

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



**Hospital National Guido Valadares (HNGV)
Dili, Timor Leste**

Plastic and Reconstructive Surgery team visit

2 – 10 Dec 2023

Team report

Dr Vani Prasad Atluri
Dr Matthew Grill
RN Joy Booth
RN Amanda McFall

INTRODUCTION

A number of patients were placed on a wait list from the last OSSAA visit to HNGV in March 2023, hence a second visit was scheduled to Dili in 2023 to manage the large number of untreated cases that had accumulated during the Covid pandemic.

Following on from the successful visit in March the HNGV team again took ownership of the organisation and logistics of the in-country aspects of the team visit ranging from the outpatient visits, allocation of theatres and staff rostering.

TEAM PERSONEL:

The visiting OSSAA team for this visit to HNGV, Dili was as follows:

Dr Vani Prasad Atluri	Plastic and Craniofacial Surgeon Women's and Children's Hospital and Royal Adelaide Hospital, Adelaide
Dr Matthew Grill	Anaesthetist Women's and Children's Hospital and Private Practice, Adelaide
Sr Joy Booth	Theatre Nurse Educator Royal Adelaide Hospital
Sr Amanda McFall	Anaesthetic/ Recovery Nurse Women's and Children's Hospital, Adelaide

PARTICIPATING LOCAL STAFF AND COUNTERPARTS:

All planning and local organisation for the trip was managed in-country by the executive and clinical staff of the HNGV. Mr Mark Moore contacted Dr Marcelino and Dr Alito requesting executive approval for the trip which was greeted with a warm response. Under the leadership of Dr Marcelino and Dr Alito, the Clinical and Executive Directors of the HNGV all preparations for the team were performed by hospital staff.

Dr Joao Ximenes, our counterpart reconstructive surgeon was joined by his colleague Dr Noki. Due to the Public Holidays Dr Noki was not available on the Thursday and Friday.

Dr Colom da Silva, head of anaesthesia and Dr Nanda anaesthetised cases for Dr JX.

Once again, a number of familiar faces on the OPD team, scrub nurse, anaesthetic nurse, recovery nurse and sterilising department side assisted with the successful visit.

OVERVIEW:

Pre-visit organisation for our team occurred directly with the HNGV administration and executive, the day-to-day liaison regarding transport, customs permissions and clearances in the hands of Mr Mok Freitas and Dr Joao Ximenes. Planning meetings were held in October and November by the local team to organise all logistics and patient flow activities.

The team arrived on the Saturday afternoon flight and was met by Mok, who facilitated an uneventful passage through airport customs. Accommodation for the team was organised at the Plaza Hotel.

Social media was not used for advertising for this visit, all patients on the wait list were phoned to inform them of the team's arrival and OPD consulting day and times. Advertising for the previous 2 visits was facilitated via social media, attracting larger numbers for assessment.

Outpatient screening commenced at HNGV on Sunday morning from 0830 until 1300 with 71 cases assessed, triaged for surgical lists or waitlisted. It was anticipated that there would be less preoperative consulting on this visit due to the existing waiting list. A wait list for the next visit was established (currently 91 patients). The waitlist is a new concept and still requires further consideration and management so that patients are not disappointed. All patients on the waitlist were phoned to attend the screening session unfortunately a few arrived very late in the day and were frustrated that the team was unable to include them on the surgical list. Strategies were discussed on how to manage this in the future, but it will remain a work in progress for the local team.

Following outpatient screening the team progressed to the operating theatres to unpack and set up. Setting up the day before allowed for

surgery to commence at 0830 the next day and allowed for any issues to be rectified in a timely manner. Once again, the operating theatre was set up to allow two operating tables to function side by side. Over the 5 days of operating two tables were used for four days. The starting times for each list were slightly staggered, allowing for supportive behaviours between the surgical and anaesthetic teams. All patients arrived at theatre fasted with IV lines running and a consent form signed.

Following discussion amongst the team theatre lists were drawn up for each day and then allocated to one or other of the operating tables. Dr JX initially focused on unilateral lip repair patients, with these cases anaesthetised by Dr Colom or Dr Nanda, and the Timorese nurse anaesthetist staff. By weeks end he had performed another 14 primary lip repairs as well as one lip revision procedure. A number of student nurses were allocated to theatre, and after learning how to scrub in they took turns scrubbing to assist Dr JX when undertaking unilateral lip repairs. A clear delineation was established between the two tables with no cross over contamination.

A morning team huddle was led by Mok on most days, the Surgical safety checklist was utilised well at the start of the week but needed encouragement to be maintained as the week progressed.

Dr Vani was assisted by Dr Celastina (Noki) for the first three days focusing on cleft palate and bilateral cleft lip repair cases. These patients were anaesthetised by Dr Matt assisted by local nurse anaesthetists and Nurse Amanda.

Dr Matt was often assisted by local nurse anaesthetists Tito and Mery who were both very helpful, resourceful and keen to learn. From the anaesthetic perspective, the side by side operating table arrangement facilitated safe and efficient workflow without incident, as was the case in March 2023. Once again, outdated OSSAA anaesthetic monitoring and laryngoscope handles presented some challenges, but upgrades to these vital pieces of equipment are evidently in the pipeline.

Unused medications were donated to HNGV at the end of the week along with some vital pieces of airway equipment that hospital staff have not been able to access due to supply-chain issues.

Amanda found the usually very hot, humid and busy recovery environment much more agreeable following the installation of a brand new airconditioning unit early in the week. Recovery staff were generally

helpful and keen to learn various aspects of airway management, particularly the use of the paediatric T-Piece. Further education on the use of the T-Piece is seen as a way of improving recovery room care in the future.

Due to two public holidays staffing was limited and on Friday the team could only run one table. Dr JX assisted Dr Vani before taking the lead and undertaking a bilateral Cleft lip repair. At the completion of his first bilateral repair Dr JX received a standing ovation from all team members. Dr. JX also performed his first cleft palate repair under the supervision of Dr Vani.

Apart from Friday operating was completed by 1730 and the day closed after Dr Vani and Dr Matt completed ward rounds.

Mok led the nursing team that included Nelson and Sabino who were both experienced scrub nurses and were confident supporting the student nurses in surgical procedures. The students enjoyed the opportunity to scrub in for procedures and this initiative will hopefully build capacity for the future. Surgical counting was methodical and sustained for the week as was sharps management and medication checking.

By the end of the 5 days operating the team completed 36 elective procedures. During the week three cases were deferred because of high temperature / chest infection. On Friday one cleft palate patient required a return to theatre from the ward for management of post operative oozing.

There were no surgical delays due to the proactive work ethic of the sterilising team who despite the two tables managed to keep on top of daily instrument tray turnarounds with drapes and gowns sterilised overnight. PPE was worn by the sterilising team for washing instruments for all cases.

Construction of two new operating theatres adjoining the theatre block is well underway, so the days were noisy with a background of jackhammers and drilling. Once the new theatres are completed HNGV will have 5 theatres. It is anticipated that there will be a number of new faces when the next team visits due to a recruitment drive to staff the new theatres.

Due to limited resources Dr JX has been unable to continue to perform cleft lip surgery since the team visit in March. Dr JX's planned departure

to Cuba for specialist training remains on hold with no plans for a departure date set.

Sutures, local anaesthetic and consumables were given to Dr JX in the hope that he may have an opportunity to continue surgery in between team visits.

Prior to flying out on Saturday the team had an enjoyable time visiting the Timorese Resistance Museum where they gained a deeper understanding of Timorese history.

SUMMARY OF CLINICAL ACTIVITY

Total patient consultations = 71

Total surgical procedures = 36 (+ 1 x return)

Cleft lip

Unilateral 16

Bilateral 9

Cleft Palate 10

Skin lesion graft 1

Gender

Male 22

Female 14

RECOMMENDATIONS:

Support for plastic and reconstructive surgery services in Timor Leste when Dr Joao Ximenes has approval to travel to Cuba and gain his specialist qualification.

Explore providing extra consumables via Babcock helicopters for Dr JX to undertake Cleft lip repairs in between team visits.

Reduce pressure on Mok by having own team transport.

Support refinement in management of wait list.

Upgrading to surgical instruments; needle holders, forceps and scissors.

Upgrading of anaesthetic monitoring and laryngoscope handles.

ACKNOWLEDGEMENTS:

Sincere thanks to the entire HNGV team for their efficient organisation and planning.

Mok, whose organisation skills were crucial in making the trip such a success.

Nurse Sabino for coming in to work with the team on the 2 Public holidays that were his days off.

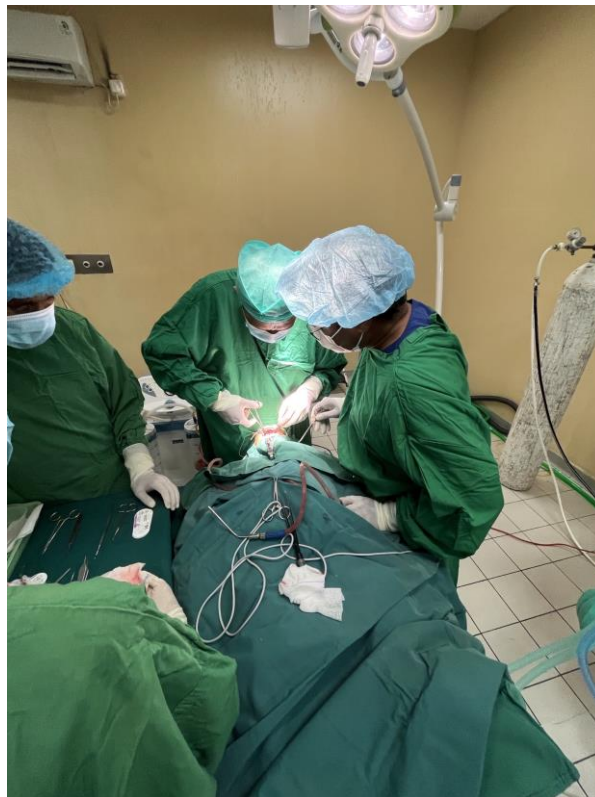
Ethicon/ Johnson and Johnson for their ongoing generous support of suture supplies, which enable the ongoing treatment of so many cleft cases.

Laura Zanin and staff at the WCH Pharmacy for their ongoing assistance organising anaesthetic medications for our trips.

The various public and private hospitals in Adelaide that supported our team to negotiate leave.



2 teams at work



Dr Vani assisting DrJX with a palate repair



Dr Matt discussing medication management



Preoperative patient