



OSSAA Sponsored Trip to

## Halilulik, West Timor

1-11 Feb 2012

### TEAM MEMBERS:

- |                         |                                  |
|-------------------------|----------------------------------|
| 1. Dr. Robert Sillar    | Surgeon and Team Leader          |
| 2. Dr. Thomas Walker    | Anaesthetist                     |
| 3. Sr. Kerrie Nicholls  | Theatre Nurse and Coordinator    |
| 4. Sr. Elizabeth Murphy | Theatre and Recovery room Nurse  |
| 5. Mr. Dylan Venables   | Interpreter and Tour Coordinator |
| 6. Dr Harianto          | Local GP/Surgeon                 |

The trip was organised in response to a Letter of Invitation from the administration of the Rumah Sakit Katolik Marianum, Halilulik and the provincial and regional health authorities.

### GETTING THERE

As on previous visits to Halilulik the team chose to go via Timor Leste. The team met at the Airport Hotel Darwin late afternoon which was desirable considering the very early international flight to Dili the next day. This gave us time to plan the trip, inform new members about issues and discuss cultural aspects of the countries to be visited.

Arrival in Dili was at 7.30 am where we were met by a vehicle from the transport company [Esilva] and transferred to the West Timor border. E silva do a lot of work for RACS teams and generally discount medical visits. The driver is paid separately [usually \$us35] This is a 3 hour trip and although a bit rough in some places due to recent landslides there was evidence of considerable roadworks taking place so things might get better. The partially collapsed bridge on route has been repaired. Visa,s on arrival in Timor Leste are obtainable at the airport and the in-transit visa

cost p.p. has increased to \$us 30 . There were no custom or immigration issues at the West Timor border and this transfer was facilitated by the staff from the hospital who met us there.

The return journey to Dili was by way of a bus arranged by Sr Angela from the hospital. Overland In transit visa,s can no longer be obtained at the border and must be procured on-line [[www.migracao.gov.tl](http://www.migracao.gov.tl)].Despite the stated 10day processing time allow one month.

On our return, the team stayed in Dili overnight and took the opportunity of having a meal with some of the resident and overseas medical staff working in Timor Leste. There was some concern expressed by the resident medical staff about possible violence related to the forthcoming elections and should be considered if any teams were planning to go to Dili around that time.

### Halilulik

Our welcome by the staff at the hospital was really overwhelming and a strong expression of how much the OSSAA trips are appreciated. Dr. Harianto had been in Halilulik for several days and was instrumental in much of the preparation and smooth running of the visit.

### Triaging

Patients on this occasion had nearly all been assessed prior to our visit by either Dr Hari,the emergency dept. at the hospital, or one of the Drs in the primary care facilities [Puskismas]. This process minimised the number of inappropriate patients that were seen. Notification of our visit was announced widely through the church network and the various Puskismas. Referrals were needed and the team was advertised as having an expertise in hernias, appendicitis, benjolans [general lumps and bumps] and thyroids and most patients seen were in these categories .Many had had preoperative blood tests and a few had had Xrays. Those that lived a long way away, or clearly needed an operation, had been admitted to hospital prior to our arrival.

There were still around 100 people to be seen in the emergency dept. As many patients needed additional procedures [ultrasound examination, fine needle aspiration biopsies, Rx with lipiodol multiple consulting rooms were utilised and this

proved to be a most useful teaching venue for the students and the young doctors. Not all patients could be seen that night, but were mostly reviewed next day[s] between cases.

### Accommodation

In view of the large no. of visiting staff, the resident's bungalow was used for females and the males accommodated in the hospital areas mostly used by the senior nursing staff. Even though the team was split this arrangement was satisfactory.

### Teaching

This was a big difference from previous trips to Halilulik and will have implications for further trips. As well as the two resident doctors there were another 13 visiting doctors from the primary health care hospitals and 5 medical students together with a tutor from the Medical School at Undana University in Kupang. Most stayed for several days and some for the whole visit. They were utilised as operative , anaesthetic and recovery room assistants and their language skills were most helpful. There was some, but probably not enough formal teaching for this large group.

### Operating Theatres

One operating theatre was fully utilised and the second theatre used for preoperative spinal injections as well as more minor procedures. Patients had Intravenous lines inserted by the resident nursing staff and this was done most effectively. The waiting area of the operating theatre is now divided, providing a much better consultation and minor procedure area. The CSD area was again well organised by Sr. Gres, but as the hospital does not have dryers, the wet weather did on one occasion create a problem with the linen supply. Mostly there were adequate instruments, but disposables [sutures, dressings, drains ,local anaesthetics] will need to be supplied.

The scrub nurse duties were shared by Srs Mia and Heri , supported by the visiting nursing staff, and were considered to be very good. The availability of Dr Mozad [GP plus in Anaesthesia] and a dedicated anaesthetic nurse [Ricard] made the anaesthetists task easier and allowed time for teaching.

The storage area was well maintained and the system of an ongoing inventory will make it easier for future teams to know what is needed. A pathology supply [ glass slides and cases, formalin containers, biopsy facilities] area has been added.

All meals were supplied in the operating theatre complex and the quality of the food was excellent. This was a good time to teach and relate to local staff.

### Work Load

Long hours were worked most days. Major cases were performed early on the visit with more minor cases operated on in last few days. Sunday was set aside for emergencies only, and this was very much appreciated by the local staff. It is a very important family day in this community, to such an extent that patients cannot even be discharged on this day.

Consultations: Total 125

Operations:

Total 103

Thyroid ops 8

Other Head and neck 9

Hernia ops 22

Others 10

Dr Hari,s Minor Ops 55

Once again a large no. of patients with goitres were seen and a no. added to the lipiodol study. A portable Ultrasound machine was useful in excluding those with very nodular goitres that might not benefit from this treatment. Fine needle aspiration biopsies were performed on some that could not be fitted onto operating lists and about whom there was some concern.

The ultrasound machine has been left with the hospital.

There were 2 patients that were returned to theatres with haematoma,s, one following a thyroid operation and the other following an operation for removal of a large lipoma. Otherwise no complications were encountered.

Dr. Hari,s efforts in performing a large no. of minor operations in the emergency department was a good teaching tool and reduced the work load needed in the main theatres.

## Other

A visit was made to the office' s of Mr Taolin Ludovikus [Vice Bupati] and Lau Fabianus [ Minister of Health for Belu Provence] They stated that OSSAA trips are looked upon as an important part of the health structure of the area. They were particularly pleased by the teaching component [both under and post graduate] that has developed around OSSAA visits. Dr Fabianus is due to retire next year and is likely to be helping the Administration at Halilulik.

Dr Suroso the resident general surgeon for the area did not visit during our stay, but does some operating at Halilulik and this will help the staff maintain their skills.

On Sunday we took the opportunity to visit the Leprosy Hospital at Noab. The new theatres and recovery room building have been erected and external power should be through sometime this year. There are only 35 leprosy inpatients at present but there is a strong desire by the administration for us to have a general surgery visit so that the facilities can be utilised for the benefit of the local community. I believe this would have a positive benefit re government funding. Day case and 24 hour stay patients could only be done at this stage due to the limited post op. ward areas. Would fit in well with trips to Halilulik

## Summary

There has been steady progress in the capabilities of the hospital in Halilulik to provide basic surgical care. This visit was apparently facilitated by the intervention of the Perdhaki organisation [combined non-government hospitals]

It is likely that teaching will become a desirable and expected component of future visits to this area . The hospital administration has had discussions with the Vice Chancellor of Undana University, Kupang and an MOU between OSSAA and the Medical Faculty would be desirable. All the young visiting doctors have been asked to provide testimonials to the local and regional health authorities.

This teaching commitment will make it desirable for two surgeons to be present on future general surgical trips West Timor.

I would like to thank the fellow members of my team for their all their hard work and Dr Stephen Braye and staff from the Pathology Dept. of the John Hunter Hospital, Newcastle for their assistance.





