Overseas Specialist Surgical Association of Australia

General Surgical Team Visit

Rumah Sakit Katolik Marianum

Halilulik

Kapubaten Belu

Nusa Tengarra Timur

TEAM REPORT

January 27th---February 5th, 2011

Team Members:-

Dr Robert Sillar	- Surgeon/Team Leader - Newcastle
Dr Ralph Gourlay	- Surgeon - Newcastle
Dr Thomas Walker	- Anaesthetist - Newcastle
Sr. Kerrie Nicholls	-Operating and Recovery Room Nurse - Newcastle
Sr. Lyn Thorpe	-Operating and Recovery Room Nurse - Newcastle
Dr Leny Raiyon	- Local Dentist/Interpreter/Tour Coordinator - Kupang
Dr. Harijanto	- Local Doctor and Leprosy Surgeon – Jakarta

Local Staff

Adminstration

1. Sr Helma Nahak Hospital Director SSpS
2. Sr Venidora Interpreter SSpS
3. Sr. Angela Salome SSpS
4. Sr Priska Maya Pathology SSpS
5. Sr. Franseline Pharmacy SSpS
6. Sr. Ignasia Ot Supervisor

Operating Theatre Assistant Doctors

1.Dr Natalia- Intern
2. Dr. Filomeno --Gp Atambua
3. Dr Joyce - Gp and ex Director Hospital Atambua
4. Dr. Raymond – Gp Atambua

Operating Theatre Staff

1. Grace Manek
2. Br. Rufinus rame
3. Melius Mauloko
4. Maria Nahak [Mea]
5. Ronaldo Nahak [Aldo]

INTRODUCTION

This visit was at the invitation of Sr Helma, Director of the Rumah Sakit Halilulik and endorsed by Dr. Fabianus , Director of of Health for the Belu District and Dr. Stefan Bria, Minister Health NTT.

The aim of this trip was to not only provide a general surgical service to the disadvantaged of the area, but to enhance the skills of the local staff and build on the benefits developed by previous visits.

In order to develop further the pool of available visiting staff there were three new members of the team, Dr Ralph Gourlay, a general surgeon from Newcastle with a broad surgical practice, Dr. Tom Walker, a staff specialist anaesthetist at the John Hunter Hospital, and Sr. Lyn Thorpe who has many years of experience in third world nursing on 3 continents but having her first trip to Indonesia. The team was fortunate to have been able to obtain the services of Dr. Leny Raiyon, who is a local dentist, who did some years of her degree and a years research in Brisbane, and as she had been working at Halilulik until recently was

familiar the local needs and acted as our coordinator. In view of her availability no interpreter was taken from Australia with the team. Also Dr Harry arrived from Jakarta several days before our arrival and did a marvellous job triaging the patients. Patients obviously requiring surgery and who lived some did distance from the hospital or did not have local support were admitted to the hospital. Dr Harry had already commenced minor surgical procedures in the emergency department in view of the surgical demand.

TRAVEL

The Team travelled to Sydney by private car, by Jetset mid afternoon to Darwin staying conveniently at the Airport Hotel, by Air North to Dili and by hire car [ex UN troop carrier] to the border where we were met by the Hospital staff and transported to the hospital.

The return journey was also via Timor Leste with an overnight stop in Dili enabling the team to visit the hospital in Dili and meet again with the medical staff there. An early flight was caught to Darwin and then an afternoon Quantas flight arriving Sydney early evening.

Some alterations to the travel timetable were necessary [and costly] because of confusion about dates and most suitable times. We have found going through Timor Leste is very convenient and certainly the shortest route to this part of Indonesia with only one overnight stop necessary. In view of the rather 'full on' day when arriving at Halilulik it is important that the team arrive in Darwin in the afternoon or early evening. The flights to Dili leave at 6.0am and being an international flight we needed to be at the airport at 4.0 am . Rentlo [E-silva] have an office at the airport but transport to their main office was necessary to do the paperwork before departure. The office was not aware of the negotiated reduced fee for OSSAA so a nearly full fare was paid but reimbursed on our return. The added charges are liability reduction [presumably includes driver returning solo from border], fuel used and fee for driver:

Vehicle hire—50% red.	Us$	110
Red. liability cover		50
Fuel		63
Driver [baseline]	25/day	50

The vehicle hire is for 24 hrs. so can be used for transport to the airport next morning.

The road to the border is deteriorating and one long bridge has partially collapsed [note at present RACS is not allowing members to travel via this route as their information is that the bridge will collapse eventually] so a careful driver is essential. We have used Alberto Pinto on a few occasions and found him reliable, careful and most helpful at the border.

Indonesian Visas were obtained by OSSAA but sufficient time needs to be allowed. Visas cannot be obtained at the TL border and at the Indonesian Embassy in Dili it will take 7 days.

One of our team came via Bali having obtained the visa at the airport on arrival there and this did not create any problems. Timor Leste transit visas can be obtained at the airport on arrival [$US20] but on return an Authorisation Certificate needs to be obtained online in advance. Said to be a 10 day processing time but ours were not back at the time of our departure 4 weeks later. We were able to print these out in Halilulik when they arrived and there were no issues at the border on our return. An overnight stay is still considered in transit so $20 was the fee but you have to ask for it.

Single rooms had been booked at the Darwin hotel and despite our request for shared rooms we were informed OSSAA could not be reimbursed. The accommodation at the Tropical Hotel in Dili was cheap, convenient and adequate.

Some points re future travel: 1. The airstrip at Atambua is in the process of being lengthened to 1800m and will accommodate international flight. ? Denpasar -Atambua 2. SUZY Airlines are starting flights from Kupang to Atambua 3. AIR TIMOR will be starting flights direct from Sydney and Melbourne to DILI possibly this year.

HALILULIK

ARRIVAL

Wow! We arrived around 2.0 pm with around 40 of the staff meeting us with welcoming scarfs. Initially saw those patients admitted to hospital and then around 70 patients in the emergency dept. There was a dominance of patients with thyroid and inguino-scrotal pathology. The casemix relates to the announced nature of the visiting team in the churches. Care was taken not to initially fill all the vacant operating time knowing that there would be a steady stream of other patients attending daily. With the time delays between Darwin/TL/Indonesia teams need to be aware this will be a long day considering the 4.0am start.

Basic blood tests were available but those requiring an Xray for assessment were sent to Atambua but most came back with the xrays the same day. The US machine in the OT had a reasonable resolution and was a valuable diagnostic assett . One patient, that was anaemic with very large uterine fibroids, required X-matching prior to a radical hysterectomy and blood was provided by way of donations from the Brothers [?voluntary]. No other patients were transfused or Xmatched. The need for urgent blood would present a problem at Halilulik. Fine needle aspiration cytology was performed on many of the thyroid cases that didn,t appear to have obstructive symptoms while some were asked to return for treatment with lipiodol. Thyroid function studies are not available and 3 patients were thought to be toxic and treated medically.

WORKLOAD

See attached sheet. The significant no. of small cases performed by Dr Harry was very important in allowing almost only those requiring the services of the anaesthetist to be performed in the main operating theatres. All operations went well and there were no significant complications either per or postoperatively. The only incidence was a wrong patient was brought to the operating theatre by the local staff and this hopefully reinforced the need for site identification and adoption of the WHO protocols. Site identification had been practised but time out had not been rigidly adhered to. The correct procedure was carried out.

OPERATING THEATRES

There was a big improvement in many areas since out last visit. The air conditioner was more reliable but power surges still resulted in poor light at times and the need for additional light from headlights is necessary for fine work. The overhead light in the main theatre needs to be lowered and we have discussed with Sr. Helma how this might be achieved. The suction and diathermy were reliable. The second theatre is still only suitable for small procedures and at this stage does not have an operating light. The CSU staff were able to keep up with supplies but rain created a problem with linen on one occasion. There were adequate instruments for most procedures but suggest teams bring fine instruments if needed.

Sr. Kerrie Nicholls did a magnificent job doing an audit on all instruments and disposables in the hospital, itemising and storing them and labelling in both English and Indonesian. See attached sheet The anaesthetic equipment also been audited and stored and a record of this hopefully will be available on the OSSAA website.

Most of the local staff had been in the theatres before and this allowed for some genuine capacity building and some independance was evident by the end of the trip. The need for this continuity was discussed with the management. Peroperative count sheets and postoperative observation sheets in Indonesian were introduced and observed. It was felt that these acquired skills be recognised and a certificate on OSSAA letterhead identifying these skills was given to 5 members of the OT staff. [See attachment]. A thank you note was given to others.

The large white board in the OT initiated by Brian Miller,s team was once again used and was most helpful.

Sr Helma had brought Sr Raymunda SSpS up from Kupang because of her language skills and her help was much appreciated.

WARDS

Structurally the same but a big improvement in standard of care . There was a genuine desire by the ward staff to provide quality nursing care and I was impressed that the post

op. observation charts introduced last visit were meticulously done. We have been asked by the ward staff to provide them with teaching and I believe an appropriate ward sister would be a worthwhile addition to a future team particularly as more major cases are being performed. The wards, as with the whole hospital, was very clean considering the amount of traffic and the wet weather. Alcohol solution was used after every patient examination. Sr Helma was absent for the first three days and I was impressed by the no. of other staff members such as nurses Beatrix and Amelia who filled that void. This indicated a depth of staff with an admin. ability. Pain relief measures were available but not stressed and strong opiates were not available but not required for most of our patients.

Ward rounds with a lot of the staff were performed at the end of each operating session and again at 7.30 each morning. Not all patients spoke Bahasa Indonesian many just speaking the local Tetum or Dharwan, so a good interpreter was necessary on these occasions.

ACCOMODATION

Accomodation was again in the free standing cottage adjacent to the hospital and this very convenient and allowed for convenient interaction between the junior staff, admin. and the visiting team. The meals were excellent, if a bit excessive, but great and traditional even though a bit westernised. All meals were delivered to the OT for the staff as well as the visiting team and this led to the feeling of a group effort.

SPECIAL INTEREST CASES

The two girls with mandibular tumours that came to Newcastle for hemimandibulectomy and grafting were seen in follow up and were extremely well. Inosensia has returned to school and was proud that she came 7th in her class despite her period of absence. Her sister who accompanied her to Australia was very excited that the Geralton Wax seeds she was given have thrived and already flowered. Martin Martin,s family live in a fishing village near the ET border and were refugees to Indonesia following the rioting after the independence ballot in 1999. She also looks great, and after leaving school for nearly 2 years because of her disfigurement, plans to return to school when her family moves back to South Sulawesi next month. The third woman seen by Brian Miller,s team with a mandibular tumour was operated on in Surabayu, Java and although she has not had a graft the result is satisfactory and she can look after her 3 young children. These tumours are rare with an incidence in Australia if 1/million and the successful outcome of these girls is a credit to the OSSAA program.

2 other men were seen with massive submandibular tumours and which were biopsied but suspect these are malignant and may not have such a successful outcome.

One baby 5/12 with significant talipes had a tenotomy performed and instruction was given on the technique of splinting. I was able to give Sr. Helma a comprehensive document, in

Indonesian, on the Ponseti method of treatment and hopefully this will get out to the staff of the regional Puskemass who are more likely to see these abnormalities in the early stages.

Many patients were seen with massive enlargements of the thyroid gland [nearly 50% of all consultations] and 10 were operated on principally because of obstructive symptoms. Many others were biopsied or planned to return to be part of Dr Brian Miller,s Lipiodol study.

FUTURE DIRECTIONS

The Belu Vice Bupati, Mr Taolin Ludovikus and Belu Minister of Health, Mr Lau Fabianus requested we visit them at their office in Atambua the morning after our arrival. We were informed that our visit was most welcome and the executive members visited the OT in Halilulik the next day enabling further discussions to take place. We were invited to visit the Atambua hospital on our return journey which we did.

The theatres in Atambua are old and very much needing an update but appear to be functional with 50-60 operations being performed there monthly. There has not been an anaesthetist in Atambua for 10years and the 4 technicians were requesting some instruction. Dr Tom Walker will report on this. Most trauma from the area goes to Atambua initially but many then apparently discharge themselves seeking traditional care. There is a reasonably active obstetric unit with sections being performed under inhalation anaesthesia as spinal are only allowed to be performed by anaesthetists. This amount of acute surgery could interfere with the 'elective 'work of a visiting team and occupy the time of a single anaesthetist.

The recently arrived surgeon, assigned to Atambua, Dr Suroso attended the theatres at Halilulik on the last day. Dr Suroso is bonded to the Belu district for 14 yrs and has stated he is looking forward to working with visiting teams from OSSAA .

Dr Harry visited the relatively new hospital at Betun one hour from Halilulik and just over the Timor Leste border near Suau. Although 5 years old the OT,s have not yet been commissioned and the operating theatres not equipped. Several potential OT nurses from Betun worked with us on our last visit to Halilulik and returned again for one day on this occasion.

It appears as though there is money available for the development of what are referred as "border" hospitals such as Atambua and Betun . The reason for this was unclear and Dr Harry felt that an upgrade of these hospitals was more likely than in places like Roti. Clearly basic facilities and human resources would need to be in place before OSSAA teams could visit.

Discussions were held with Sr. Helma about her needs at Halilulik . Sr. Helma was concerned that visiting OSSAA teams may be directed away from her hospital. She also felt

that getting an authorisation for visits may be more expeditious coming from Jakarta and she did not see this as a problem.

Dr Harry believes that OSSAA might be able to get an MOU for 5years to provide services to hospitals that we have been traditionally going to, but this would have to be initiated by the district health authorities and would take effect until next year.

SUMMARY

This would have to be considered as a most successful trip and definite progress has been made in Halilulik. There was continued support from the hospital staff and it was pleasing to see that more staff have taken a leadership role. The expected addition of a radiology service will make a big difference. The three new members of our team were excellent and will add to the available pool of medical staff for future trips. The increasing transport options in getting to this part of West Timor needs to be monitored.

Dr Bob Sillar

Team Leader