena cava. This connection can be above, or below the level of the diaphragm, and with rare exceptions, the right lung is the affected lung.

Variable degree of hypoplasia (small-size) and malformation of the pulmonary arteries and lung in the same side of the lung in which the pulmonary veins drain anomalously.

Often presence of aortic-pulmonary artery collateral arteries to the lung that is small. Pulmonary hypertension is present if these arteries are large.