

O.S.S.A.A. E.N.T. TEAM VISIT - CANCAR JUNE 8TH - 14TH 2012

TEAM MEMBERS

MR. SUREN KRISHNAN - E.N.T. SURGEON
MR. MICHAEL SWITAJEWSKI – E.N.T. SURGEON
DR. ANDREW BIENSSEN - ANAESTHETIST
MS. HELEN VAN DER JEUGD - RECOVERY NURSE
MS. BRONWYN HINDLEY-COOKE – THEATRE NURSE
MR. DYLAN VENABLES – TRANSLATOR / TECHNICAL ASSISTANT
DR. /SR. NATALIA MARIA- GENERAL MEDICAL PRACTITIONER, CANCAR
DR. ALIA SUBE - GENERAL MEDICAL PRACTITIONER, CANCAR

Assistant Staff at Saint Raphael

Sr. Regi – Theatre Manager
Ibu Erna – Theatre Nurse
Ibu Sabina – Theatre Nurse
Ibu Victoria – Theatre Nurse
Mr. Donatus Ladus (Dony) – Theatre Nurse

SUMMARY

A successful trip attending to about 150 patient consultations, 35 general anaesthetic procedures

THYROIDECTOMY – 15

PAROTIDECTOMY – 3

SUPRASTERNAL LIPOMA – 1

TONSILLECTOMY – 5

SINO-NASAL SURGERY – 5

MYRINGOTOMY – 2

EMERGENCY TRACHEOSTOMY -1

RETURN TO THEATRE- 3

A general recommendation is made for at least an annual trip in June with the possibility of a second team specialising in otology to follow. This would allow back up for post operative care as well as a much needed, specialised hearing service. In particular this will increase capacity to perform tonsillectomies, as there were a significant number of patients with tonsillitis many of whom were turned away from consulting because of our strategy to only perform Tonsillectomy on our first operating day. This strategy was employed to minimise the risk of secondary bleeding.

There is a need to evaluate and assist patients with hearing loss. It may be of use to engage the DREAMIN foundation which has in the past, assisted with OSSAA- ENT projects. The DREAMIN foundation has a HEARS program for hearing evaluation and rehabilitation that may work to the advantage of the people of Cancar.

There is significant benefit in providing support and training and developing the surgical skills of the local medical staff, in particular Dr./Sr Natalia Maria. This will allow good aftercare that will meet the standards for outreach surgery recommended by the Royal Australasian College of Surgeons. I would recommend some support to bring her to Adelaide for a month. A patient has been identified for possible treatment in Adelaide.

DIARY OF EVENTS

The team left Adelaide on Friday 8th June 2012.

We did not encounter any problems on our journey. We had generous assistance at Adelaide airport from Virgin Airlines Staff who took into consideration our humanitarian work and accommodated our modest excess baggage without fuss. The staff are to be thanked in particular Hannah at the check in desk.

Similarly we had assistance at Bali and strongly endorse the need for good and accurate paperwork and official notification from the Indonesian authorities which allowed us some ease of passage through customs and immigration.

Airport Staff of Sky Airways at Labuan Bajo were helpful and reduced excess baggage charges to 1 million Rupiah (about A\$110).

We were greeted at Komodo Airport, Labuan Bajo by Sr Joanista and treated to lunch at the Gardenia Hotel at Labuan Bajo before our four hour bus ride to Cancar.

DAY OF ARRIVAL – SATURDAY 9TH JUNE

We were met with the usual generous hospitality by Sr. Regi and staff and were accommodated in the living quarters at Saint Raphael's.

That evening we began setting up our equipment for consultation and attended to about 90 patients.

DAY ONE - SUNDAY 10TH JUNE

Having experienced the daunting task of planning an operating schedule for the five days on the basis of having consulted 200 odd patients in past visits, on this occasion we started with a strategy of planning our list prior to consulting. We decided that we would run a single operating list for the five days. As we had one anaesthetist we decided that we could manage up to 4 major cases and up to 2 minor cases per day. Dr./Sr Natalia Maria and Dr Alia Shube were given significant right of input as they were best aware of patient needs, relating to their symptomatology and suffering, and their geographical origins, as well as the impact of surgery and post-operative recovery on patient occupation and family income. The schedule was also designed around instrument availability and turn around time.

That morning we began consultations at about 10 am and saw a further 40 patients. We had already started to plan an operating list for the afternoon. That afternoon, after our meal, the team adjourned to the operating theatres and started to set up the operating theatres' instrumentation in preparation for the week's work.

DAY TWO TO SIX - MONDAY 11TH TO FRIDAY 15TH JUNE

The operating schedule, though hectic, was pursued at an efficient pace. Most operating lists commenced on time at 0830 am and most days list finished between 7pm and about 8.30 pm.

Sufficient time was available to teach and train Dr/Sr Natalia Maria and Dr. Alia Shube. Dr/Sr Natalia Maria was trained in the skills of tonsillectomy so she can handle any complications should they occur after our departure.

The operating schedules are as attached and show that 35 general anaesthetic procedures were performed, including an emergency tracheostomy for a 32 year old woman with an obstructed airway from a benign tumour. Arrangements have been made for her further treatment in Bali.

INSTRUMENTS

The instrumentation and availability between cases was well managed by Sister Regi with significant help from Bronwyn and Helen, and the Cancar nursing staff. The operating microscope is a Japanese table mounted eye "globe lit" microscope which can be used for simple ear surgery such as myringotomies and myringoplasties. It may not be suitable for anything but the most basic mastoidectomy surgery. It has a 175mm lens and we should try to get a 250mm lens. There is no ear drilling system and we were not able to access a system prior to our departure and so did not carry out any major ear surgery.

The Halogen headlight system I left behind on one of my previous visits is in good working condition and Dr/Sr Maria has been taught how to use it should there be any problems with the Tonsillectomies post-operatively. ENT teams need not bring one in the future unless surgeons wish to exercise their personal preferences.

ANAESTHESIA

Dr. Andrew Bienssen is to be congratulated for adapting anaesthetic technique to guarantee safe and rapid turn-around times that ensured efficiency. He was able to spend time teaching the medical staff, including a registrar from Ruteng.

RECOVERY

Recovery duties were managed expertly by Helen Van der Jeugd. She was ably assisted by Bronwyn Hindley-Cooke and able to teach local staff.

PROBLEMS

We had three patients returned to theatre for bleeding into the wound. All three patients had non functioning drains and at exploration of the wounds in theatre no significant bleeding point was identified. We believe the problem was related to the drain type being used and once this was addressed no further problems were encountered.

CONCLUDING REMARKS

This was a successful and enjoyable trip, with a team that worked well together. I believe that a two surgeon team enabled an efficient, safe and relaxed working environment. To run a second operating theatre would be a bonus, however, there will be a need to fund a second anaesthetist.

The team identified a patient for review by Dr. Mark Moore for consideration for treatment in Adelaide. The details of this patient and her photographs have been forwarded to Drs. Mark Moore, Robert Coren and Yuges Cplash at the Royal Adelaide Hospital.

The continued success of the ENT program is dependent on the support we get from the generous donors and the executive of OSSAA and the staff at Saint Raphaels to all of whom we wish to express our deepest gratitude.

SUREN KRISHNAN
on behalf of the ENT Team Cancar 2012

ATTACHMENTS

CONSULTATION RECORD
OPERATIONS WAIT LIST
DAILY OPERATING LIST & SCHEDULE
LIST OF PATIENT CONSULTATIONS

Dear Tracey Nicholls (representing OHNS Nurses Society)
Robyn Furner (representing Stenning Company)
David Carney (representing Johnson and Johnson)
Kathy Jarman (representing staff at Memorial Hospital)
Krystyna Grzywny (representing staff at Calvary Central Districts Hospital)
Allison Murray (representing staff at ENT Theatres, Royal Adelaide Hospital)
Julie Bowd (representing staff at Robotics Suite, Royal Adelaide Hospital)
Sue Maksimovic (representing staff at Gawler Health Service)

Re: Voluntary Medical Service, ENT team to Cancar, Indonesia, June 2012

This sincere note to you, and those you represent, for your kind support of our recent and successful visit to Indonesia. Your selfless support in kind and in spirit is immeasurable in its benefits to us.

We have been able to deliver vital ENT, Head and Neck services to a people denied many of the services we take for granted in our privileged communities.

This is my 16th year of service to underprivileged communities and in the past I have always wanted to, but not made the effort to acknowledge the support I have received from many of you. An error and an oversight that I apologise for.

This message on this occasion has been generated by the overwhelmingly kind and inspirational donation and support we have received, particularly from the OHNS Nurses Society.

Thank you all, sincerely, for making us good at our work.

MR. SUREN KRISHNAN - E.N.T. SURGEON

On behalf of:

MR. MICHAEL SWITAJEWSKI – E.N.T. SURGEON

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