

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



**Rumah Sakit St Rafael and St Damian,
Cancar, Manggarai, Flores, NTT**

1 – 8 February 2025

TEAM LEADER REPORT

Dr Mark Moore, AM, FRACS
Plastic and Craniofacial Surgeon
OSSAA

INTRODUCTION:

Our OSSAA Plastic and Reconstructive surgical team last visited Cancar in September 2023, this being our first post-Covid pandemic visit. This was a very productive mission given the backlog of cases in the region without access to care. A follow-up visit was planned for August 2024, but storm and rain damage to the roof and theatre light in the operating theatre complex at Rumah Sakit St Rafael meant this was not able to proceed. Once the repairs were completed and documentation of the functioning operating rooms lights provided we were able to plan and implement this visit.

In the interim there has been no surgery performed at St Rafael either by local surgeons or other outside teams.

This visit was performed under the auspices of Rumah Sakit St Rafael headed by Dr Filipus, the medical director, who initiated the letter of invitation in concert with the Bupati of Ruteng. As a consequence all patients were assessed and treated primarily at St Rafael, although the team was accommodated and supported by Sr Franseline and her staff at the St Damian rehabilitation facility.

TEAM MEMBERS:

OSSAA team

Dr Mark Moore – Plastic and Craniofacial Surgeon

Dr Matthew Grill – Anaesthetist

Sr Vanessa Dittmar – Scrub/ Scout nurse

Sr Amanda McFall – Anaesthetic/ Recovery nurse

Sr Kate Dickson – Anaesthetic / Recovery nurse

Ms Anastasia Stain – Coordinator / Interpreter

The team was accompanied by Daliah and Geoffrey Moss from Broome, West Australia. Daliah was the former head of the Global Health office of the Royal Australasian College of Surgeons and has an ongoing interest in the development of surgical services in eastern Indonesia. Geoffrey has a biomedical background, so was a valuable in assessing the anaesthetic machine at St Rafael among other skills.

COUNTERPARTS: - St Rafael and St Damian

Dr Ricky Kristhanser Nduru – General Practitioner – Sumatra

The nursing staff at St Rafael, in particular Pak Donatus Ladus (Dony) and Ibu Sabina in the operating theatre and Ibu Erna and Ibu Maria in the ward, as well as the other nursing staff and SSpS sisters .

Sr Franseline, SSpS, Pak Ferdinandus Suardi Jelalu (Ferd) and Pak Jonsianus Nagam (Jonsi) from St Damian who so ably assisted the running of the assessment clinic and the operating lists.

ITINERARY :

Friday 31 January	Depart Adelaide for Denpasar via Melbourne
Saturday 1 February	Depart Denpasar for Labuanbajo on Batik Air. Travel directly to Cancar to arrive in the evening
Sunday 2 February	Welcome ceremony RS St Rafael Patient consultations – 61 patients assessed Operating theatre/ anaesthetic machine prepared
Monday 3 February	Operating list commenced – 9 cases
Tuesday 4 February	Operating list continued – 9 cases
Wednesday 5 February	Operating continues – 8 cases
Thursday 6 February	Operating continues – 8 cases Visit SSpS Adoration sisters in Ruteng Dinner in Ruteng – Spring Hill Restaurant
Friday 7 February	Operating continues – 7 cases Farewell dinner and concert with staff, sisters and St Damian residents
Saturday 8 February	Depart Cancar for Labuanbajo by road. Visit Binongko complex and lunch Depart Labuanbajo to Denpasar with onward connection to Sydney
Sunday 9 February	Arrive Adelaide from Sydney

OVERVIEW :

Pre-visit preparation for our team was once again overseen by Ms Anastasia Stain, our coordinator/interpreter liaising with Sr Franseline, SSpS based at St Damian. This resulted in the usual letters of invitation from the medical director of RS St Rafael as well as the local government authorities – the Bupati of Ruteng. On this occasion at the request of local counterparts, the visit was principally under the auspices of the St Rafael side of the complex. This meant that all consultations, surgery and early aftercare occurred under the St Rafael banner, with only those patients requiring longer term care or post-operative therapy being transferred to St Damian.

With this minor change in local arrangements, there was also a decision to cap the registrations for clinical assessment at 60 patients, which was the number screened on the Sunday. With the advent of more Smile Train sponsored teams across Indonesia it was anticipated that there would be fewer cleft lip and palate patients to manage.

The composition of our visiting team included mostly personnel who have worked in Cancar on a number of occasions. As has been the case in recent OSSAA teams we include an extra team member to aid in exposing and mentoring them in the workings of our organisation. On this visit we welcomed Kate Dickson, anaesthetic and recovery nurse from the Women's and Children's Hospital in Adelaide.

Travel connections from Bali to Labuanbajo meant the team arrived in Cancar late on Saturday evening, where we were welcomed by the St Damian SSpS sisters. Some minor slippages along the road were unsurprising given the amount of rain the region has had, and which continued during the week we were there.

Consultations started at RS St Rafael about 9 am on Sunday, but only after a formal welcome at the hospital entrance from hospital staff and St Damian residents and patients. The welcome to team included a ceremonial gift of a bottle of Bintang (maybe specially for Australians !!) as well as a rooster. During the consulting session, which continued till mid-afternoon, we were assisted by Pak Ferdi and Pak Dony, who documented all the consultations and assisted in triaging patients, listing them for surgery and communicating the planned surgical lists for the week. By completion of consulting we had seen 61 patients, with this number increasing to 69 by weeks end. More than 20 patients with cleft lip and/or palate were assessed, with 15 of these going on to have

surgery during the week. Two thirds of the cleft surgical cases were primary procedures, whilst 5 cases had had previous interventions by local surgeons and required revision.

A total of 41 patients underwent a surgical procedure by weeks end, most requiring general anaesthesia. Two cases were considered for surgery but deferred – one a young man with hypertension and an infant with a cleft lip who had a chest infection. One other case listed for steroid injections into extensive burn scars failed to present on the last day of surgery.

Later on Sunday afternoon there was an opportunity to check the anaesthetic equipment and the operating theatre more broadly. The more modern machine had a gas leak, and an early decision was made to use the old “Soft-Lander” anaesthetic machine. An attempt was made to repair the newer machine, with Geoffrey Moss sourcing an O-ring, but despite this it was not a reliable solution. We also chose to operate in the smaller theatre, which has been re-roofed and had the brighter theatre light.

Surgery commenced on Monday morning, with 9 cases listed for the day. This was the first surgery to be performed in this complex since our team last visited in September 2023. Despite this the local nurses slotted in with our team as if it were only yesterday that we were last there. They did need some attention to their management of surgical sharps but otherwise were consistently efficient and willing to work. Instrument sterilisation was also uneventful on this occasion, meaning good turnover of cases. Most days surgery finished a little earlier than on previous visits -each day we did two fewer cases than we would have in the past. The number of cleft cases was reduced and a number of these were revisions of older cases whose surgery occurred elsewhere in the region. One young female patient with a repaired rare midline cleft lip and hypertelorism presented for cleft palate repair. Suspicious that she may have a basal encephalocele we consented her for an examination under anaesthesia, which confirmed a pulsatile soft tissue mass in the roof of the nose visible between the cleft margins, consistent with an encephalocele. This needs further CT and MRI investigation elsewhere in a larger medical facility.

A significant number of soft tissue tumours, mainly benign were also excised in thankful patients. A number of limb burn contractures were released with skin graft and local flap resurfacing. Pak Ferdi was present in theatre and we were able to discuss openly with him the need and

trimming of post-op splintage and physiotherapy – which he will oversee and report back to us over the upcoming months. One young female well known to us has longstanding burn injury to both hands sustained as a child. These had required skin grafting on a number of occasions. This visit she presented with a large exophytic growth on the back of the left wrist suggestive of a Marjolin's ulcer / verrucous squamous cell carcinoma, although the duration seemed a little short. This was excised and skin grafted, with the tumour sent to Bali for pathological examination – we have subsequently learned this diagnosis has been confirmed and she will need close clinical follow-up at the very least.

There were a small number of congenital cases treated, ranging from facial skin tags in a likely hemifacial microsomia infant through to complex hand syndactyly and lower limb polydactyly. Lastly a small number of keloid scars were injected with Triamcinolone – we discussed with Dr Ricky, the local doctor, about how he could provide follow-up injection of these cases over the next few months.

Dr Ricky spent most of the week with the team assisting surgically, as well as learning some basic airway management skills from Dr Grill.

During the week the team had time to interact with the St Damian community – Anastasia and Matthew had their birthdays celebrated by the local residents and sisters culminating in wonderful festivities on the final evening. The locals enjoyed an evening of song, music and food with the team.

Several of our old patients are now employed and living at St Damian, making a real impact and contribution to the wider community. Paskalis who we first saw crawling into the room on hands and knees with lower leg burn contractures, had successful release and skin grafting allowing him to walk normally. A bone infection some years ago saw him get a below knee amputation, and since we last saw him in 2023 he has been to Yogyakarta to get a modern, lightweight prosthesis. He is now actively involved in woodworking and carpentry projects in St Damian. Servas, a young blind child with a unilateral cleft lip was repaired in 2004 – he is now a highly gifted musician and teacher in the school for the St Damian children, He performed for us during the week bringing several team members to tears.

On Thursday night the team had the opportunity to visit the SSpS provincial headquarters in Ruteng and then dinner with them at Spring Hill Restaurant.

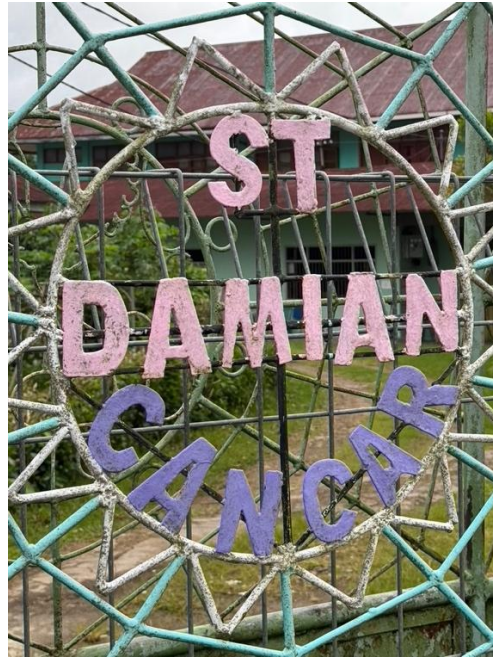
The team departed from Cancar mid-morning on Saturday, with lunch with the sisters at Binongko, Labuanbajo, before onward flight to Denpasar and thence to Melbourne before arriving in Adelaide on Sunday.

ACKNOWLEDGEMENT :

The success of the visit is once again due to the excellence of the staff of St Rafael and St Damian and the dedication of all members of the OSSAA team.

CLINICAL SUMMARY :

Total consultations :	69
Cleft patients	24
Burn contractures	5
Total surgery :	41
Cleft surgery	15
Tumours / lesion	14
Keloid treatment	5
Burns contractures	4
Congenital	3



Entrance to both St Damian and St Rafael, Cancar, Manggarai, Nusa Tenggara Timur



Arrival ceremony of welcome at RS St Rafael



Local staff and team members after consultation clinic



Elbow burn contracture, partial release and skin graft, at first dressing change one-week post-op with Pak Ferdi.



Unilateral cleft lip, pre- and post- lip repair



Malignant skin cancer developed in old burn scar

Excised and skin grafted



Congenital overgrowth disorder of the right lower limb

Built up heel for shoe in the interim before any surgery



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20 year follow-up of cleft lip repair – Servas now a musician and teacher at St Damian.



Paskalis with his new lightweight prosthesis