



**Overseas Specialist Surgical Association of Australia  
(OSSAA)**

**Royal Australasian College of Surgeons ( RACS )**

**Plastic Surgical team visit**

**Baucau, Timor Leste**

**17 – 25 November 2017**

**Team Leader – Dr Yugesb Caplash  
Plastic and Cranio Facial Surgeon**

## Team Personnel:

Dr Yugesh Caplash	Plastic and Craniofacial surgeon RAH
Dr David McLeod	Anaesthetist, Flinders Medical Centre, Adelaide
Dr Michael Rooke	Plastic surgery trainee RAH (self-funded)
Sr Margaret Maloney	Theatre Nurse RAH, Adelaide

## Participating Local Staff and Counterparts

Mr Samento Correia	RAC's
Dr Joao Ximenes	Plastic surgery trainee/counterpart surgeon
Mr Joao de Jesus	Theatre nurse in charge
Thomas Pereira	Theatre nurse
Helder Maria Pereira	Theatre nurse
Mateus da Costa	Theatre nurse
Baptista Antonia de Costa	Theatre nurse
Armando Ximenes	Theatre assistant
Alcino Timoro Gaio	Anaesthesia
Antonio Bento Correia	Anaesthesia
Valerio da Costa Boavida	Anaesthesia

## **Report**

The locals were happy to see us again, which is very encouraging.

On arrival in Dilli we were picked up by Sarah Hudson the RACS coordinator, followed by a brief visit to the RACS office to meet other office bearers. After a brief chat with Dr Raj, to reminisce about the medical college where we studied, and the various mission hospitals we worked in India and we were on our way to Baucau, stopping at the convenience store to stock up for the week.

The road to Baucau was in a deplorable condition as a Chinese consortium is reconstructing the whole road. Some segments were better; hopefully we will see a great highway in 2018.

The clinic at the Hospital was well attended. Thanks to the efforts of Sarmiento Correia and Dr Ximenes we saw about 40 patients. Some were follow ups after previous operations, which was encouraging as the parents were realising the importance of continuity of care as the children grow up. Dr Ximenes was handling the work very well despite the loss of a dear one recently. After appropriate discussions and thorough examination the operating lists were prepared. One of the children was found to have developed pneumonia and was referred and admitted for treatment. Subsequently we had a tour of the new facility, with David returning the next day to check the hospital anaesthetic equipment and the supplies which we had taken with us.

Sunday was a chill out day with scenic tour for David and Michael. David went for his marathon swim and did give us a scare as we lost sight of the bobbing head in the sea. I guess we are not familiar with Iron Men.

We still had problems with the anaesthetic machine as the new anaesthetic machine was not set up for children and we had to revert to the older anaesthetic machine which worked very well. Also the language in the new machine is Spanish - we might have to learn Spanish for the next visit. There was minimal anaesthetic support. The scrub nurses lack of enthusiasm is very evident.

There is lack of post op recovery support and Dr Michael Rooke was very helpful in looking after the patients post op while Margaret cleaned and washed the instruments. It may be worth considering a recovery nurse as another team member for future visits.

The statistics:

**Consultations – 40**

**Operations – 31:**

**Cleft Lips 22**

**Palates 6 Burn Contractures 2**

**Electric Burn 1**

Dr Ximenes has progressed very well. He is able to do excellent cleft lip repairs. We are aiming to develop competence in cleft palate repairs. He is a pleasure to work with. The local TV network covered our visit and interviewed Dr Ximenes. After seeing the report, a couple of patients arrived overnight. One of them had surgery the same day, which was a great outcome.

Weather was the usual hot and humid. It was a pleasure to see some excellent downpours. The generator back up was very good. The director of the hospital was very grateful to OSSAA for providing the support and training to the East Timorese people and is hopeful that this goodwill will continue. It was an interesting experience talking through an interpreter.

Breakfast was the highlight of the day at the pink palace – Hotel Poussada – with daily evening catharsis over a couple of beers and dinner at the Vittoria.

I would like to thank the team and OSSAA for their help in this pleasant trip. Marg has provided a number of pictures highlighting the trip and I agree whole heartedly with her recommendation for future trips.





All under control!



### **Nurses Report – Margaret Maloney**

After arriving in Dili and greeted by Sara Hudson RAC's co-ordinator we briefly visited the Dili hospital. No patients were waiting to be seen. Sara had no phones for us to use in Baucau as per the usual practice, so we bought a local SIM card. This was to enable us to contact Sara, Dr Joao and Samento. We were not given a list of contacts which was also unusual.

The road to Baucau is presently being up-graded so it was a long and very bumpy 4-hour drive. On arrival we checked into the Pousada Hotel before meeting Dr Joao at the Eduardo Ximenes Regional hospital. It was exciting being able to work in the new hospital which has now been open for 18 months. There were many patients to be seen and it was obvious Samento and Dr Joao had been very busy advising patients of our visit. The clinic went very smoothly and was completed in about 2 hours. Patients seen were mostly cleft lips, palates and burns. The theatre list was organised by Dr Caplash and Dr McLeod.



Dinner at our usual restaurant Victoria's completed the day. Sunday there were no patients to see so we had a free day and there was a scenic tour for both David McLeod and Michael Rooke as it was their first visit to Baucau. We spent some time at the beach enjoying a refreshing swim as the water was warm and the day sunny. David went for his usual marathon swim while we stayed by the shore. One concerned local advised us to be careful of crocodiles!! So, we had many anxious moments waiting for David to come into view in one piece. I am relieved to say we still had an anaesthetist for the week.

We also spent time on Sunday becoming familiar with the new operating theatres and anaesthetic equipment. David tested the anaesthetic machine and unloaded all his supplies. The new Theatre Suite has 2 theatres with recovery situated outside theatre 1. Equipment is Baucau is still limited and we were pleased we had packed all the necessary supplies. The new theatres are a great improvement on the old theatres, very fresh and spacious. Theatre 1 has excellent new theatre lights, but Theatre 2 only has a mobile operating light.

On Monday we arrived at 0815 to start setting up for the day. Nursing staff are still very laid back and it was difficult to know who was doing what and when. The first case started but Dr McLeod had trouble with the Halothane vaporiser, so this was quickly exchanged with Theatre 2's machine. After this initial hiccup all went well.

The theatre was warm as the air conditioner was in Theatre 2 so it was a matter of keeping the door open to encourage some air flow. No-one seemed to want to wash the instruments, so it was a matter of getting Michael Rooke to recover the patient until I could wash and pack the instruments ready for the autoclave. I could then take over from Michael and recover the patients. There was a different scrub nurse each day and if there was another case in Theatre 2 they soon disappeared to help the surgeon.



Basic but tasty

Lunch was provided each day which was basic but tasty.

The days proceeded at a steady pace but at times difficult to find staff to take patients back to the ward. They now have a television in the sterilising room, so they were busy watching it.

There seem to be many sterilisers including a brand new one suitable for large loads but taking a long time to sterilise. This new steriliser was not suitable for our small trays and so they went into a smaller quicker steriliser. However there was no real sterilising indicators so difficult to know if the cycle was long enough. It is important to have the OSSAA plastic instruments on metal trays as the quick steriliser tends to melt the plastic trays and kimguard we use here.

David McLeod did not have an anaesthetic nurse or trainee doctor but managed well on his own. Nursing staff do not appear to seek further education, and this would be difficult with a new scrub nurse each day. I did not see any attempt to do the safety check list but this could be a future option.

Wednesday a local television crew arrived to do a story on Dr Joao and the work that OSSAA carries out in Baucau. Dr Joao had a long interview and they filmed us in action. The story was aired that night and a mother saw the programme. Having a child with a cleft lip, she quickly found transport and arrived in Baucau 0200. She saw Dr Caplash that morning and her child was operated on that afternoon! The power of television! We had many new patients arrive during the week and if suitable were quickly put on the operating list.

#### In all we did 31 cases.

22 Cleft lips

6 Cleft Palates

2 burn contractures releases (1 axillary 1 hand)

1 electrical burn hand exploration and escharotomy.

Youngest patient 4 months eldest 59 years.

Weather was hot and humid with some tropical down pours. Power went off regularly, but the hospital generator came on very quickly.

Dr Joao was again an asset to the team. He is a delight to work with and could not imagine a trip without his expertise.



Dr Joao assisting Dr Caplash

#### Summary:

Overall it was a very productive trip despite the rough road trip from Dili to Baucau. Hopefully by next visit the road will be completed.

Nursing staff in theatre continue to lack motivation but remain friendly; they just need to be reminded to fulfil their respective roles.

It is essential to pack wisely to ensure all equipment and supplies available.

Samento felt that November is not the ideal month to visit due to the rains and difficulty for patients to travel to Baucau. This will be considered by Dr Caplash prior to the next visit.

**Recommendations for future trips:**

I strongly recommend that 2 nurses be part of the team. One with paediatric recovery skills and one with operating theatre skills.

To keep the list flowing a nurse needs to be responsible for the instruments while a recovery nurse must be responsible for the patients in recovery.

We appeared to have all the equipment and supplies necessary for the operating lists.

There are no crepe bandages available in the hospital so essential to always take a good selection.



Dr Caplash & Sr Maloney   Drs McLeod, Caplash & Rooke

**Special Thanks to the following:**

Vicky and Andrew CSSD staff Royal Adelaide Hospital for sterilising instruments prior to trip.

Fiona from Ansel for providing both sterile and unsterile examination gloves for the team.

Terumo for providing syringes and needles required for the trip.