OVERSEAS SPECIALIST SURGICAL
ASSOCIATION OF AUSTRALIA

ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

AUSTRALIA TIMOR LESTE PROGRAMME OF ASSISTANCE SPECIALIST SERVICE (ATLASS)

TEAM VISIT – TIMOR LESTE

February 27th – March 6th 2010

TEAM LEADER'S REPORT

DR MARK MOORE AM, FRACS
PLASTIC AND CRANIOFACIAL SURGEON

Implementation of Dr John Hargrave's mission in East Timor and Eastern Indonesia: providing a specialist service to the disadvantaged where the service is not available or affordable

AIMS & GOALS:

The objectives of this volunteer specialist surgical mission is as previously detailed;

1. The provision of a regular, consistent, ongoing Plastic & Reconstructive surgical clinical service to the people of Timor Leste utilising Australian personnel with a demonstrated commitment to this region.

2. Expanding the teams active role in the teaching & training of our counterpart Timor Leste surgical trainee, and anaesthetic nursing staff at both the Baucau Regional Hospital and the Hospital Nacional Guido Valadares, Timor.

INTRODUCTION:

It was 10 years ago this month that Dr John Hargrave, Dr Mark Moore & Sr Margaret Flemming visited the newly independent East Timor, still in its infancy and recovering from the damage and destruction that had occurred after the vote for independence in August 1999. With the signing of an agreement with the coordinator of the ICRC team, who were at that time charged with running the Dili hospital we saw the birth of a sustained and consistent plastic surgical service to Timor Leste.

This present visit, the 27th to have occurred since that scoping mission in March 2000, has seen the team provide a regular clinical service across the broad range of plastic and reconstructive surgical deformity with special focus on cleft lip and palate and burn contracture management. With time and the identification of local counterpart trainees, the attention in recent years has evolved from one of purely clinical service provision to a more active involvement in teaching of specific plastic surgical skills as well as inputs from the team anaesthetists to the local Timorese nurse anaesthetists. In particular in the last year the team has actively identified Dr Joao Ximenes as an appropriate person to train in the techniques of cleft lip and palate surgery and this visit with his attachment to the team represents the third occasion in the last 12 months that he has worked alongside our team.

On this visit our plan was to provide a clinical service in both Dili and Baucau, with additional outpatient clinics held outside these institutions in Los Palos as well as the Bairo Pite clinic in Dili.

Whilst the team has, from the comments above, made multiple visits to Timor Leste each visit brings more challenges. The teams occupation of these major hospitals for 1 week, undertaking a significant number of cases, with an expectation of commitment from our local counterparts, both medical and surgical in addition to the obvious support necessary from the medical administration of all these institutions is challenging. Understanding these interactions and how they can be better improved will be detailed later in the report.

TEAM PERSONNEL:

The visiting team was as follows:

BAUCAU

Dr Mark Moore	Plastic Surgeon (Royal Adelaide & Women's & Children's Hopsital)
Dr David Sainsbury	Anaesthetist (Women's & Children's Hospital)
Sr Vanessa Dittmar	Theatre Nurse (Women's & Children's Hospital)
Sr Helen Roberts	Anaesthetic Recovery Nurse (Women's & Children's Hospital)

DILI

Dr Peter Haywar	Plastic Surgeon (Westmead Children's Hospital, Sydney)
Dr Brian Spain	Anaesthetist (Royal Darwin Hospital)
Sr Samantha Sudbury	(Sydney)

PARTICIPATING LOCAL STAFF & COUNTERPARTS

Dr Joao Ximenes	Surgeon	Baucau
Dr Phillip Mwaura	Surgeon	Baucau
Mr Antonio Correia	Nurse in Charge OT	Baucau
Mr Alcino	Nurse Anaesthetist	Baucau
Mr Anselmo Alves	Nurse Anaesthetist	Baucau
Mr Fransisko	Nurse Anaesthetist	Baucau
Mr Mateus	Instrument Nurse	Baucau
Mr Joao	Instrument Nurse	Baucau
Mr Batista	Instrument Nurse	Baucau
Mrs Regina	Instrument Nurse	Baucau
Mr Bernardo	Nurse in charge of clinic	Los Palos
Dr Dan MurphY	General Practitioner	Bairo Pite & Dili
Dr Eric Vreede	Anaesthetist/Head of mission	HNGV
Mr Jacinto	Nurse in charge of OT	

OVERVIEW:

The 7 member team assembled for this volunteer surgical mission to Timor Leste was of considerable experience. All members of the team bar one had previously visited and worked in Timor Leste on more than one occasion. The only newcomer to the team was one of the theatre nurses of which this was her first overseas surgical mission.

The team assembled in Darwin on Friday 26th February before making the Air North flight across to Dili early on Saturday morning. Dr Brian Spain was delayed by another meeting and had previously organised his travel to bring him to Dili early on Monday 1st March.

The was met on arrival in Dili by Dr Eric Vreede & Mr Sarmento who organised the teams transfer to the Rentlo offices where vehicles were provided for both Dili and Baucau teams. After securing hotel accommodation for the two early arriving Dili based team members the remaining 4 members of the team headed to Baucau.

Dr Hayward and Sr Sudbury undertook a preoperative assessment clinic in the outpatient department of HNGV Dili on Saturday morning. They were assisted in this clinic by Mr Elvis Guterres from the RACS office in Dili. From this clinic arrangements were made for surgical lists to be constructed for the following week. Unfortunately it would appear that the dissemination of the notice of the teams arrival and its impending week of surgery had probably not been wide spread within the hospital. This resulted in little administrative support from the local counterparts, and an outpatient operating theatre and ward environment that was less than ideal and will require attention for subsequent visits.

The team visited the Bairo Pite clinic on the Sunday where a small number of patients were assessed. Several of these were booked to go onto operating lists the following week but as has been the case on a number of previous occasions these patients subsequently fail to present to the hospital. The issues of communication between the Bairo Pite clinic and the HNGV are seemingly unresolved. This is a matter for local administration. General comment would be that many of the cases from Bairo Pite clinic could easily be seen within the outpatient department at the hospital, thus simplifying the construction of operating lists for the visiting team.

The Dili team commenced operating on the Monday morning, 1st March. The focus on and attention to the needs of the visiting team from local operating theatre and ward staff was less than ideal. This appears to be an ongoing issue at Dili Nacional Hospital for visiting teams and requires an upgrade and improvements in communication & support from both sides to maximise the outcomes of the clinical service and training.

At the end of the first day only two cases had been completed due to a number of communication issues involving fasting of patients and preparation of patients for theatre. Post operative ward round was undertaken on this Monday in the standard fashion and the two patients were noted to be in a satisfactory condition. Later that afternoon the team was recalled to hospital and it was noted that the second case from the operating list had been found dead in the hospital ward bed. Attempts of resuscitation were made but were unsuccessful. Details of this incident will be reported elsewhere and full discussion of this case with local staff was held by the visiting team as well as the resident RACS coordinator. This discussion being with both the hospital administration and the child's parents.

The Dili team continued to operate for the remainder of the week with only 2 cases failing to proceed with surgery after the news of the previous days events became known within the hospital. The Dili team completed the list of patients, on this occasion the number being somewhat less than usual because of logistical issues involving the transfer of patients from the ward to the theatre,

appropriate fasting requirements being fulfilled by the ward and the less than ideal level of support provided by the theatre and recovery staff from within the operating theatre complex.

The team who travelled to Baucau, after checking in to the Pousada de Baucau, proceeded to the hospital for an outpatient clinic on Saturday afternoon. A new concrete fence is being constructed around the hospital and after locating the new entrance to the hospital the team was able to park its vehicle before visiting the operating theatre complex. The team was met by three members of the operating theatre nursing staff who assisted in running of the clinic. On Saturday afternoon some 12 patients presented, most of whom were candidates for surgery. The members of the team were then able to visit Venilale some 30 – 45 minutes away from Baucau in the mountains. Dr Joao Ximenes accompanied the team both to the clinic and then up to Venilale which is where his family home is located. We were able to meet with his family before returning to Baucau on Saturday evening.

On Sunday 28th February the team drove to Los Palos where it was met by Mr Bernardo, the nurse in charge of the Los Palos hospital. A small clinic was held there with him with a further 8 patients, including 7 which were placed on the surgical list. Only 1 case was deferred, this child being a previously repaired bilateral cleft lip who was in need on palate repair but had a significant chest infection making him ineligible to surgery.

The team travelled from Los Palos to Com where we met with longstanding community counterpart Mrs Robela Mendes. Following a short lunch there in Com the team returned to Baucau.

The surgery in Baucau commenced on Monday morning with some 6 cases undertaken during that day. In marked contrast to the situation in Dili the support of the anaesthetic and instrument nurses in the theatre is outstanding. Their enthusiasm for the visiting team and willingness to be involved stands as a highlight of the trip. Dr Joao Ximenes who accompanied and assisted the team made note of this as he had never worked in the Baucau theatre previously, with most of his previous surgical experience being in Dili.

Note was made by Dr Phillip Mwaura resident general surgeon that advanced communication of the teams visit was somewhat limited. This was despite the RACS coordinator having notified the hospital some weeks in advance, it would appear that possibly within the hospital this information is not transferred down to those at the coalface In the checklist for notification of the teams arrival, this area needs attention paid.

Further patients arrived during the week so that a total of 42 patients were seen by the finish of our clinical involvement late on Thursday. Some 33 patients were operated on with a total of 35 procedures being performed. As with previous visits the cleft lip and palate remains the major problem with some 24 cleft procedures being performed, being 20 cleft lips and 4 cleft palates with the majority of these cases being new primary surgery.

Perhaps the highlight of the whole trip was that Dr Joao Ximenes undertook some 8 of these cleft lip procedures with 4 of these being totally on his own without the visiting surgeon scrubbed. His results in the incomplete cleft lips are now the equal of the visiting surgical teams. On this basis he should now be undertaking this surgery back in Dili in the absence of the team with careful recording of his results so that these can be audited and discussed by the team on its next visit. This positive feedback has been communicated to him and attempts have been made within Timor Leste to establish referral networks such that these cleft lip cases are referred to him at times other than when the visiting team is present. It is to be hoped that this can be developed over the next 6 months to further build his confidence and expertise.

The remainder of the time in Baucau was spent on a number of other cases including 2 significant burn contractures and a number of other smaller cases. A young 5 year old patient with severe burn contractures has received treatment by our visiting teams over the last 2 – 3 years. On this occasion

he needed further release of contractures involving the right hand & right foot. It was pleasing to note that he now has prosthesis for his left lower limb, this being provided by ASSERT. He is mobile with his prosthesis and is growing well. In addition a teenager presented with his right upper limb fused to his chest wall following a burn as a child which to date had received no treatment. This was widely released, grafted and splinted. He will require aggressive ongoing physiotherapy support.

During the week a Cuban paediatrician in the hospital asked the team to see a 2 month old baby. Sadly this child was burnt during its first day of life, sustaining significant full thickness burns across the whole face, also with involvement of the right hand and to a lesser degree the left hand. This child has an air way and is able to feed. Both eyes appear to be present but the remaining soft tissues of the face have been burnt. Details of the patient have been obtained to get photographic documentation to allow for various opinions to be sought in Australia as how best to manage this child. Otherwise it is planned to review her during the next visit.

A limited orbital decompression of a patient with thyroid eye disease was again undertaken, a similar such case being performed several years ago. Dr Phillip Mwaura has a very large pool of patients, who have undergone subtotal thyroidectomy's and a number of these have significant persisting exopthalmus of a degree to be both of cosmetic and functional concern.

On the Friday morning the Baucau team undertook the final ward round and hand over of the cases to the local staff. By weeks end most cases had been discharged from hospital and only those burn contractures were left requiring the attention of local surgical and nursing staff for dressings in the succeeding week. The team then returned to Dili to meet with the Dili counterparts and with Dr Vreede to perform a debriefing for the weeks work and discuss our options for future visits.

Whilst the above addressed the general details of the visit the following comments can be made.

EFFECTIVENESS OF NOTIFICATION

From the turn out of cases it would appear that the notification system to the community is working satisfactorily. There does appear to be an issue regarding the effectiveness of notification to the hospitals themselves and perhaps more specifically how that information is dispersed within the hospital to the appropriate surgical wards and operating theatre complexes. Whilst notices were evident in the hospitals detailing the year plan of the specialist surgical team visits this is presumably a notice sent out at the beginning of the year. Updated notices perhaps in the 2 – 4 weeks prior to the visits would seem a useful addition to the checklist for each visit. Similarly official notification to the clinical director or medical directors of the hospital would be appropriate, as would a meeting with them on the first Monday of the teams work. This way the Timorese then take up greater ownership of the project and with that some responsibilities for dissemination of the information about the teams work as well as control of the support that is necessary for each teams visit. This was discussed with Dr Vreede.

PRESENTATION TRENDS

Presentation trends remain unchanged. There are ongoing referrals of patients with cleft lip and palate both as young children and infants. As well there remains a significant number of untreated older children and adults that continue to present from a variety of communities. There are I think further areas within Timor Leste not yet been tapped fully.

MORBIDITY & MORTALITY

As noted above there was one death on this visit, this being a 15 month old child who underwent repair of both cleft lip and palate. The details of the anaesthetic and the surgical reports on this will come separately.

There were no other issues of note reported from either the Dili or Baucau teams.

LEVEL OF AFTERCARE

In terms of the aftercare both in recovery and in the surgical wards, this remains a major issue for the visiting team. Post operative recovery from anaesthesia is not an area that has a attracted specific attention within this country and remains a concern to our visiting team.

The care in the surgical wards is also an issue. When the teams cleft patients are returned to a general surgical ward there has been an attempt in the past in Dili to create a special area where these can be managed. I believe this is essential for the visiting team both to have this area and the appropriate level of nursing support and monitoring to avoid any of the untoward events as experienced by this team. This needs to be organised by the host hospital in advance and should not be reactive after the teams arrival. In Baucau this may not be possible given the limitation on space but the surgical ward through Dr Philip has been made aware that close attention to the aftercare is essential to the management of these cases. The remainder of care for the clefts is uncomplicated with most otherwise leaving hospital within 1 – 2 days of surgery.

Management of burns and burn contractures is overseen by the local surgeons who are comfortable with this.

EQUIPMENT & SUPPLIES:

The visiting team in the past brings all its own surgical equipment. Comment was made on the last report of the need for Dr Joao Ximenes to be provided with appropriately refined surgical instruments. A list has been made up previously for this and this will be done again and forwarded onto the international projects office at RACS for this to be action. Dr Joao has been left with supply of sutures etc necessary for him to commence repairing cleft lip patients on his own.

In terms of other recommendations for equipment repair and procurement there are no specific new issues. Dr Vreede is aware of the shortages of soda lime, generally in the country for the anaesthetic machines. There seems to be adequate supply of anaesthetic gases and the monitoring equipment in both hospitals is quite satisfactory from an anaesthetic viewpoint.

SUMMARY OF TRAINING ACTIVITIES:

Dr Joao Ximenes (Surgeon, HNGV)

- With the completion of this visit Dr Joao has now undertaken 20 unilateral incomplete cleft lip repairs in the last 12 months. During this visit the last 4 cases were undertaken by him alone with his mentor surgeon in theatre but not scrubbed. The next step is for him to undertake these cases on his own in the absence of the team. This has been communicated to him and to Dr Vreede in Dili. The mechanism needs to be put in place such that the referral of these cases to the RACS office needs to be followed by arrangements for them to be seen in outpatients by Dr Joao so that he can then plan their surgical treatment. With this next step we can see development of his independence of the teams, with need for us to monitor him on a regular basis and then build his skill level across more extensive and involved cleft conditions.

Nurse anaesthetists

- The nurse anaesthetists in Baucau were reviewed by Dr Sainsbury who had previously worked with them some years previously. Their delivery of anaesthesia for a full range of cleft patients from both the young age through to adults was of the highest level and his comment was that these practitioners were well able to undertake anaesthesia for this surgery. The same applies probably in Dili where Dr Vreede oversees the nurse anaesthetists.

Instrument nurses

- In Baucau the instrument nurses were again of a high level. Their focus and commitment to the team was excellent throughout the visit. Their willingness to stay late and work with the team was to be highly commended. It would appear that unfortunately the same cannot be said for the theatre complex in Dili where some attention to improving their commitment needs to be made. It may be possible for one of the theatre nurses from this area to travel with one of the OSSAA teams elsewhere on its visits, as has been done with Dr Joao in the past. I will discuss this with the International projects office as to the possibility of them joining our teams on one of their missions to West Timor later in the year.

PLANNING FOR FUTURE VISITS:

Recommended frequency of ATLASS visits:

- Should continue on a twice yearly basis.
- There remains the possibility of a team to undertake an extra visit in Oecussi later in the year.
- The team is aware that the Mercy Ship visit is planned to Timor at some stage later in the year and this may impact upon the volume of cases referred, as has been the case in the past.
- It is to be hoped that the data from the Mercy mission be made available so that this can be included within the Timor Leste cleft database.

Priorities:

- For the next visit later in the year at least one of the locations should be Maliana to maintain this service to the western end of the island.
- The other visit may possibly be back to Baucau.

VISIT ORGANISATION:

As noted above the general notification and organisation of the visit was quite satisfactory. There is a level of fine tuning to work on and I think the introduction of a checklist for a team visit should be seriously considered. This will be worked upon and I will arrange to send this to the Melbourne and Dili based offices for this to be assessed and worked on.

SUMMARY OF CLINICAL ACTIVITIES
FEBRUARY 27th – MARCH 6th, 2010

TOTAL PATIENT CONSULTATIONS: 72

BAUCAU	42
DILI	30

TOTAL SURGICAL PROCEDURES: 51

BAUCAU	35
DILI	18

	BAUCAU	DILI
CLEFT LIP	20	10
CLEFT PALATE	4	4
BURNS	2	3
SCARS REV/KENACORT	5	0
EXCISIONS	2	1
ORBITAL DECOMPRESSION	1	0

SUMMARY OF TEAM ACTIVITIES FEBRUARY 27 – MARCH 6, 2010.

FEB 27, 2010	Team members depart Darwin for Dili Consultation clinic, HNGV, Dili Part of team depart Dili for Baucau Consultation clinic, Baucau Regional Hospital
FEB 28, 2010	Consultation clinic, Bairo Pite, Dili Consultation clinic, Los Palos
MAR 1, 2010	Surgery, consults, ward round, Dili & Baucau
MAR 2, 2010	Surgery, consults, ward round, Dili & Baucau
MAR 3, 2010	Surgery, consults, ward round, Dili & Baucau
MAR 4, 2010	Surgery, consults, ward round, Dili & Baucau
MAR 5, 2010	Ward rounds Baucau team return to Dili Debriefing with Dr Vreede at HNGV re: the visit
MAR 6, 2010	Team departs Dili for Darwin

ACKNOWLEDGEMENTS:

- ATLASS Program and RACS International Projects staff
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- Dr Vreede & Mr Sarmento Faus Correia for their assistance in the preparation before and oversight during the teams visit

- Medical & nursing staff of the Hospital Nacional Guido Valadares, Dili & Baucau Regional Hospital

- Dr Dan Murphy and the staff at the Bairo Pite clinic

- Mr Bernardo & the staff at the Los Palos clinic

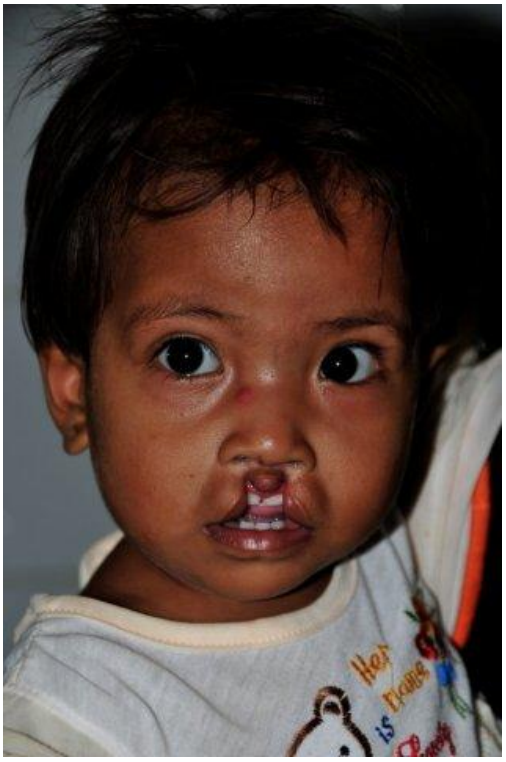
- The numerous Australian Public/Private hospitals as well as the surgical and pharmaceutical supply companies who have continued to support this teams work over many years

- Rentlo Car rentals, Dili for their provision of vehicles that allow the team to visit more remote regions and provide access to those patients in these areas

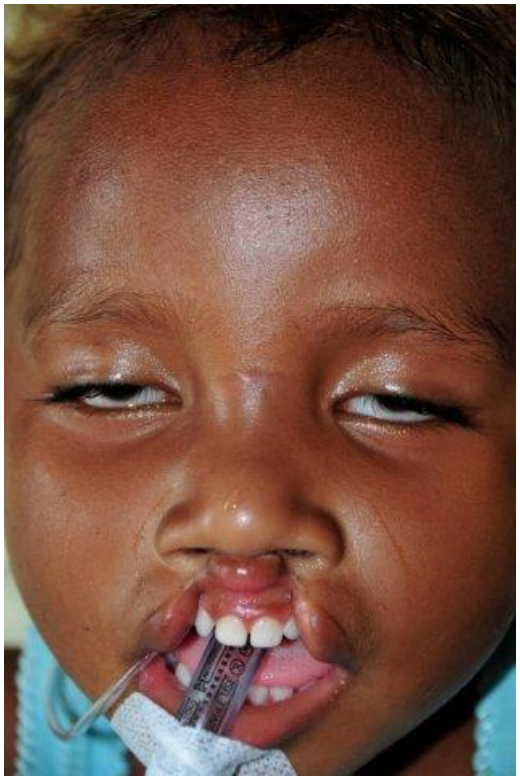
- Team members & their families who have continued to support and commit to the work of the Plastic & Reconstructive surgical team in Timor Leste

RIGHT ISOLATED CLEFT LIP

LEFT ISLOATED CLEFT LIP
DR JOAO CASE



BILATERAL ISOLATED CLEFT LIP



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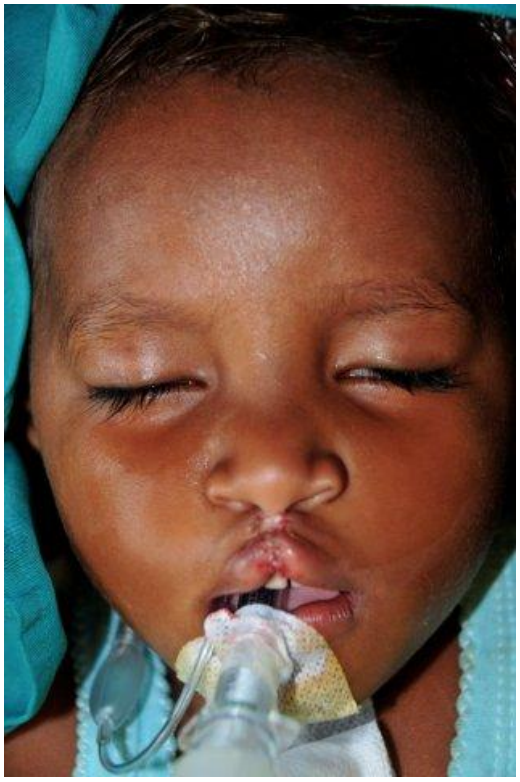
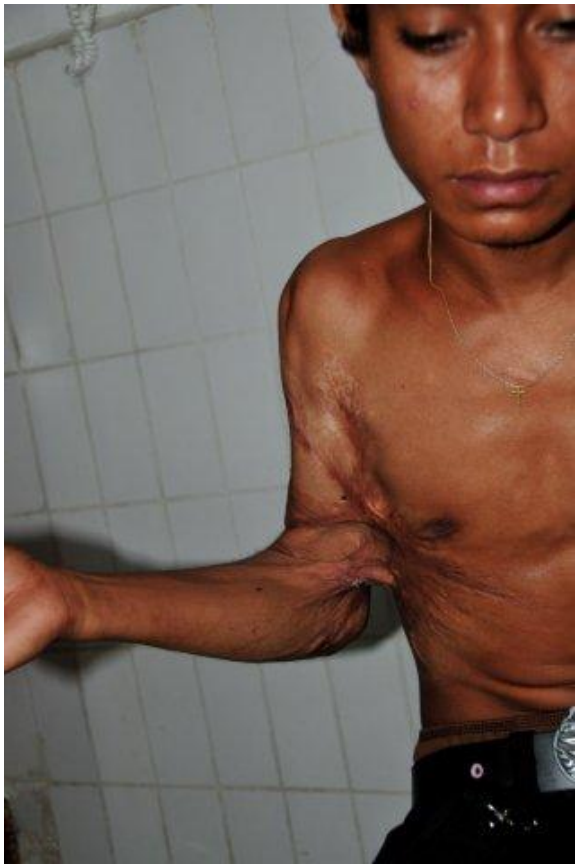
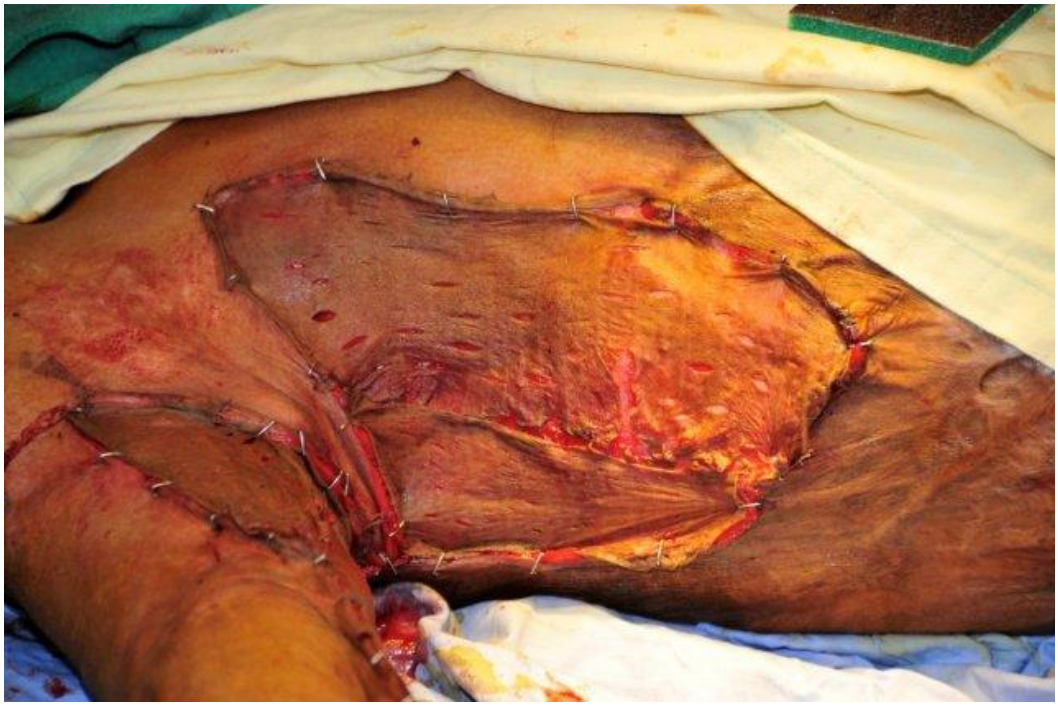


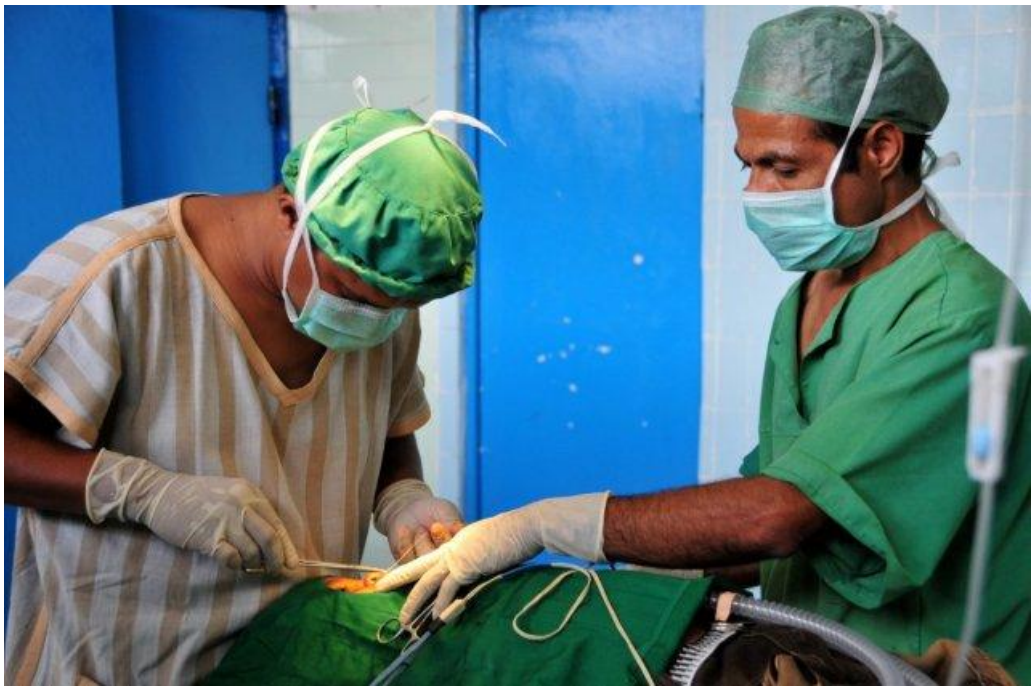
PREVIOUSLY REPAIRED CLEFT LIP



BURN CONTRACTURE



DR JOAO



DR JOAO & MATEUS OPERATING

BACAU HOSPITAL

LOS PALOS CLINIC