

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

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



**PLASTIC AND RECONSTRUCTIVE SURGERY
TEAM VISIT**

Rumah Sakit Katolik Marianum, Halilulik, NTT

28 July – 3 August 2019

TEAM LEADERS REPORT

Dr Mark Moore, AM, FRACS

Plastic and Craniofacial Surgeon

**OSSAA team visit to RSKM, Halilulik, West Timor, NTT,
Indonesia.
28 July – 3 August 2019**

INTRODUCTION

Having returned to RSKM, Halilulik in February 2018 for the first time in four years, this was our next opportunity to continue our clinical service delivery and teaching in West Timor. The timing of the visit was determined by a request from the SSpS sisters to delay it into the dry season and till after the hospital had completed it's updated accreditation process. The visit was once again supported by the Bupati of Belu (Atambua), Pak Wilibrodus Lay who made the formal letter of invitation and by the wife of the Governor of Nusa Tenggara Timur, Ibu Julie Sutrisno, who provided financial support to cover the in hospital costs of the patients.

TEAM MEMBERS

OSSAA team

Dr Mark Moore – Plastic and Craniofacial Surgeon
Dr Todd Maddock – Anaesthetist
Sr Josephine Luke – Theatre nurse
Sr Lisa Alvino – Recovery nurse
Ms Anastasia Stain – Coordinator / Interpreter

Counterparts - RSKM

Dr Fabianus Lau – Medical director, RSKM
Dr Cindi – General physician, RSKM
Dr Ave – General physician, RSKM
Dr Randi – General Physician, RSKM
Sr Agustin Nahak, SSpS – Nursing director, RSKM
Sr Scholastika Jevau, SSpS – Nurse, RSKM

The staff of the operating theatre Mea, Astri, Richi and Valens as well as the ward nursing staff and assorted other SSpS sisters contributed to the overall productivity of the team during the week.

ITINERARY

- Friday 26 July Depart Adelaide for Denpasar
- Saturday 27 July Depart Denpasar for Kupang on Garuda Indonesia flight. Met by Sr Angela SSpS, who arranged lunch and transferred to T-More hotel for check in. Visit to the Krystal limestone caves in Kupang.
- Sunday 28 July Depart Kupang for Atambua on Wings Air flight. Met by Sr Augustine SSpS and RSKM staff, before transfer to Halilulik. Commenced consultations, with assessment of 25 patients, allowing the creation of tentative operating lists for the first 3-4 days. Theatre complex visited and set up in anticipation of the next days operating.
- Monday 29 July Operating list commences – 6 cleft lip cases. Further consultations between cases- 9 more patients seen. Staff present early for an abbreviated exercise class, carrying on the tradition of the last visit.
- Tuesday 30 July Operating continues – 7 cases. 12 more consults performed, resulting in full operating lists for the rest of the week. Official dinner with the Bupati of Belu, Pak Wilibrodus Lay at his residence- included the team and all our theatre nursing counterparts and SSpS sisters.
- Wednesday 31 July Operating continues – 9 cases. A further 4 consults performed.
- Thursday 1 August Operating list -9 cases. A single final consult.
- Friday 2 August Final operating list, 7 cases, mostly small and finished by lunchtime. Theatre cleaned and an inventory of consumables left behind created. Farewell dinner with the SSpS sisters in Halilulik
- Saturday 3 August Short final ward round, before departure to Atambua. Wings Air flight to Kupang delayed for 2 hours, meant tight connection, with onward Garuda Indonesia flight to Denpasar. Flights home to Adelaide arriving early morning on Sunday 4 August.

OVERVIEW

This OSSAA / RACS plastic and reconstructive surgical team visit to RSKM, Halilulik, NTT represents a further example of our activities occurring under the aegis of the letter of support from the Coordinating Ministry for Human Development and Cultural Affairs, Republic of Indonesia to provide teaching, skills transfer and clinical activities in NTT, one of it's poorest and least medically resourced provinces.

Having identified a mutually acceptable time for the visit – the sisters having the hospital accredited, and ideally in the dry season, and at the time that a team could be available – the sisters arranged for an official letter of invitation from the Bupati of Belu. This was readily provided, as he is totally supportive of our teams activities in NTT. Indeed he not only arranged a dinner for the team, local nursing staff and SSpS sisters at his official residence, but also took time out to visit us in the operating theatre whilst a cleft lip procedure was proceeding. As a follow up, the next day his wife also attended the theatre accompanied by a film crew from local Belu TV – they filmed some of our activities and also held a short interview with us where we could detail how long we have been working in NTT and our plans for the future.

Upon the team arrival in Atambua on Sunday morning, we were transferred to RSKM where an initial consultation session was commenced. During the following few hours 25 patients were assessed and those in need of surgery allocated their day for treatment. Most of these cases were new cleft lip and palate referrals – this included one case of van der Woude syndrome (cleft lip / palate and lower lip pits) who had been presented last year. Relatively few cases presented on this occasion in need of cleft palate repair, rather primary cleft lip patients were more prevalent.

At completion of the clinic there was time to set up the operating theatre in advance of commencing operating on Monday morning. Pleasingly the theatre complex remained clean and well maintained. Most importantly there was a new Chinese made anaesthetic machine, with both Isoflurane and Sevoflurane vaporisers – this was most welcome given that on previous visits the anaesthetic machine consistently leaked gases and made the delivery of stable, safe anaesthetics for burn cases in particular somewhat of a challenge.

Early Monday morning the first days operating commenced – the usual slight delays as everyone again gets used to the teams routines. The local staff rapidly adapted to the pace of work so that 6 primary cleft lip repairs were easily performed on day one. Between cases it was possible to review further cases , some of whom were added to lists later in the week.

Sr Helma, formerly in charge at RSKM, but now representing the SSpS provincial head met with us to discuss our ongoing visits – ideally about June- July next

year. She also advocated for the need to have general surgical teams, for thyroid cases, and also orthopaedic teams, as there are no orthopaedic surgeons in the region. We agreed to take these requests back to Australia and investigate options.

Surgery continued over the following days, with cleft surgery being completed by Thursday, allowing for more minor procedures to occur later in the week. We had the privilege of having the Bupati of Belu visit and observe us operating on Tuesday, with his wife spending time in the theatre with the team on Wednesday. She was accompanied by local media including Belu TV, who interviewed us and enquired as to the type of surgery being undertaken, how long our teams have been visiting and when we would be returning.

The Bupati and his wife welcomed the team and the operating room staff and sisters to dinner on Tuesday evening to acknowledge and thank everyone for their contributions in treating the patients in the region.

By weeks end the team had completed 38 operations, including 20 cleft procedures. A number of burn contractures were also released using local flaps and skin grafts to resurface the involved areas. On the last couple of days there were a number of benign soft tissue lesions to excise – these cases proved useful to demonstrate to Dr Fabianus (RSKM hospital director) and his junior doctors some basic surgical techniques, which should aid them in their general hospital practice.

On Friday, the team was able to finish operating by early afternoon, allowing time for cleaning and taking an inventory of all the consumables, anaesthetic and surgical which were to be left behind for future visits. In a number of areas we should be self sufficient for supplies on an upcoming visit without need to take further items. This is important given the significant excess baggage costs incurred on the domestic Indonesian airline flights to Kupang and to and from Atambua. In theatre we also located an Erbe diathermy machine left on a past visit – after a few teething problems this machine worked perfectly, so that on future visits we don't need to carry this piece of equipment.

With the afternoon free the sisters arranged to drive the team an hour or so to the white sands beach (Pasir Putih) beyond Atambua- unfortunately the tide was out so we just were able to enjoy the sand beneath our feet. We returned and had a wonderful farewell dinner with the sisters, before adjourning for the usual dancing with the staff and sisters.

On Saturday morning, we were delivered to the airport in Atambua where we bade the sisters goodbye. Our flight out of Atambua was delayed more than two hours, but still made our connecting flight to Bali. Onward flights to Adelaide were caught on Saturday night, with arrival early on Sunday morning.

CLINICAL SUMMARY – RSKM – July - August 2019

Patient consultations : 51

Surgical procedures : 38

Cleft lip : 18
 Primary cases: 17
 Secondary cases 1

Cleft palate : 2

Burns/ contractures : 5

Lesions/ others : 13



Bilateral cleft lip and palate – March 2018



Post operative result – July 2019



Outpatient assessment clinic at RSKM, Halilulik



Elvis , aged 3 years with van der Woude syndrome – cleft lip and palate, with lower lip pits.



Elvis, our patient, with Richi (theatre nurse) and Valens (anaesthetic nurse)

(Elvis and Richie Valens in the house ..!!)



Right complete cleft lip , pre and post lip repair



Untreated burn contractures of the ankle / foot region – prior to release and reconstruction .



Dr Todd Maddock teaching nurse anaesthetist Valens.



Certificate of participation from RSKM and OSSAA provided for all staff who worked with the visiting OSSAA team.