



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

**Plastic Surgical team visit**

**Baucau, Timor Leste**

**17 – 23 November 2018**

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

## **Team Personnel:**

Team Leader	Dr Yugesh Caplash - Plastic and Craniofacial surgeon RAH
Anaesthetists	Dr David McLeod, Dr Brigid Brown
Nursing Team	Ms Elizabeth Mazzei, Ms Jacqueline Price
Medical Student	Gayatri Caplash

Mr Samento Correia	RAC's organiser
Dr Joao Ximenes	Plastic surgery trainee/counterpart surgeon

### **Trip organisation**

A joyous greeting to the team is heartening, and makes the trip worthwhile.

Dr Joao and Sarmento had worked hard pre visit to inform the general population about the visit which ensured a good turnout at the consultations on Saturday.

The consultation process was streamlined and most of the patients had their weights taken and their contact numbers entered properly.

Having two anaesthetists enabled quick assessment of the patients and surgical listing. A few of the patients having upper respiratory tract infections and skin infections were waitlisted for the next visit.



### **Summary of Clinical Activity**

#### **Consultations 52**

#### **Operations 33**

Bilateral cleft lip repairs	4
Unilateral cleft lip repairs	11
Revision cleft lip repair	1
Cleft palate repairs	10
Burn contracture releases	3
Kenacort injections	2

### **Operations**

Sunday morning there was adequate time for the anaesthetists to test the machines and arrange their medications and intubation setup. All the elective surgery had been postponed for the week leaving the second theatre free for use except for emergencies. A second anaesthetist was a bonus as we were able to use the second theatre for short cases. Our local counterpart Dr Joao has become quite proficient in repairing incomplete cleft lips and having a medical student to assist him allowed us to use the second operating theatre which increased our throughput.

I was able to encourage him to do complete cleft lip repair with my assistance.

I was also able to show him how to raise palate flaps and encouraged him to do the initial dissection as I assisted him. He was delighted to progress further. I also encouraged him to draw Z plasty for burn contracture and take skin grafts.

Baucau has limited staff for assisting and zero staff for recovery. Having the second nurse and the medical student was a bonus as they were able to recover the patients post operatively as well as help with the packing of instrumentation and autoclaving. Jackie was also able to learn from Liz how to prepare the sets and autoclave, taking support from the Marcelino who was actually the cleaner and she feels confident in managing this aspect in future.

I would recommend having a second nurse travelling with us for future visits.

### **Training of our local counterpart**

Dr Joao Ximenes has made marked improvement in his surgical skill in repairing incomplete cleft lips and progressed to the next step of operating on complete cleft lips and raising of palate flaps for cleft palate.

It is unfortunate that he is not been given a separate outpatient facility at Dili Hospital where he can regularly see cleft lip and palate patients to enable follow-up. I have suggested that he approach this aspect politically at Dili Hospital. It would make a world of difference in the program. I wonder if OSSAA is able to help in any way.

It was good to see that some of the patients came for a follow-up having had cleft lip and their palates repaired earlier. Establishing continuity of care would enable us to progress to the next step. The local dentist at Baucau hospital was very enthusiastic. Dr Dewa attended the surgeries and volunteered to look after the teeth of some of the patients.

### **Administrative and personal arrangement**

The recommended accommodation was of very poor standard. The team should continue to stay at the hotel Poussada.

Travel to Baucau was still difficult as the road is a mess and it's unlikely to improve by our next visit in November 2019 and I suggest that we stay in Dili during that visit. I expect the road to be in better condition by 2020.

Sarmiento performed well at his job, making sure that the visit was properly advertised and we had a good attendance.

Dr Joao worked really hard and was very diligent in the post-operative care of the patients.

### **Analysis and conclusions**

Looking at the patient turnout, and the improvement in the surgical skill in our local counterpart, I think this program is having a great impact and sits well with our goals. Having two teams during the year allows for better teaching and makes it more sustainable for the future.

Having had additional support persons during this visit was very helpful and less stressful to the team.

## Recommendations

It's important that we have at least two nurses in future as recommended by Liz Mazzei. A second anaesthetist will reduce the stress levels as well as increase the throughput. I would also encourage junior doctors /medical students as it would widen their perspective, increase their experience and also stimulate them to volunteer for this type of work in the future.

## Visit highlight

The prized patient was Anna a 18 year old girl with a heart defect seen in 2004 was subsequently seen by cardiologists in Dili, nothing progressed. She was postponed twice by visiting teams. They were very keen to get her well as she is a bright young girl keen to study medicine. She was managed successfully with the support of two anaesthetists at Baucau Hospital. She had a large cleft palate defect with insufficient tissue on either side. She was listed to have closure of the defect with a pharyngeal flap, but to abandon the procedure if it was deemed unsafe. Anna had difficult mouth opening due to poor response to muscle relaxation and made intubation difficult but having two anaesthetists made it possible. With great difficulty I was able to insert the mouth gag and get reasonable mouth opening to proceed with the operation. We were able to get good palate closure post-operative period was uneventful and she was showing good signs of healing. Dr David McLeod has been in contact with her father to follow-up on her cardiac condition.



## *Liz in Action*



*Follow Up Bilateral cleft lip and palate*



*Gia assisting with autoclaving and Liz's splash of colour for disposable scrubs trial*



*Dr Joao running second operating theatre, and Dr Caplash assisting Dr Joao*



Early morning Monkey business before breakfast



### **Aims and goals**

We are a voluntary group of people consisting of surgeons, anaesthesiologists, and nurses. We aim to provide high-quality surgical services to the developing country of East Timor. Our mission is to provide life-changing reconstructive surgery to the local people and building capacity by training the local doctors and hospital staff in the management of birth defects and post-traumatic deformities. Our purpose is to repair bodies, rebuild lives and support the local doctors and staff in their training in order to become self-sufficient.



**OSSAA**

**OSSAA  
Nursing  
report**

November 16th- 24<sup>th</sup>

**2018**

**Overseas Specialist Surgical Association  
of Australia**

Nursing  
observations and  
overview:

Plastic Surgical  
team visit to

**BAUCAU**

by

**Liz Mazzei**

## Introduction

This was an interesting trip for me as I had not been to Baucau for two years due to prior commitments. I also had not seen the new hospital & did not know how it was laid out, what equipment was there & if there was any regular staff that I had previously worked with.

On arrival in Dili we were met by Sarmiento & a colleague who then drove us to eSilva car rentals where we picked up the car & because our team comprised of 6 x people with much luggage we had to have a Toyota troop carrier. To pack the car was a challenge & luckily Yugesh & David being very agile were able to successfully clamber to the roof & fit it all on the top!

The road to Baucau has definitely not improved from previous trips & it took five & a half hours to get there having to stop every so often for the road works that are in being carried out. We arrived at the hospital at 1430 where a wonderful lunch had been prepared & Dr Joao was waiting to greet us. The clinic had started at 0800 & the nursing staff had completed all the paperwork which was very new to me for on previous trips most of these details were carried out by the team with an interpreter or Sarmiento. This process was a marked improvement & saved much time for us.

One patient produced a photo of herself with me taken in 2004 when she was 4 years of age & she had a very large cleft palate, we had attempted to repair it then but the surgery had to be cancelled due to failed intubation. She also has a heart problem which will be followed up with a cardiac consultation in Dili. She was operated on during the week & was an extremely difficult intubation & Yugesh had an issue opening her mouth sufficiently so he repaired the palate only but originally had planned to do a pharyngeal flap. Finished consulting at 1830.

On Monday 6 new patients arrived

We saw 52 patients & booked 33 operations for the week - 16 cleft repairs, 10 cleft palate repairs and 5 burn contracture releases.

11 patients were booked for April 2019

3 patients were booked for November 2019. These have been operated on previously by Yugesh (have had cleft lips repaired) & are now ready for palate surgery.

## Observations

Consulting completed, next visit was to the operating suite. There are 2 x theatres with the CSD in the centre & recovery outside theatre one which is the larger of the two. Compared to the old theatres they are larger, brighter & theatre one has an excellent light while no 2 has a mobile which is adequate for small procedures. The diathermy machine in no1 is still the Valley lab but in no2 it is a Surgilec Seal (French brand) & the monopolar leads are compatible & the bipolar leads are also if they are 2 pronged (E0020V Convidien). There is still problems with the single use grounding plates being reused over & over & no2 machine is not compatible with no1. Supplies are also an ongoing problem eg local anaesthetic, sutures, jelonet, dressings, gloves, blades & ECG dots so it is important for the team to provide them.

Drs McLeod & Brown set up their anaesthetic equipment & organised to come back on Sunday morning to check machines in preparation for the lists. They were happy with machines & David had used them last year so was able to go through them with Brigid.



The plan for operating during the week was Dr Joao would assist Yugesh with a few lips & a cleft palate then he would operate in no2, and this would be possible as there were 4 x trays of instruments.

CSD has a large automatic steriliser which has a longer cycle for drapes (60mins) & a shorter cycle for instruments (35mins). There were 2 other automatic machines that were new & smaller but no one knew how to use them & there were no instructions. Marcelino who has worked at the hospital for as long as I have been going up is the main cleaner of instruments, floors, suction, equipment & transporter of patients & although there is the language barrier is always willing to help & keen to learn. I was able to try & explain the importance of indicators & wrapping techniques again but he does not know how to use the autoclave. Mateus & Alcino seem to be the only people that know how to use it.



Recovery had 2 x beds, in a large room. There is a ECG/BP machine & 2 x oxygen cylinders, however the little portable OSSAA pulse oximeters were more reliable. There was a problem one day the oxygen supply to the anaesthetic ran out & it took around half an hour to get the appropriate person to change it over. The spare one is stored just outside theatre under lock & key.

## Nursing counterparts

The only staff provided during the week were 2 x scrub nurses each day except for Friday when there was only one, no anaesthetic or recovery but Macelino was there all the time. Alcino & John whom I knew are now managers/in charge personnel & they would call in & check how things were going.

The scrub nurses were Mateus, Regina, Thomas (excellent) & Helder & they rotated. On Friday John came & scrubbed on Friday. Valermo came & observed anaesthetics one morning. Language is still a major issue & doing checks will be an ongoing issue. The staff are very friendly but are not used to working the hours & seem to tire quickly.

It was excellent having Jackie as an extra nurse & Gia for they took over recovery while I did CSD & scouting. On Friday morning Jackie scrubbed for Dr Joao & Gia assisted him which she also did when she had the opportunity for other procedures.

It was also great to see how Joao has grown in confidence since my last visit & Yugesh was able to teach him more about palate surgery & he had him preparing the flaps & suturing. He has become proficient with incomplete unilateral cleft lips but prefers to do the bilateral & complete lips with an assistant.

We would arrive at the hospital by 0815 but it is still difficult to get started much before 0900 as staff do not arrive.



## Teaching & training

The language barrier is a major issue & the staff have worked at the hospital for many years & although we try sign & hand language it is difficult to change some of their practises. Alcino & John were grateful of our attempts but they seem to be very busy elsewhere. The ward staff are used to looking after these patients & the families are amazing as always. Dr Joao would come on our rounds, explain what had to be done, drugs to be given, follow up appointments & then discharge plans. He is fantastic & a great support & asset to the team.

A dentist appeared on our 2<sup>nd</sup> day & he asked if he could observe the surgery. He is Balinese but has a three year contract in Baucau & speaks fluent English. One of the patients that we saw at the clinic had had lip & palate surgery & came about her speech issues. However she had shocking teeth so Yugesh was able to explain to him the importance of following these

patients up so Joao is going to liaise with Sarmanto & organise a plan. His name is Dewa Ksamawan & we have all details. He came each day & observed.



## Recommendations

I strongly recommend having 2 nurses on the team, a paediatric recovery & a multi skilled theatre nurse who can handle CSD, instruments, anaesthetics, scouting & equipment issues!

If the future plans are to have Dr Joao routinely going to Baucau it will be necessary to provide a 2<sup>nd</sup> anaesthetist or an experienced Timorese anaesthetic nurse??

Ensure there is enough supplies for the type of possible surgery being performed.  
Good sense of humour

## Team activities

The team stayed at the Pousada hotel instead of the one chosen by Sarmento because the other did not have wi-fi & was not as comfortable & nowhere to sit other than the room. After the long days working it is always nice to come back to relax & debrief in the garden or on the patio.

On the Sunday after setting up the hospital Yugesh drove us down to the beach for a swim & sightseeing tour around the town.

We went to Vitoria's for most of our meals as it is cheaper & better than the hotel & is the best we have tried in the town. Joao joined us on our last night in Baucau which we all enjoyed. He did not stay at the Pousada as we could not get him a room but he was insistent he did not mind.

The hospital provided us with lunch each day & it was most enjoyable.

## Thank you

Dr Joao & Sarmento did an excellent job organising the consulting with the nursing staff provided.

Thank you to hospital catering services for great lunches.

Thanks to Calvary North Adelaide, RAH, Ethicon, Surgical & Medical & OSSAA for donating medical supplies,

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

A big thank you to Yugesh, David, Brigid, Jackie & Gia for all your support & help, you are a great team & it was a pleasure to be part of it.

