



OVERSEAS SPECIALIST SURGICAL ASSOCIATION OF AUSTRALIA

General Surgical Team Visit  
Rumah Sakit Katolik Marianum  
**Halilulik**  
Kapupaten Belu  
Nusa Tenggara Timur

**Team Report**  
August 1<sup>st</sup> – August 10<sup>th</sup>

**Team Members**

Dr Robert Sillar	Surgeon and Team Leader
Dr Christine O'Neill	Surgeon
Dr Mary Brooker	Anaesthetist
Sr Cath Coombe	Theatre and Recovery nurse
Dr Fifi Djatmiko	Interpreter and Coordinator
Dr Harianto	Accompanying clinician—Jakarta Indonesia

## Introduction

An invitation was extended by the Director of the Hospital, Sr Angela Salome and endorsed by Local and Regional Health Authorities to provide a general surgical team visit to the hospital in Halilulik in August 2012.

The proposed Team Leader, Dr Brian Miller was unable to visit on this occasion and was replaced by Dr. Bob Sillar. One new member Dr Christine O'Neill, a surgeon from Newcastle, was included in the team.

## Travel

Apart from Dr Fifi, the team met in Darwin staying conveniently at the airport hotel ready for the 6.00am flight to Dili the next morning. This allowed for the introduction of new members, planning for the trip and discussion of cultural issues.

We were met at the Dili airport by a vehicle and driver from the prearranged transport company E-Silva. Paperwork at their office was attended to and the team was transported to the West Timor border at Batugade. There had been a lot of roadworks performed, and although very scenic, it still has many dirt road sections with potholes and this was responsible for a relatively slow trip [about 3 hours]. We were met at the border by the hospital staff and taken to the hospital, a journey of about 1 ½ hours.

A mini bus was used on the return journey direct from Halilulik to Dili where the team stayed at the small, but adequate, centrally located Tropical Hotel.

Future teams going via this route need to be aware of the 1 hour time difference between East and West Timor and that the border authorities on the Timor Leste side knock off at 12.00 midday for an hour's lunch break. Can be very frustrating sitting in the hot sun if slightly late.

## Visas

Indonesian visas should be obtained prior to departure if going through Timor Leste. The in-transit entry visa into Timor Leste [US\$ 30.00] can be bought at the airport on arrival. However the overland return visa [in-transit] has to be obtained online and although stated to take 10 days, our visas had not been processed 6 weeks after application and were only obtained the afternoon before departure after much hassling. This has been a consistent problem and has become a deterrent to going via what seems to be a shorter route to the eastern parts of West Timor. I will endeavour to find out how the visa issue can be expedited.



*Team welcome*

## Hospital Infrastructure

The previous men's ward and adjacent small rooms at the eastern end of the hospital has been converted into a "polyclinic" and certainly was less crowded than the previous consulting rooms next to the emergency department. Patients wait in the courtyard and this could be a problem if it rains. Otherwise there were no major changes and the second operating theatre is still not functional. The team was accommodated in the RMO's quarters with all meals being served in the OT.

## Staffing

The experienced Srs Gres, Mea and Richard were the key persons in the operating theatre and the importance of retaining such staff was emphasised to Sr Angela. There were 10 visiting doctors from Primary Health care centres and together with the Drs Olive and Inthin there was plenty of assistance. The presence of a second surgeon provided much greater opportunities for teaching and this was greatly appreciated by the junior staff.

Patient and site identification as well as count sheets were kept and documented.

There was more nursing staff in the wards than previously and it was gratifying to see that the observation charts were meticulously kept. Twice daily rounds were undertaken.

Dr Harianto had been invited by the hospital administration to attend and he performed a large number of minor operations in the polyclinic. He had also visited the Betun area (2 hours from Halilulik) prior to our visit and triaged patients that might require operations in that area during our visit.

At the end of the visit all theatre and some ward and ancillary staff were given certificates of appreciation (on Hospital and OSSAA letterheads) outlining services provided and skills acquired. This emphasised the broad based teaching role that these visits provide.

*OSSAA donated ultrasound machine put to use. Dr. Olive (resident) showing visiting Health Department officials from Jakarta features of a goitre.*



## Visitations

A visit to the hospital by a number of members from the Ministry of Health , Djakarta [Department for Development and Empowerment of Health Human Resources ] occurred during our visit. Some of the junior medical staff were interviewed and it was helpful for the health officials to see the social and humanitarian nature of our visits as well as the important teaching role. We were reassured that recommendations would be made to the Ministry of Health that invitations to visit in future would only need to go through the regional health authorities.

## Workload

Consultations	110
Operations	38

There were 12 major head and neck operation mostly thyroids. There were several intra-abdominal operations including removal of a large ovarian cyst and a bowel resection because of an unusual malignant tumour of the appendix. There were no significant postoperative problems and no returns to theatre. We have heard that all patients have recovered well

The portable ultrasound machine left at our last visit has been well utilised, particularly in the obstetric area as well as being used as a diagnostic aid in the outpatient department.



## **Dr Christine O'Neill   Surgeon**

There were 10 junior Indonesian doctors who attended during our visit. The presence of two surgeons allowed for greater teaching opportunities. Sessions were run discussing the management of abdominal pain, trauma, head and neck lumps as well as basic surgical skill sessions and suturing practice. These doctors also assisted us in the operating theatre and with our consultations hence gaining surgical skills and experience.

Having two surgeons allowed the simultaneous running of an operating list and patient consultations. A number of fine needle biopsies were taken in patients who we felt were unlikely to benefit from surgery in order to clarify management decisions. These results will be conveyed back to the local Indonesian doctors.

The portable ultrasound machine was extremely useful in these sessions, allowing further assessment of some patients and the therapeutic drainage of thyroid cysts. We were also able to further train the local junior doctors in the use of ultrasound and watch their skills improve during the week. The local junior doctors use the ultrasound machine that has been left in Halilulik in between OSSAA trips and find it a useful adjunct in the assessment of their patients.

Personally, I thank OSSAA for the opportunity to be involved in this trip. I enjoyed the experience: the challenges of consulting and operating in a different clinical context and the interactions with local staff. During the week I learnt much and felt able to adapt my skills to the local environment. I also particularly enjoyed interacting with the local Indonesian doctors, listening to their challenges and, I hope, helping to improve their skills in patient assessment and basic surgical skills. We were treated with great kindness and made to feel very welcome. I hope to be able to volunteer in this context again in the future.



*Dr. Chris O'Neill and Dr Olivia reviewing patient after thyroid operation.*

## Anaesthetic Report Dr Mary Brooker

During this trip a total of 32 anaesthetics were performed; 22 general anaesthetics and 10 spinals, with no adverse events.

The presence of Anaesthetic nurse Richard, who has had a year's training in Surabaya, was extremely useful. It was great to have him explaining to the patients and reassuring them as they went off to sleep. During the trip he was able to practise his airway and intubation skills as were a couple of the junior doctors. .

Once again it was useful having the OSSAA capnograph, this time with the a longer cord on the pulse oximeter, making it more user friendly. The theatre monitor with ECG, NIBP and oximetry was very reliable.

On the previous trip I had discussed with Sister Helma some of the drugs that they were able to provide. This meant that what I had to take was less cumbersome. In particular they had a ready supply of antibiotics (cephotaxime and ceftriaxone), atropine, ketorolac, dexamethesone, ondansetron. It is still necessary to take propofol, and muscle relaxants; also Sister Angela was unable to get adrenalin or ephedrine. It would also be useful to take Ropivacaine for supraclavicular blocks, fortunately there were a few ampoules present presumably from previous trips.



*Large abscess in neck.....and .....much happier!*



## Nurses Report RN Cath Coombe

The OR was basic, but adequate, clean & bright. The table was old & rusty, but did have a few functions – up & down, side to side & the bottom part of table could be bent down to allow for lithotomy poles to be fitted. The instrument trolleys are very small which is an issue when doing large procedures, but the scrub nurses did learn to keep the area sterile, tidy & clean. The suction was adequate when needed. Dr Mary Brooker did have issues with her suctioning apparatus - it was very weak, but it did work. The diathermies were good, but always needed the voltage regulator to maintain power. We used the ERBE diathermy with disposable plates most of the time, plus the diathermy there was effective as well. The diathermy pencils that were already there seemed not to be very good - perhaps they had been soaked & washed too often, so many of them had to be discarded – but I had taken enough to compensate, so that worked. Actually, these pencils are only meant to be wiped over, not soaked.

The scrub nurses were Sr. Mea & Sr. Adys. Mea, a very shy scrub nurse was there on our last trip & she has really improved, plus her English had as well. A very good worker, seemed to understand sterilization, the role as a scrub nurse and was able to follow procedures correctly.

Sr. Adys had very little knowledge of theatre, but he was willing to learn and was very keen to practise and follow direction. He was unable to speak English but with help of the young doctors and Fifi, we managed to teach him so much. By the end of the week, he could practically scrub for any procedure. He managed to remain in control, learning instruments, sterility, draping, sutures, counts and always watching Dr Bob trying to pre-empt what he had to hand him next.

### **STERILISATION**

I made up 3 basic trays of instruments, added or deleted as needed. The linen bundles are basic with 4 drapes and the bowls sets remained the same, as did the 3 gown bundles. The kimguard was good for wrapping equipment for sterilizing, plus we needed various sized steri-peel packets. The turn-over and sterilization of equipment was excellent. Sr. Grace was the main CSSD person & she did not miss a beat, plus a lovely person to work with.... and she loves to laugh.

I found the accommodation & food to be excellent as usual. Always looked after by the nuns, waking in morning to their singing, warm water to wash and our clothes washed if required.

On the last day I managed to complete a massive stock count of the consumables left in Halilulik. This will help with the next trip as all the materials we use come from here and it's good to prepared.



## Interpreter Report Dr Fifi Djatmiko

### Travel

I arrived 2 days later than the rest of the team due to work commitment. Unlike the rest of the team, I was travelling to Halilulik via Bali. After overnight in Bali, I took the earliest flight out of Bali to Kupang which happened to be with Merparti Air at around 9am. This flight is then followed by Kupang - Atambua flight with Suzi Air which left around midday. I arrived in Atambua around 1 pm and was picked up by the hospital car, arriving in the hospital by 2pm. Suzi Air only allowed 10 kg of luggage per passenger but they were happy to carry my excess luggage with very reasonable excess baggage surcharge. The presence of Suzi Air services can be utilised by those who prefer to go to Halilulik via Bali. Suzi Air mentioned that they only fly Kupang-Atambua- Kupang route during weekdays. I think It is best to check before leaving Australia and closer to the date of flying of available services as there was no return flight on the Friday that the team were in Halilulik for some odd reason.

Organising the land border Timor Leste Visa was quite a challenging experience. After calling couple of different offices in Kupang and Dili as well as re-sending some documentations, the team was issued their visas on a very last minute basis.

### Interpreting

There were many local doctors who helped the team for the first 2 days I missed. The feedback that I received from the local doctors was that they were happy to help as it gives them chance to practice their English although sometimes they found it challenging to understand the words due to the Team's Australian and Kiwi accents.

### Expressions of thanks

I have included some of the letters that the patients and doctors wrote for us. They bundled their letters into 2 booklets and I'm still in the process of translating them all — it will take couple more weeks to finish them all. I'll send you some that I did over past couple of days - the first 3 were from patients - 1 patient even wrote the letter in English! ..., the last 2 were from the local doctors. These 2 booklets were given to the team on our last day and it was quite a surprise to us as they've never done this before.



dr. Juwariya A. Widodo Puskesmas Betun.

Kesan :

Dengan adanya kegiatan baksos ini, sangat terkesan karena banyak yang peduli masyarakat di BELU yang terpencil. Banyak menolong banyak org sakit. Sebagai dokter sendiri, banyak pengalaman yang di dapat, ada pengalaman kerja juga perkembangan ilmu yang di berikan. Mulai dari cara Anamnesa, pemeriksaan fisik, pemeriksaan penunjang dan tindakan yang akan dilakukan, benar di jelaskan oleh tim Ossa. Kita juga belajar bahasa Inggris

Pesan :

- Dengan ada kegiatan ini, semakin mempererat kerjasama dan tetap rutin dilakukan.
- Rumah Sakit Marianum bisa dijadikan pusat pembelajaran bedah dengan di lengkapi dengan perpustakaan buat saling diskusi bersama.

With this voluntary service, we are very touched as many still concerned towards public in Belu. Many sick people are helped. As a doctor, I received <sup>isolated</sup> many experiences, with experience & also knowledge given such as differential diagnosis, physical examination, investigation & also proposed procedures, these were clearly explained by ossa team. We can also learn English. With this activity, we can strengthen the partnership, & regularly conducted. Marianum hospital can be used as surgical school, completed with library for discussion.



## PESAN

suggestion

Semoga Dokter bisa  
Melayani Pasien Yang  
lain dengan baik  
agar mereka bisa  
Sembuh dari Penyakit  
mereka.

We wish that the doctors  
could provide good services  
to other patients as well  
so that they can be healed  
from their illnesses as well.

## KESAN

Review

Pelayanan Dokter terhadap  
Saya sangat baik sehingga  
Saya bisa Sembuh  
dari penyakit gondak  
Yang Selama ini saya  
derita.

The service that  
the doctor gave  
to me was excellent  
& that I was able  
to be healed  
from the thyroid  
disease

dr. Juanita A. Widodo Puskesmas Betun.

### Kesan :

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## **Future Visits**

The hospital indicated that they would like 3 general surgical and one plastic surgical visits per year. I suggested that 2 general surgical visits was more likely. Sr Angela felt at this stage they might not be able to handle an orthopaedic team but this should be explored further.

Discussions were held regarding a possible paediatric surgical visit. There is a problem with communication between OSSAA and the hospital administration and I would suggest that all correspondence jointly sent to the senior RMO [at present Dr Olivia] in view of the limited English spoken by Sr. Angela. Language skills are being improved and the sisters have one day a month where only English is to be spoken - I suspect a day of quiet meditation. Also on this occasion not all primary health care facilities were informed of our visit and Sr. Angela is going to address this in future.

I would like to thank Dr Stephen Braye and the pathology staff at the John Hunter Hospital for their help with the cytology and anatomical pathology analysis.

**Dr Bob Sillar**  
**Team Leader**