

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



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

**Plastic and Reconstructive Surgery team visit**

**22-29 June 2024**

Dr Mark Moore, AM, FRACS

Plastic and Craniofacial Surgeon

Team Leader, OSSAA

## **INTRODUCTION :**

In 2023 OSSAA undertook two successful Plastic and Reconstructive surgical visits to Timor Leste, the in-country organisation of which was facilitated by our local counterpart nursing and medical colleagues. Since the last visit in December 2023 there have been some changes in the Hospital National Guido Valadares (HNGV) medical administration in line with political changes more broadly in the country. However the processing of our teams return visit remained unchanged.

The week of our visit by chance coincided with the 21<sup>st</sup> Anniversary of HNGV, which was a privilege for us to be a part of given our OSSAA team involvement with the institution for all of those years, and indeed back as far as the year 2000, when still known as Rumah Sakit Umum Dili (RSUD) – this is now the 25<sup>th</sup> year of our OSSAA visits.

## **TEAM PERSONEL :**

The visiting OSSAA team for this visit was as follows:

Dr Mark Moore	Plastic and Craniofacial Surgeon Women's and Children's Hospital and Royal Adelaide Hospital, Adelaide
Dr Andrew Wallace	Anaesthetist Women's and Children's Hospital and Private Practice, Adelaide
Sr Vanessa Dittmar	Theatre Nurse Women's and Children's Hospital, Adelaide
Sr Lisa Alvino	Anaesthetic/ Recovery Nurse Women's and Children's Hospital, Adelaide

## **PARTICIPATING LOCAL STAFF AND COUNTERPARTS :**

All organisation and pre-visit planning was led by Mr Mok ( Cornelio Mok Freitas), our operating theatre nurse coordinator and Dr Joao Ximenes, our counterpart reconstructive surgeon. They met with the HNGV administration, in particular Dr Ana Magro, the HNGV Director and Dr Colom da Silva (Head of Anaesthesia) who gave permission for the visit , its timing, the arrangements for outpatient clinics on Sunday and the availability of two operating theatres for the five days of planned surgery, together with ward space for our patients pre- and post-operatively.

Dr Joao Ximenes was joined in surgery by Dr Noky, who has worked with our team previously, but spent the last few years undertaking surgery training in Fiji.

Dr Meng and Dr Jonotas were the anaesthetists who worked with Dr JX, whilst the anaesthetic nurse Sr Ofi (Eugenia Oliveira Teme) spent all week assisting Dr Andrew Wallace.

Surgical nurses who worked with the team alongside Mok included Mr Nelson, Sabino, Alcino and Manuel.

The outpatient clinic on Sunday was again expertly controlled by Mr Carlito, who has been there for more of our busy assessment clinics than I can remember.

Lastly the work of Mr Callisto and his team in the Sterilising Department of the theatre complex must be applauded as they managed to keep our instruments turning over despite the breakdown of two of the three sterilisers.

## **OVERVIEW :**

Arrangements for this OSSAA team visit to Dili were made via our local counterparts Mr Mok Freitas and Dr Joao Ximenes, who negotiated with the new Clinical Director of HNGV, Dr Ana Magno. This involved obtaining the appropriate customs clearance documentation to facilitate easy passage through Dili's Nicolau Lobato international Airport.

Airline scheduling meant the team arrived in Dili in mid afternoon on Saturday, being met by Mr Mok, and President Jose Ramos Horta (think he was actually there to meet others on our flight !!) before transferring to the Plaza Hotel. The hotel is presently being renovated, with incorporation of a swimming pool, but rooms remain clean and comfortable.

Consultations commenced about 9 am on Sunday morning in the outpatient section of HNGV – the registration and control of the clinic again under the direction of Mr Carlito. The hospital social media had been employed prior to the visit, and as a consequence about 100 patients presented for assessment. With the large number of cases, by the time we had seen about 70 patients, our surgical lists were full. This meant that once again a surgical waitlist was constructed – some being allocated to Dr Joao for surgery over the upcoming weeks/ months, and others to be done on the next OSSAA visit in a couple of months. The concept of an active surgical waitlist still needs refinement and decisions as to who has oversight over it. Dr Noky joined the team in the afternoon and saw some of the less severe cleft cases, assisting in waitlisting. Some enterprising patients saw this as an opportunity to be seen twice and improve their chances of getting treatment. The anaesthetic team members were able to leave mid-afternoon to unpack and prepare the operating theatre for the following day.

The large majority of cases were once again those patients with cleft lip and palate. There continues to be a significant number of newborn clefts, given the high birth rate, but we also are still seeing unrepaired clefts in adolescents and adults. Examples on this visit included a 20 year old male from Viqueque with a bilateral cleft lip and palate, a 16 year old who had lip repair in 2008 and a 38 year old male who had his palate repair this visit after a left sided lip repair in his childhood.

Several rare craniofacial cleft cases were assessed. The case seen in March 2023, which was hoped could come to Adelaide for treatment has unfortunately gone on to develop significant hydrocephalus, which is so far untreated.- there are no shunts available in Timor Leste. We hope to source a simple ventriculo-peritoneal (VP) shunt in Australia, which can be taken there by the next team. There is another older case with a rare facial cleft which will be considered for treatment in Australia, if support can be sourced from Children's First or ROMAC.

A single patient with a burn contracture presented for review. This 17 year-old lady with a severe contracture of her left upper limb came for treatment of persisting deformities about the wrist and hand, having first undergone release and grafting of her arm and forearm by our team in 2014. (See photos)

Theatre lists were prepared with the assumption that a second theatre would ideally be available each day – the revamp of the theatre complex has been completed with new theatres 4 and 5 – neither have a roof mounted theatre light, rather relying on portable lighting. They are however clean, large and naturally well lit.

At commencement of the operating week on Monday morning we were informed that the hospital was full- the same as we experience in Australia..!! Only in Dili, there are no ramps for ambulances!! Dr Joao worked “miracles” throughout the week discharging patients quickly to allow the next day's patients to be admitted. 55 patients were booked for surgery, and with cancelations due to illness 50 had surgery – with 15 cases being operated by Dr Joao in the second theatre, using local anaesthetists.

As on recent trips, each day began with a team huddle led by Mr Mok – introducing all the staff and discussing the cases for the day. Surgical counts were reinforced and occurred, although comments from local surgeons suggested that this was not the norm when our teams are not around.

Dr Noky assisted the team on several days, and we were joined by the Cuban oral surgeon and the Chinese obstetrician/ gynaecologist for short periods, as they observed our team's activities. Dr Joao Pedro, one of the local general surgeons who we have known for 20+ years also called in to observe for a few days.

Our anaesthetist Dr Andrew was assisted all week by local nurse anaesthetist Ofi – she was with the team in theatre from start to finish each day, and was a real asset to Andrew. We also had access to new anaesthetic monitoring equipment (Lifebox) purchased after a grant to OSSAA by the Order of St John.

The theatre nursing scrub staff rotated throughout the week, providing a consistent level of expertise- this being overseen by Sr Vanessa and Mr Mok. During the week our work was threatened by one of our two mouth gags used or cleft palate repair breaking – the local sterilising team made an effort to repair and solder the damaged instrument. This was unsuccessful, but we were able to use Dr Joao's cleft palate mouth gag as a replacement.

Some of our operating days were long with a somewhat late finish, usually due to a slow start to the day. The fact that the hospital was celebrating it's 21<sup>st</sup> Anniversary, and an interdepartmental futsal competition was in progress - with the operating theatre team making both the women's and men's final, was perhaps another contributor. We also were welcomed to the official hospital birthday celebration on Friday and presented with gifts of tais fabric.

Recovery was overseen by Lisa Alvino, on her first visit to HNGV. She was assisted by local colleagues and an enthusiastic group of young student nurses. There were also student nurses in attendance in theatre throughout the week – they being keen observers and willing helpers to our team's activities.

By weeks end all cases were reviewed and discharged by Dr Joao. He had also performed 6 cleft repairs in Baucau the week before our team arrived. Follow up with him after our departure has him record no issues with any patients. He has also this week repaired a case we had been forced to postpone, as well as 4 cases from Oecussi which arrived after we had finished our weeks work.

Dr Joao still awaits confirmation of his scholarship to Cuba for specialist training – on Friday he had received some communication which sounded hopeful !!

Some consumables were left with Dr Joao and Mr Mok. Of note regarding drugs / consumables – we were informed that there were no supplies of morphine in Timor Leste and only a small amount of Fentanyl

– the capacity to provide analgesia there remains an ongoing issue, and we are fortunate that we bring all our drug requirements for the team.

During the week the team had the company of Dr Tim Keenan, orthopaedic surgeon from Perth, whom we first met in Dili over 20 years ago, whilst he was one of the resident RACS surgeons at HNGV. Tim has also worked on OSSAA teams in Cancar on a number of occasions, and has been a consistent supporter of our work, and a wonderful surgical ambassador for Australia in many places – Palestine, Afghanistan, Ethiopia and Cambodia to name just a few. Tim continues to bring smiles to all the faces of those who come in contact with him, even in his 83<sup>rd</sup> year.

We had a relaxing Saturday morning, with several team members joining Mok in some sightseeing and coffee acquisitions, before departure for Darwin later in the afternoon.



## **SUMMARY OF CLINICAL ACTIVITIES :**

**Total Patient Consultations 100**

**Cleft lip/ palate 96**

**Total Surgical Procedures 51**

50 patients operated, 1 had two procedures

**1<sup>0</sup> Cleft lip - Unilateral 16**  
**- Bilateral 7**

**2<sup>0</sup> Cleft lip 4**

**1<sup>0</sup> Cleft palate 19**

**2<sup>0</sup> Cleft palate 1**

**Burn surgery 1**

**Nasal reconstruction 2 (1 Congenital & 1 Trauma)**

**Neurofibroma excision 1 (child with CL and NF 1)**

### **Gender :**

**Male 33**

**Female 17**

### **Age Range :**

**< 1 year 5**

**1-2 years 12**

**2-5 years 12**

**5-10 years 7**

**10+ years 14**



## **RECOMMENDATIONS :**

Remain much unchanged from previous visits.

Consumable and drug supplies are an ongoing issue – we continue to provide Joao with the suture and other surgical supplies which are not easily available to him.

Both Joao and Mok, who is also considering more study, may not be available to our team in 2025. We need to consider how we will organise the various logistical issues surrounding our visits.

Waitlist organisation remains an issue – next year looking at 3 trips including one to Baucau may take the numbers pressure off and allow more teaching opportunities.

## **ACKNOWLEDGEMENTS :**

As always the greatest of thanks to the staff of HNGV who go above and beyond to make our teams work a success – most especially Mok and Joao who lead the nursing and surgical teams.

Ego Pharmaceuticals for their supplies of antiseptic handwash.

Ansell for their donation of sterile surgical gloves

Ethicon/ Johnson and Johnson for their supply of surgical sutures.

The various public and private hospitals in Adelaide who support us through the provision of leave.

## **Report from Anaesthetist Dr Andrew Wallace**

The week proceeded well, with an initial clinic on Sunday after our arrival. I was joined by Maria (Timorese Anaesthetic registrar) who assisted with all our assessments and was invaluable to ensure the patients were thoroughly assessed and well informed. Late afternoon, when the theatre lists for the week were filled, Maria, Lisa and I relocated to the theatre block to setup the theatre for the week ahead, leaving Mark and Vanessa to continue to assess and wait list patients.

We were kindly given 2 theatres for the week to utilise. Theatre 3 was our primary theatre and with Maria's knowledge of their equipment and machines, exchanged machines to utilise the Mindray Wato Ex-35 anaesthetic machine and GE patient monitor. Both had paediatric settings and were better suited to our patient profile.

All the theatres have now been supplied with patient monitors with NIBP, SpO<sub>2</sub>, ECG and capnography. The gas supply to each machine is via large H cylinders located in the theatres. There is only oxygen supplied, with no air or nitrous present. The machine had both, a sevoflurane and halothane vaporiser available. Dr Jao operated in a 2nd theatre, theatre 5, operating with a Timorese assigned anaesthetist and registrar. The patients were admitted the evening prior to surgery and had IV cannulas inserted with fluids running whilst they fasted. They arrived into holding bay with a parent and the IV fluid running via a burette.

The cases proceeded seamlessly for the week. We were assigned an anaesthetic and recovery nurse daily to assist Lisa and I. I was fortunate to be assisted by Ofi (Eugenia Oliveira Teme), a local anaesthetic nurse with 5 years experience for the entire week. She was extremely capable, knowledgeable and efficient. Lisa had the assistance of a recovery nurse who assisted her, particularly when 2 theatres were operating. The recovery area she was allocated, had an oxygen cylinder and 1 patient monitor. We utilised the OSSAA Lifebox SpO<sub>2</sub> monitor for the first day, until it failed to recharge due to a fault, and then resorted to the Lifebox Capnograph & SpO<sub>2</sub> monitor for the remainder of the week. The medication and equipment taken was prepared for approximately 40-45 cases, and after completing 50 cases, 35 in theatre 3, with an additional 15 done in theatre 5, there was very little remaining.

From the anaesthetic perspective, this week was one of the smoothest I've experienced and would like to extend my gratitude to the OSSAA

team and HNGV staff. In particular, Lisa Alvino, for all her assistance with the trip preparation and her excellent anaesthetic and recovery skills and care. Also, to Ofi from NHGV, for her enormous commitment and help during the busy week.

### **Report from Theatre Sister Vanessa Dittmar**

We had a very productive week at Dili Hospital with a good volume of cases despite a few cancellations due to illness and not attending.

This trip felt a little less coherent with Dr Joao being in another operating room and many additional hospital events taking place.

We need to work on Scrub staff being in theatre as an extra pair of hands for anaesthetics and safety, the minute a patient is brought into theatre.

We were a little slow to start on the Monday and perhaps not as efficient at starting each day, perhaps partly due to getting picked up a bit later than usual.

Mok, Sabino, Alcino and Nelson did work efficiently during the week. Instruments were written on the white board being checked off at the start and end of the case, along with other countable items. Dr Joao Pedro commented on the fact that instruments were being checked, perhaps suggesting this was not usual practice. Staff were not as diligent at filling out official hospital count sheets to attach to patient records.

There were a number of keen nursing students in attendance in theatre and recovery. The staff occasionally double scrubbed these students to teach them how to put on gloves and watch the surgery up close from a different perspective, educating them on the instrumentation.

The hospital has some new large sterilisers of which only one of the three was operational during our visit. Our instrumentation was kindly processed by the helpful CSD staff in little bench top sterilisers.

It appeared that there were issues in the volume of work for the larger steriliser, with some single use disposable gowns being utilised.

Early in the week, one of the frames of our Cleft Palate gag broke presenting some challenges and requiring lists to be re-arranged for processing. We eventually found a full frame that Dr Joao had been given previously.

CSD staff took our frame and attempted to re-weld it however it refractured when engaging the frame for utilisation.

One of the needle holders also broke at the joint on this trip. The four trays we had packed for this trip were all different. The trays definitely need to be reworked and made relatively universal. We had discussed replacing some instruments at the last meeting however perhaps two new needleholders need to be added to each tray, scissors made universal etc.

One of the bipolars also looked perhaps disposable and was left there. They were put in some heated thing for sterilising and were mixed with others. Perhaps would be beneficial to have a cohort of reusable bipolars and leads that are all autoclavable so can be processed at same time as trays and kept together more.

Think next time would be helpful to have laminated tray list to use and wipe for each case and also to provide to CSD as occasionally additional instruments were placed in trays and made harder to keep track of as there were not enough to add to each tray.



**Presentation in 2014 with severe left upper limb burn contracture – initial release and SSG**



**2015-wrist release**



**2024- for hand release**



**2024 – release hand and thumb and skin graft**



**Happier now**





**Bilateral cleft lip and palate - lip repair**



**Bilateral cleft lip and palate – cleft lip repair**



**Dr Joao marking out lip repair**



**Dr Andrew starting anaesthetic**



**Outpatient consulting**



**Post-op ward**



**HNGV Surgical team – Joao, Callisto, Noky, Mok, Nelson and Sabino**



**Anaesthetic team – Ofi, Lisa, Andrew**



**Two old surgeons reunited at HNGV- Mark and Tim**