



ROYAL AUSTRALIAN COLLEGE OF SURGEONS (RACS)
TEAM VISIT

BAUCAU, TIMOR LESTE

November 15 - 23, 2014

Team Leader's Report

Mr. Yugesh Caplash
Plastic and Reconstructive Surgeon

OBJECTIVES OF THE VISIT

- To provide medical treatment, surgical correction of deformity and injury and follow up support to the previously operated patients in Baucau.
- To provide education, support technical skills to the local surgeon, perioperative nursing and sterilization to the nursing staff in Baucau.
- To introduce the surgical safety checklist (Australia and New Zealand) to the staff and educate them on the need and importance of it.

OSSAA TEAM

Anaesthetist
Surgeon
RMO
Theatre RN

Dr Pat Moran
Mr Yugesh Caplash
Dr Nick Smith
Mrs Liz Mazzei

Local Surgeon

Dr Joao Ximenes from Dili



Lip looking much better

PRE-SCREENING OF PATIENTS

Dr Joao Ximenes had visited the villages a month before the team was due to arrive and he organized appropriate patients to attend the pre operative clinic.

Dr Joao and Sarmiento did see some patients preoperatively and asked them to present at the clinic on Saturday. No assessment done regarding fitness for surgery and other comorbidities.

The majority of the patients presented with cleft lip and palate.

Patients presented in the younger age group, possibly because of growing awareness of surgical treatment.

SURGERY

- Cleft lip repairs - 17 (bilateral – 1)
- Cleft palate repairs – 4
- Anterior fistula repair – 1
- Post burn contracture Z plasty and skin grafting - 1

ISSUES ARISING

Dr Joao Ximenes has made great progress in performing incomplete cleft lip repairs. He needed support in the complete cleft lip repairs. He was not comfortable in performing the cleft palate repairs.

There was shortage of nursing staff particularly anaesthetic. Thomas was most helpful as a scrub nurse when he was available. Alcino tried to assist but was busy with outside issues.

There was no recovery staff available so Dr. Nick Smith helped to recover patients till the parents came in.

Could not implement the use of the surgical safety checklist with the local staff as there was no interpreter and staff unable to read English. The RACS team used it for all operations

Sterilization units have deteriorated, control buttons and knobs were missing and had to be adjusted using instruments and instrument trays were still burning due to faulty temperature readings. The unit needs service or replacement. Cannot use hot air oven as load takes 1.5 hours to finish.

Cleaning and asepsis in theatre needs improvement particularly between cases – shortage of sheets.

Suction units are faulty – one not working other poor suction

TEACHING / MENTORING

Mr Yugesh Caplash continued with the one on one teaching for Dr Joao Ximenes, in particular cleft lip and palate, post burn contractures and principles of Z plasty.

RECOMMENDATIONS

- Continued mentoring of Dr Joao by visiting teams.
- Audit of the operations performed by him independently at each visit.
- Local staff should be identified and targeted for future training (include type of training required).
- Complete lack of incentive amongst the instrument nurses except for Thomas.
- Education required for the sterilization procedures.



ANAESTHETIC REPORT

LOCAL STAFF

Nurse Anaesthetists (Enfermeiru Anesthetista)

- Francisco A C (Cisco) now acting director, to cover Antonio's holiday, of Operating Theatres and therefore not working with us
- Alcino T Gaio Worked a little on first and last day, because he had to do most of the emergency call roster and was not able to be involved with our elective work
- Ancelmo Alves away sick
- Valerio away in Dili on a course
- Antonio, director of theatres away on leave

So all in all there was less help from the local Timorese Anaesthetic nurses this visit

We coped with extra team member Dr Nick Smith and the help from a Cuban Anaesthetist

Instrument Nurses (Enfermeiru instrumentista)

- John M Jesus Away
- Mateus d Costa Away
- Regina J
- Battista Antonio
- Thomas

Theatres air con good.

Anaesthetic machine adequate-no change.

Ventilator Ulco EV500 was adequate.

Monitor SaO2 ECG NIBP good.

EtCO2 with datex added 2013 and still working.

Vapour analysis as well but needs calibration.

Laryngoscopes not well maintained. They need better organisation and maintenance.

I take the OSSAA REISTER LARYNGOSCOPES SET WHICH IS EXCELLENT.

Suction poor.

Needs new unit.

No scavenging.

DRUGS:

Halothane supplied.

Oxygen supplied.

All other drugs taken but there is some supply available if required e.g. Fentanyl.

Remember Paracetamol suppository 250/125 mg bottles.

L/M mostly available but take one of each size.

Take extra #1.5,2,2.5 some armoured.

ETT RAE mostly available but take one of each size you need. 3.5,4,4.5,5.0 especially.

All masks and guedels ok.

Syringes 2, 5, 10x 50, 20x20 .

Cannulae 22g, 20g all available. Extra 24 and 22 a good idea

IV fluids available.

Giving sets available but I add x30 Baxter interlink extension sets and take x100 green interlink cannulae to limit needle use.

25g, 23g needles available.

Alcohol spirit available for topical cleaning.

Local nurse anaesthetists not so helpful in that we hardly saw them. The sickness and losing another two to course or promotion meant the usual easy running of the anaesthetic work load was lost. This also means our opportunity to teach the locals was severely limited!

Recovery

oximetry, oxygen and suction available.

No nurses at all to help so this slowed the changeovers a little. Dr Nick Smith helped very well in this regard.

All in all a busy safe and enjoyable visit. 3 cases postponed due to medical problems and about 5 cases seen booked for next visit or to be done by Dr Joao Ximenes in the near future



Perfect!



Burn contracture pre- and post-op

