



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

Royal Australasian College of Surgeons (RACS)

Plastic Surgical team visit

HNGV, Dili, Timor Leste

23 – 30 November 2019

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Plastic and Craniofacial Surgeon

Team leader , OSSAA

INTRODUCTION

The second OSSAA Plastic and Reconstructive surgical team visit to Timor Leste was on the advice of our local counterparts shifted to Dili from it's usual location in Baucau – this being decided on the basis that there were more patients in need of treatment geographically located nearer to Dili at this time. This visit in this our twentieth year of continuous service in Timor Leste is the 48th mission by OSSAA teams since independence was achieved from Indonesia, and it occurs at an interesting time of transition for the delivery of surgical teaching and training by RACS.

The planning and preparation for the teams visit was as is usual under the careful and expert watch of Mr Sarmento Correia (the RACS in country coordinator) and our local counterpart surgical colleague Dr Joao Ximenes.

Pre-visit discussion with Maria Dias and the visiting orthodontists to the PAS Dental clinic raised the possibility that on this visit we could perform our first Alveolar bone grafting procedure for cleft lip and palate patients – the first time this has occurred in Timor Leste.

TEAM PERSONEL

The OSSAA team for this visit was comprised as follows :

Mr Mark Moore	Plastic and Craniofacial Surgeon Women's and Children's Hospital and Royal Adelaide Hospital, Adelaide.
Dr David McLeod	Anaesthetist Flinders Medical Centre, Adelaide
Dr Brigid Brown	Anaesthetist Flinders Medical Centre, Adelaide
Sr Liz Mazzei	Theatre Nurse Calvary North Adelaide Hospital, Adelaide
Sr Jacqueline Price	Theatre/ Recovery Nurse Royal Adelaide Hospital, Adelaide

PARTICIPATING LOCAL STAFF AND COUNTERPARTS

The team was assisted by our long term counterparts Dr Joao Ximenes (Plastic surgical trainee/ surgeon), HNGV, Mr Sarmiento Faus Correia (RACS in country coordinator) and a number of other local medical and nursing staff in the outpatient, operating theatre and surgical ward environment. Dr Cesaltina who has been identified as a junior surgical staff member with interest in Plastic Surgery was also present for periods during the week.

The team was ably assisted during the week by a number of anaesthetic and theatre nursing staff – notably Mr Silvino (scrub nurse), Mr Ferdy (scrub nurse) and Mr Amanu (anaesthetic nurse), whilst others also participated for shorter periods. The staff also contributed to a very successful days work on what was one of their public holidays (November 28 – Independence Day) when 9 cases were operated on.

Mr Cornelio M Mok Freitas (Mok) our usual theatre nurse was absent as he is away on a scholarship in New Zealand for 6 months.

OVERVIEW

This 48th OSSAA volunteer plastic and reconstructive surgical mission began with the arrival of the team early on Saturday 23 November. After hotel check in we were able to transfer to HNGV to commence our outpatient clinic. There a total of 47 cases had been assembled for initial and follow up assessment – many of these had been previously reviewed by Dr Joao (JX). The majority of cases were as per usual cleft lip and palate deformity, mostly new cases. There were a steady stream of cases with cleft palate after previous cleft lip repair, confirming that their families now understand the importance of early palate repair for long term speech outcomes.

In a significant step forward for our cleft programme a small number of older cleft cases who have been in orthodontic braces in preparation for alveolar bone grafting were brought from the PAS clinic by Maria Dias our long term colleague and supporter. After explanation of the rationale of this procedure – to restore bony continuity in the region of the cleft, to support the adjacent teeth and to close any fistula, it was agreed to proceed with this surgery for two patients later in the week.

By the end of the Saturday clinic all surgical lists were adequately utilised – this included the list for Thursday, which we only discovered shortly before arrival, was a public holiday.

Dr Cesaltina (Noki) who has been identified as a potential reconstructive surgical colleague for Dr JX joined with us later in the clinic, and also contributed in the operating theatre later in the week. She will soon depart for Fiji to first complete her General Surgical training.

On Sunday the team anaesthetists Drs McLeod and Brown briefly visited the HNGV theatre complex to familiarise themselves with the present anaesthetic machines prior to the surgery starting on Monday. The remainder of the day we were able to visit several of the tourist and historically important sites around Dili – some of the team not having worked in Dili previously.

Monday morning saw the start of our operating lists, which were efficiently managed and allowed for 32 surgical procedures to be performed without the need for any late finishes, Many of the unilateral cleft lip repairs were undertaken by Dr JX, who is now increasingly confident in the performance of complete cleft lip repair including the anterior nasal floor and anterior palate. This is ongoing progress from his very impressive skills in incomplete unilateral cleft lip repair. He was also able to commence and attempt cleft palate repair – identifying the elements of that surgical procedure that make it so challenging. He also oversaw much of the postoperative management of all these cleft cases.

The two alveolar bone graft cases occurred on our final days operating – harvesting bone from the hip (iliac crest) we demonstrated how this is placed in the gum region and soft tissue coverage provided. These case will be further monitored by the visiting orthodontists at PAS clinic in Becora.

There were additional teaching opportunities for the anaesthetists – slightly limited on this occasion as only one trainee was present, and she was in the process of sitting her diploma exam during the week we were there. Pleasingly we also caught up with Dr Brian Spain, our anaesthetist on our May visit, who was the external examiner for this candidate. From the nursing perspective there were many student nurses present throughout the week in the operating theatre showing great enthusiasm to learn from Srs Mazzei and Price.

The team had the opportunity to review a young 19 year old lady with a cleft palate repaired in Baucau last year. There had been an attempt to repair her cleft palate by our team many years ago – this failing due to difficulties with anaesthetic intubation. With the delayed repair her speech has significant resonance issues and velopharyngeal incompetence. She was offered the possibility of further surgery (pharyngeal flap), or a set of speech exercises provided by Celina Lai, our speech pathologist in Darwin. She chose the latter and is in contact with Celina via social media for follow up. She is now at university in Dili studying to be a doctor.

There are a number of patients with vascular lesions involving the face and neck – these would be amenable to injection / sclerosant treatment were this available. Several have also seen the visiting paediatric surgeon, Mr Brendon Bowkett who is attempting to source OK 432 or the like to facilitate management in country. The young child with a hamartoma / tumour of the palate was again reviewed – she is now 18 months old and growing well, with no apparent increase in size of the mass – it is still hoped to arrange her treatment in Australia.

By weeks end the team has now performed 1082 cleft procedures in Timor Leste since we first worked in country – almost 1000 of these being primary procedures. On this visit increasing numbers were able to be on referred for appropriate dental treatment given many of them have advanced dental caries that untreated will impact their health.

The week once again proved a very successful clinical and teaching programme for the patients and medical and nursing staff in Dili. With changes to the funding of the RACS programme in Dili , it is to be hoped we will be able to continue our missions there assisting our local counterparts. Certainly we received vocal support from Dr Flavio, HNGV clinical/ medical director for our continued efforts.

ACKNOWLEDGEMENTS

The OSSAA team would very much like to express our gratitude to the RACS team and local in country counterparts at HNGV for their support of our team, assisting in logistics, accommodation and transport arrangements.

Also to the management of the Hotel California, Dili for their discounting of our accommodation costs.

Lastly to the many hospitals, and their staff in Adelaide, as well as Johnson and Johnson for their assistance with consumables.

SUMMARY OF CLINICAL ACTIVITIES – PLASTIC SURGERY

TOTAL PATIENT CONSULTATIONS 52

CLEFT LIP/PALATE 39

BURNS/ CONTRACTURES 6

TOTAL SURGICAL PROCEDURES 32

CLEFT LIP 17

CLEFT PALATE 9

ALVEOLAR BONE GRAFT 2

BURNS/ CONTRACTURES 1

OTHERS 3

GENDER :

Male 20

Female 12

AGE RANGE :

< 1 year 12

1-2 years 8

2-5 years 7

5-10 years 0

> 10 years 5



5 year old girl with bilateral cleft lip and palate, with lip repair in August 2017, representing for palate repair



1 year old female child fro Fuiloro with bilateral cleft lip and palate, seen above with Dr Joao, and below pre and post cleft lip repair.



Sr Liz Mazzei with local counterpart Mr Silvino



The OSSAA team with local counterparts at weeks end



5 year old girl waiting for repair of her bilateral cleft lip

NURSES REPORT

OSSAA PLASTIC SURGERY TRIP TO DILI 23 -29 NOVEMBER

OBSERVATIONS AND OVERVIEW

LIZ MAZZEI

Introduction

Since my last working trip to Dili approximately 10 years ago there has been an enormous improvement in the restoration and modernization of the buildings & infrastructure. This was particularly noticeable in the hospital Nacional Guido Valadares. However, there were problems with some of the infrastructure at the hotel California where we stayed, namely internet & water (Jacqui's room).

The facilities at the hospital had been upgraded to a higher standard and the supplies were generally adequate for our needs.

Our team comprised of Dr Mark Moore surgeon, Drs David Mcleod and Brigit Browne anaesthetists; Liz Mazzei & Jacqui Price registered nurses. Dr Joao, a local Timorese doctor, joined the team for the duration of the trip.

Nursing counterparts

The hospital provided 3 x scrub nurses, 1 x anaesthetic nurse, 3 x recovery staff per day.

My role was to organize equipment & instrumentation required for the procedures on the elective list and this included helping CSD staff with the cleaning and prioritizing of the instruments.

There were nursing students observing most days so I assisted with educating them in perioperative procedures and skills.

Observations



The consulting clinic was carried out on Saturday 23rd November 2019, where 55 patients were seen. Following each consult Mark selected the patients for surgery for this visit; these were then physically assessed by David & Brigit. Patients who required surgery at a later date or to be assessed for further review would have the appropriate

information documented in their notes.

The clinic was conducted most efficiently and all patients came in with their notes, weight and relevant details. Dr Joao and Sarmento acted as interpreters and 3 hospital staff assisted with the processes.



Operating Theatre



From Monday to Friday 33 patients were operated on, mainly in theatre 1; two theatres were used when available. Dr Joao operated on 6 patients with cleft lips and serial naevi. He also assisted Mark with all other operations.

All patients arrived in theatre with IV's insitu, consents and relevant paperwork. Patients were accompanied to the waiting area with a parent and ward staff.



There was no evidence that the “Surgical Safety Checklist” was being carried out at all as the nurse anaesthetist was seldom present.

As documented in previous reports there appears to be little change in the lack of diligence by staff towards the cleaning of the theatre and the emptying of bins between cases.

Recovery

Jacqui took on the role of main recovery nurse because she felt the local medical staff were not sufficiently skilled in providing the post op care required.



These are Jacqui's comments:

“Recovery staff needed a lot of prompting. They were either not competent or didn't feel comfortable with removing LMA's. Their anaesthetists said that they remove them or stay around until it had been removed.”

Staff needed a lot of encouragement but had improved by the end of the week. The recovery staff consisted mostly of students, but they showed initiative.

The RN in charge would sit at the end of the bed and write observations but was not near the airway or chest to even notice chest movements.

We had a very good recovery orderly who helped with changing of the suction tubes and cleaning of the LMA tubes.

Due to the staff not being competent in airway recovery management, the medical team were very appreciative with the help I gave them in recovery.

They were good with donning gloves (They loved our blue ones due to theirs' being very thin and flimsy!).

We did have good fun giving out gifts to the patients as they left recovery."

CSD

The staff in CSD was always willing to help us but, like Baucau, there is a language barrier so I helped with the packaging etc in order to keep lists running smoothly. One of the large sterilizers was out of action for a few days so we had to use the small bench top sterilizer (35 minute-cycle) which was not ideal due to the number of wet loads.

Operations

Operations performed during the week:

Cleft lip repairs	16
Cleft palate repairs	9
Alveolar bone grafts	2
Release burn contracture & SSG	1
Serial excision naevus	3
Closure alveola fistula & nose revision	1
Kenacort injection to contracture	1
TOTAL	<u>33</u>

It is great to see how Joao continues to grow in confidence and learn new skills and techniques. He has perfected incomplete unilateral cleft lip operations but still prefers to have Mark assist him with cleft palate & bilateral lip repairs.

Each day we commenced operating at 0830 and finished between 1630 and 1730.

Post op ward rounds were then completed before returning to our hotel.

Teaching & training

There were 4-6 nursing students completing their perioperative placements. They were learning scouting and recovery procedures so I was able to educate them on the importance and reason for counting, correct technique for disposal of sharps, hand hygiene and the cleaning of theatre between procedures.

Two of the students spoke English well and they interpreted for their colleagues.

Theatres 2 and 3 were busy with elective and emergency procedures during our visit so other regular medical staff were unable to rotate into theatre 1 to observe and learn.

Doctor Joao acted as an interpreter in theatre. He explained what was required and where to access it. He came on all rounds, explained to ward staff what care the patient required, drugs to be given, follow up appointments and discharge plans. He is a great support and asset to the team.

Recommendations

- Having 2 x RN's on future trips: a paediatric recovery RN and a multi skilled OR nurse who has CSD, instrumentation, scouting, anaesthetic and equipment skills. Organisational knowledge would be a bonus.
- If the future plans include Doctor Joao being available for these trips, a second anaesthetist that is Timorese or an experienced Timorese anaesthetic nurse would be most beneficial for it would enable 2x theatres to work simultaneously.
- Ensuring, beforehand, there are enough supplies for the specialty being performed.

Dili is much better equipped with supplies, drapes, gloves etc than Baucau, so the main requirements would be sutures, paediatric anaesthetic tubes and equipment plus specialized dressings.

The diathermy machines had a good supply of grounding plates. Although there is only one bipolar pedal all the surgeons including Dr Joao were using monopolar pencils – Joao uses a Colorado needle when doing lips if the bipolar machine is not available.

A good sense of humour, resilience and being adaptable is a great necessity.

Team activities

The team stayed at the hotel California which was comfortable and adequate. The only problem was the wi-fi/internet service which did not work very well in the main part of the hotel.

Sunday was spent showing Brigit and Jacqui the highlights of Dili, including the Santa Cruz cemetery, Christo Re (the Christ the King statue), Taize markets and where the river flows into the sea.



While driving back along the coast Mark noticed two young boys being carried from the sea, one unconscious and the second barely conscious. Mark, David and Brigit were able to assist with their recovery and organize for them to be transferred to hospital – a very good outcome.

On our last evening we dined with Maria Diaz, a long time supporter of OSSAA and Mark. She showed us through her dental clinic which is amazing. She runs a program where orthodontic and dental specialists from Australia, including Adelaide, visit 3-4 times a year, providing a much needed service.

The RACS team also took us out to dinner one evening as a thank you. Brian Spain who was over from Darwin joined us at a great restaurant (Turkish Ottoman Café).

Thanks

Thanks to Doctor Joao & Sarmento for an excellent job in organizing the consulting clinic with the nursing staff.

Thank you to the hospital catering services for the great lunches.

Thanks to Calvary North Adelaide, RAH, Ethicon and OSSAA for donating medical supplies and funds.

Thanks to Desley Coller and friends for donation of toys for the children.

A big thank you to Mark, David, Brigit & Jacqui for all your support and help, you are a great team and it was a pleasure to be a part of the experience.