



## RACS/OSSAA Surgical Team Visit to Jayapura 30 April – 6 May 2017

### Introduction:

This initial surgical team visit to Jayapura, Papua, Indonesia occurred following negotiations between the Royal Australasian College of Surgeons representatives and the Governor of Papua province in 2016, to assist in the development and augmentation of existing surgical services in the province. The visit was intended as an opportunity to meet with local counterparts and explore the facilities available for service delivery, teaching and skills transfer as they relate to surgery, anaesthesia and nursing.

### Team members:

Dr Liz McLeod – Paediatric surgeon – Melbourne  
Mr Mark Moore – Plastic surgeon – Adelaide  
Dr Andrew Fenton – Anaesthetist – Darwin  
Dr Simon Roberts – Anaesthetist – Darwin  
Sr Vanessa Dittmar – Theatre nurse – Adelaide  
Sr Catherine Devine – Theatre nurse – Melbourne

### Location:

Jayapura, Papua, Indonesia.

Rumah Sakit Umum Daerah Jayapura  
Rumah Sakit Dian Harapan

## Summary of activities :

### Sunday 30 April

Team members arrived in Jayapura early on a Garuda Indonesia flight from Bali, being met on arrival by a young local doctor, who had been organised by Dr Donald to arrange transfer to our accommodation at the Swiss-Belhotel on the waterfront in Jayapura. The local consultant surgeons were still returning from their national surgical meeting in Java, so no clinical activities were planned for this day.

### Monday 1 May

This was a Public holiday in Papua, and no elective clinical activity was planned at RSUD Jayapura.

Dr Santi Yuanita and Dr Donald met the team for lunch, and then proceeded to an informal visit of the hospital. Among the departments visited were :

- Emergency department
- Women's and children's surgical ward
- Men's surgical ward
- Emergency theatre suite – this is a new facility located away from the elective surgical theatres, having only been opened for 2 months. Dr Liz assisted Dr Eric with an emergency case – perforated appendix / mass and peritonitis, which was opened and drained, with the patient transferred to the ICU post-operatively.

Arrangements were made for Dr Liz to assist Dr Santi in a Laparoscopic appendicectomy the following day.

### Tuesday 2 May

The team was transferred to the hospital mid-morning. With Dr Eric and the local junior doctors we visited:

- Elective operating theatre suite
- Intensive care unit – including post operative review of previous days laparotomy case.
- Paediatric medical wards

Following lunch in the operating theatre complex, one case was reviewed with Dr Santi – a young man with previous soft tissue injuries to the right lower eyelid and ectropion, which had been corrected elsewhere.

Recommendation was made for a dermofat graft to improve the tethered scar and restore contour– this surgery to proceed on 3 May.

The remainder of the afternoon was spent teaching 20-30 junior doctors and medical students – the topics for teaching included basic surgical skills, wounds and their management and post-operative pain management. That evening the team was invited to dinner with Dr Yosef (Medical director), Dr Donald, Dr Santi, Dr Eric, the visiting consultant neurosurgeon from Jogjakarta and other surgical trainees.

### Wednesday 3 May

This morning the following surgical procedures were performed as teaching cases with the local surgeons

- Lap appendix with Dr Liz assisting Dr Santi
- Dermofat graft to lower lid scar depression with Dr Mark and Dr Santi
- Revise and multiple Z-platies for burn scarring on the neck, in concert with release of previously placed free flap and skin grafting- Dr Mark and Dr Briand.

Other consults were performed on a young woman with a hypertrophic breast scar which was limiting her capacity to join the police, and two men with silicone granulomata of the penile shaft after non-therapeutic injections! Advice about surgical approaches was provided to local surgeons.

Dr Alberth, the resident general surgeon from Manokwari, West Papua also attended in theatre on this day, and expressed his interest in RACS teams visiting to his region. His details were obtained and advice given as to how he should arrange appropriate letters of invitation from his regional authorities to facilitate any such visit.

### Thursday 4 May

The team visited the Rumah Sakit Dian Harapan this morning. We were welcomed by Dr Yanuar ( medical director and ophthalmologist), Dr Agus (general surgeon) and Dr Theo ( general and head and neck surgeon) and taken on a tour of their very well organised and resourced private hospital facility. A new operating theatre complex was approaching completion, and they expressed interest in working with future visiting teams. After the tour of the facility a formal introduction and teaching programme continued for the next 2-3 hours. This included lectures on :

- Anorectal malformations – Dr Liz
- Lumps / bumps – Dr Mark Moore
- Head and Neck cancer experience in Papua – Dr Theo
- Some thoughts on nutritional manipulation in cancer – Dr Theo

Dr Theo showed some excellent surgical case of advanced head and neck cancers, but identified his need for assistance with reconstructive surgical options, in particular free flap reconstruction.

Dr Santi who had accompanied us departed at lunchtime to travel to Australia for the ASC in Adelaide.

Following lunch the team returned to RSUD Jayapura where Dr Liz and Dr mark continued teaching with the group of junior doctors and medical students for another 2-3 hours– their number now having grown to about 30. Dr Eric also attended these sessions.

### Friday 5 May

Four team members departed early to return to Australia – several among them had been unwell for a day or two prior to departure.

Dr Mark and Sr Vanessa returned to RSUD Jayapura in anticipation of assisting with Dr Briand's case of a failed full thickness graft performed as part of a nasal and cheek reconstruction for an advanced basal cell carcinoma. This patients family however refused to consent for any further surgery. Another case of an older male with a large exophytic squamous cell carcinoma was presented by Dr Eric. This patient underwent a wide excision of his lower lip lesion with reconstruction using an Abbe flap. Advice regarding the airway management intra- and post-operatively was provided to the local anaesthetist and surgeon.

In talking with Dr Eric following this case he asked for advice about management of an adult bilateral cleft lip and palate case – we suggested that on future visits cases such as this would be good teaching cases to do together.

Following the finish of clinical activities we spent an hour or two with the young doctors who had been most helpful as drivers / interpreters etc.

### Saturday 6 May

The remaining team members departed for the airport and onward travel to Bali and Adelaide – Dr Eric farewelled us there.

## Observations:

1. Surgical timeout / checklists are routinely performed – no formal documentation of this was witnessed, however whole team engaged in the process and observed.
2. Steam steriliser in the operating theatre seemed to be non functional, but we were informed there was a CSSD outside the operating theatre complex , which we were not shown.
3. Other instruments in the complex were disinfected with either Cidex solution or formalin tablets
4. No formal theatre counts were observed between the instrument nurse and circulating nurse. No whiteboard lists on the wall in theatre to indicate this might occur at any time.
5. Aesculap laparoscopic stack available
6. Opmi Pentero 900 neurosurgical microscope with visual screen on the unit available.
7. Various diathermy units available, only Erbe units presented to us.
8. Inconsistencies in theatres with sophisticated lights in some theatres, with in light camera in one theatre, but no x-ray viewing boxes seen.
9. Anaesthetic machines all Drager machines – Fabius plus and Primus ? Sevo and ? Desflurane canisters on machine. Monitors very acceptable but no gas analysers or end tidal CO2 monitors.
10. Suture quality variable – mostly from within Indonesia and India.
11. Diathermy switch pens appeared readily available, some in expired packets, or being reused.
12. Recovery of patients appears laxidaisical at best – on more than one occasion observed 2-3 patients lying unattended on their backs in recovery, and there seems to be only one monitor available in this area.
13. Wards seem clean and well staffed.
14. Junior doctors exceptionally enthusiastic, willing to learn and would have stayed longer for more teaching if it were available. There was mention of giving lectures at Cendrawasih University, but this did not eventuate as there were exams there.

## Recommendations

There is clear enthusiasm on the part of the Papuan surgical workforce to engage with RACS on as many levels as possible – in the public sector in Jayapura and Manokwari as well as in the private hospital at RS Dian Harapan.

With improved communication, planning and an adequate lead in to the visits I believe RACS teams can teach and upskill the surgical service there significantly. Team balance could be adjusted according to the specialties visiting, given the existing expertise present in Jayapura.

I would consider having the teams own interpreter / coordinator as I have utilised on surgical visits in Indonesia as this would assist greatly in facilitating and improving efficiencies of the day to day logistics / transport issues, as well as help build better communication with local healthcare professionals.

Mark Moore AM, FRACS  
Plastic and Craniofacial Surgeon



Teaching of junior doctors and medical students at RSUD Jayapura





Dr Liz assisting Dr Santi performing a laparoscopic appendicectomy.



Dr Mark and Dr Eric performing an Abbe flap lower lip reconstruction for a large lip squamous cell carcinoma.



Post operative recovery of patient with lower lip reconstruction



Dr Mark Moore, Sr Vanessa Dittmar, Dr Eric and the local theatre staff and junior doctors.