Overseas Specialist Surgical Association of Australia (OSSAA)

Royal Australasian College of Surgeons (RACS)

PLASTIC AND RECONSTRUCTIVE SURGERY TEAM VISIT

Rumah Sakit Katolik Marianum, Halilulik, NTT

3 – 10 February 2018

TEAM LEADERS REPORT

Dr Mark Moore, AM, FRACS

Plastic and Craniofacial Surgeon

OSSAA team visit to RSKM, Halilulik, West Timor, NTT, Indonesia. 3 – 10 February 2018

INTRODUCTION

This OSSAA team visit to West Timor represents our first opportunity to return to Indonesia for teaching, knowledge transfer and clinical service delivery in almost 4 years. The excellent background negotiations in 2016-17 by Ms Daliah Moss from the Global Health office of RACS saw the delivery of a document from the Coordinating Ministry for Human Development and Cultural Affairs, Republic of Indonesia in August 2017 welcoming teams for the purpose 'of providing quality health service support and enhancing the expertise of local health care providers through the transfer of knowledge from experienced RACS doctor specialists' – particularly in NTB, NTT, Papua and West Papua.

With this background our organisation in concert with RACS, made contact with our local counterparts in Eastern Indonesia, in particular the SSpS sisters in Halilulik, NTT, and were able to receive a letter of invitation from the Bupati of Belu to provide reconstructive surgical services and training at RSKM, Halilulik.

The in country organisation of the visit was overseen by Sr Angela in Kupang and Sr Agustine in Halilulik, who were in continuous contact with our team coordinator Anastasia Stain, whilst arrangements for the patients hospital treatment costs was in the hands of Ibu Nunuk Ngesti and her contacts in the Lions Club of Jakarta.

TEAM MEMBERS

OSSAA team

Dr Mark Moore – Plastic and Craniofacial Surgeon
Dr Andrew Wallace – Anaesthetist
Sr Vanessa Dittmar – Theatre nurse
Sr Josephine Luke – Recovery nurse
Ms Anastasia Stain – Coordinator / Interpreter
Mr Jason Wagner – Fitness instructer / Coach

Counterparts - RSKM

Dr Fabianus Lau – Medical director, RSKM
Dr Eka Adip Pradipta – General Physician, RSKM
Dr Steven Awyono – General Physician, RSKM
Sr Agustin Nahak, SSpS – Nursing director, RSKM
Sr Scholastika Jevau, SSpS – Nurse, RSKM
Sr Anna Angela, SSpS – Nurse, RSKM
Sr Hildegunde Taus, SSpS – Nurse, RSKM
Sr Yenita Luruk, SSpS – Physiotherapist, RSKM
Maria Yulita Hoar Nahak – Nurse
Noviana Margarita Muti Taek – Nurse
Patrisius Samara – Nurse
Richi da Silva – Nurse
Josephina Yovita Lau – Nurse
Lusiana Seuk Luan – Nurse
Yohanes Kristomus Bere – Physiotherapist
Marianus Yuven Rasi – Optometrist
Odete Carvalho Soares – Admission / Administration
Yusni Arisando Almet – CSSD staff

Many other ward nursing staff and SSpS sisters also contributed to the success of the team's week in Halilulik.

ITINERARY

Friday 2 February Depart Adelaide for Denpasar

Saturday 3 February Depart Denpasar for Kupang on Garuda Indonesia flight. Met by Sr Angela, SSpS and visit to Merdeka clinic to see 2 patients.
Visit to RSUD Naibonat – new hospital in Kupang and site for potential future surgical visits

Sunday 4 February Depart Kupang for Atambua on Wings Air flight. Met by Sr Agustine, SSpS, Dr Fabianus, and Bupati of Belu, as he departed for Jakarta. Short visit to the residence of the bupati to meet his wife, before onward travel to Halilulik. Commence consultations, seeing 19 patients, and create preliminary operating lists.

Monday 5 February Commence operating – 7 cases on first day.
Further consultations seeing another 20 patients.
Early morning exercise class for local hospital staff.

Tuesday 6 February Continue operating – another 7 cases. Another 4 cases consulted.
Exercise class again with more than 40 participants.

Wednesday 7 February Operating continues with 9 cases. A further 7 cases assessed.
Dinner with the Bupati of Belu, Wilibrodus Lay at his official residence.

Thursday 8 February Final operating list – 10 cases.
Farewell dinner with the SSpS sisters in Halilulik, also attended by the Bupati of Belu and his wife.

Friday 9 February Final ward round before departure by road to Atambua, before onward Wings Air flight to Kupang.
Meeting with administration of RS Prof Johannes government hospital.
Meeting with Wilhelmus Foni, former Bupati of Belu (at the time of our last visit), and now provincial head of the Social Welfare department.
Dinner with the Bupati of Kupang, his wife and staff of RS Naibonet.

Saturday 10 February Depart Kupang for Denpasar on Garuda Indonesia flight, before onward travel to Adelaide.

OVERVIEW

The return of our OSSAA Plastic and Reconstructive surgical team to Indonesia represents the culmination of much background negotiation on the part of Ms Daliah Moss from RACS with the higher echelons of Indonesian, as well as the maintenance of close communications between Ms Anastasia Stain our OSSAA coordinator and our long term counterparts at various centres in NTT. The provision of a letter of support from the Coordinating Ministry for Human Development and Cultural Affairs, Republic of Indonesia saw the commencement of RACS teaching activities in Papua in 2017. It also provided for similar such opportunities in NTT and NTB, and with this in mind OSSAA began approaching our contacts about recommencing our teaching and clinical activities in Indonesia.

A letter of invitation was sought from the Bupati of Belu in Atambua, by the SSpS sisters from RSKM Halilulik, with this being very rapidly provided. Dates for the visit were fixed between our team and our local counterparts, the latter also arranging for the registration of appropriate patients, preparation of the hospital and timetabling of meetings with various local government and medical personnel. The addition of meetings with local health authorities as well as local government representatives reinforced the regional interest in receiving more such visits to locations other than just Halilulik.

On arrival in Kupang our team was met by the SSps sisters resident in Kupang. They transferred us to their small medical clinic (Merdeka Clinic), where we reviewed two cases. The first a young 10 year old boy from a remote area, who having sustained an injury to his right forearm/ hand had received treatment from a traditional healer, resulting in significant soft tissue damage and a virtually functionless hand for which no surgical solutions are available. The other case was a 21 year old who had been to Adelaide for resection of a benign jaw tumour with microvascular free flap reconstruction – this 11 year follow-up showed an excellent long term outcome.

Later that afternoon we visited the RSUD Naibonat, a new and still unfinished government hospital in Kupang. One of the hospital administrators showed us through the Emergency Department and Intensive Care Unit, and detailed the plans for completing this hospital. The operating theatre was closed on this day, but we were subsequently informed that there is one functioning operating room. This hospital was used for a one day Smile Train cleft mission by a surgeon and trainee from Surabaya soon after opening in 2017.

Early the following day, we boarded a Wings Air flight to Atambua – the 45 minute flight being a vast improvement on the previous 6-7 car trip. Our bags and equipment being transported by road as arranged by the sisters. We were met at Atambua airport by the Bupati who was coincidently departing on official business to Jakarta. Also present was Dr Fabianus, the director of RSKM and Sr

Agustine, the SSpS nursing director. En route to Halilulik the team called by the official residence of the Bupati, where we were welcomed by his wife.

The first formal consultation session began that afternoon – in addition to a number of the local nursing counterparts who organised the clinic, we also had Drs Steven and Adip, the two resident junior doctors in attendance allowing for some teaching opportunities. Of the 19 patients seen that afternoon 14 were booked for surgery in the upcoming days, and one three week old infant with a cleft lip and palate waitlisted for surgery on a later visit.

On Monday morning we planned to commence surgery. There were some minor delays due to issues with availability of anaesthetic gases – as on the last visit here the larger anaesthetic machine is still not functioning, and the smaller, less sophisticated machine continues to provide the more reliable delivery of anaesthesia. Whilst setting the theatre up and starting surgery, we were able to assess a further 20 cases and largely fill up the remainder of the operating week (4 days). As with previous visits the majority of cases presenting were of cleft lip and palate – with a mix of new cases and some having previously had lip repairs both by our team and an array of other surgeons both Indonesian and from other countries. There seems still no logic to the fashion in which surgical teams from a variety of countries seem able to visit despite the restrictions purportedly in place. It remains disappointing that so few patients are able to achieve palate repair sufficiently early – cleft lip is repaired in many cases by assorted teams ,but many perform few palate repairs , leaving many children with poor and often unintelligible speech. The parents are also often not in a position to seek out further surgery for their children. One case who returned this week was a 13 year old girl who went to Cancar, Flores for our team to repair her cleft lip in 2006, but who had never had her palate repaired. When questioned, her mother said she didn’t ever hear from anyone, or didn’t know how to approach authorities to find out that she could have been seen by our team in Halilulik as long ago as 2008. Her daughter being left with very poor speech and the resultant limitations on education – a defining example of the challenges of the poor and disenfranchised in accessing healthcare. It was possible to teach the young local doctors the concept of the multiple stages of cleft care and the elements necessary to provide for this.

Surgery progressed during the week, with our anaesthetist able to involve the young local doctors in intubating patients – particularly cleft patients which are often more challenging. He was also able to spend time with them teaching the principles of anaesthesia and management of post operative pain. In all cases local nurses functioned as the scrub nurse and were instructed in the techniques of safe handling of surgical instruments – over the week some 5-6 nurses had been involved. The small number of burn contracture cases allowed for teaching on management of wounds, postoperative care of wounds, skin grafts and skin graft donor sites.

Recovery of patients was performed as joint task between the team's recovery nurse and a small number of local nurses- the principles of safe recovery and return of the patient to the ward post surgery was reinforced. Indeed one case developed some bleeding from the palate whilst in recovery, necessitating return to theatre – this was a good lesson for the local staff about the need for recovery and close observation of patients following surgery.

The wards were well organised – three wards had been reserved for our patients, There are in place well established patient documentation and notes, and nurses versed in hand hygiene. Regular ward rounds were undertaken with local staff at beginning and end of each day, and instructions left regarding the management of the burn contracture cases which will be ongoing over the next month or two.

Two cases assessed during the week stood out clinically for the extreme expression of the disease process and the challenges of management in low and middle income countries – both were good teaching cases to discuss with Dr Steve and Dr Adip. The first was a 3 week old infant with multiple rare facial clefts including a large frontal encephalocele covered only by a thin layer of skin, microcephaly secondary to the encephalocele, ring constriction deformities of the fingers and bilateral club feet and respiratory distress – this child has a spectrum of abnormalities incompatible with a long life even in the most sophisticated medical setting, and certainly not in remote eastern Indonesia. The second case, which Dr Adip sought an opinion on, was a 60 year old woman from Kefamenanu who presented with a large erosive, exophytic squamous cell carcinoma of the upper lip / jaw present for many years and for which she had only previously been treated with traditional medicine. This large mass, which she hid behind a mask is an example of the natural history of an untreated tumour arising as a consequence of long term betel nut (pinang) chewing and which was now well beyond any possible surgical intervention here or in a major surgical centre were that possible. Some time was spent discussing the challenges of palliation for the patient with an offensive, fungating head and neck tumour.

The team was superbly hosted during the week, with a constant supply of food to sustain everyone through the long surgical days. On Wednesday we again attended the residence of the Bupati of Belu where an official dinner was held. The following night the SSpS sisters provided a wonderful farewell dinner for us, to which the Bupati and his wife also were invited. During the speeches that night the bupati reminded us that the word Belu means in the local language 'friend', and our team certainly felt this week we were among friends.

On Friday morning we again flew with Wings Air back to Kupang. There we briefly met with the administration and some clinicians from the RS Prof Johannes – this at the suggestion of Dr Gill Marshman from the Flinders Overseas Health Group in Adelaide, who have had a long term relationship with the paediatricians and physicians at RS Prof Johannes.

Following this we met with Willem Foni, now the head of the social welfare department for NTT, but previously the Bupati of Belu when we last visited in 2014. He remains a very enthusiastic supporter of our team's activities in NTT and expressed his willingness to facilitate and expand our ongoing work in the province. Whilst with him he took pride in detailing and showing us the activities of his department in assisting the poor and underprivileged, as well as their activities with the elderly in nursing homes. Indeed we were privileged to experience the singing and dancing that forms a regular part of daily life for these 70-90+ year olds who are without family – truly inspiring !!

That evening we were hosted for dinner by the Bupati of Kupang at his residence, together with doctors from RSUD Naibonat. During the evening it was apparent that they were very motivated to have us visit and work within their hospital on our next visit, and hope that this could occur within the next year.

On Saturday the team departed from Kupang on a Garuda Indonesia flight to Denpasar. Ibu Nunuk, who had accompanied the team throughout and organised funding for patient hospital costs left us at this this time to return to her home in Java.

Specific issues :

1. **Air travel.**

There were no issues with equipment on entry through Denpasar. Extra baggage allowances had been prepaid with Jetstar.

The expansion of air services in NTT since our last visit is quite dramatic, with access daily to many locations from Kupang daily – this opens up opportunities for further service in other areas. In particular for our visit it was a considerable relief to have a 45 minute flight rather than a 6-7 hour drive.

2. **Hospital facilities.**

The existing RSKM remains tidy, compact and functional for a team such as ours. The sisters are about to start the building of a new hospital further up the road towards Atambua which should provide an expanded and more modern hospital environment.

The anaesthetic machine is still an unresolved problem – fortunately the smaller Soft Lander machine remains functional and adequate for most procedures we would wish to perform there.

As noted above the RSUD Naibonat looks a useful addition to our programme, and a visit there for 2-3 days could be combined with a 4-5 day visit to Halilulik, and thus provide teaching and clinical services to both the west and east of West Timor. The resident General Surgeon and Anaesthetist at Naibonat were certainly enthusiastic about the prospect of a reconstructive surgical team visit.

3. Local charitable support.

The support of Ibu Nunuk and the Lions Club of Jakarta remains important in covering those patient costs that relate to hospital services. This remains an issue which is dealt with independently of our team.

The enthusiastic support of the local governments in both Belu and Kupang is pleasing, as they clearly value and appreciate the inputs from our team in both teaching and knowledge transfer and clinical service delivery with our local counterparts.

4. Recommendations.

A return visit to Halilulik, ideally combined with a pilot visit to RSUD Naibonet of some 2-3 days – all could be combined into a visit of 10 days.

There is also clear enthusiasm for greater surgical inputs and teaching in both the Kupang and Belu regions of West Timor, with a high level of support from the regional health and social welfare hierarchy – this extends beyond reconstructive surgery to General, Orthopaedic and ENT surgery. Further exploration of these options would seem reasonable from the Global Health office of RACS.

CLINICAL SUMMARY – RSKM – February 2018

Patient consultations : 54

Surgical procedures : 33

Cleft lip : 12

- Primary cases: 11
- Secondary cases 1

Cleft palate : 11

- Primary cases: 9
- Secondary cases: 2

Burns/ contractures : 5

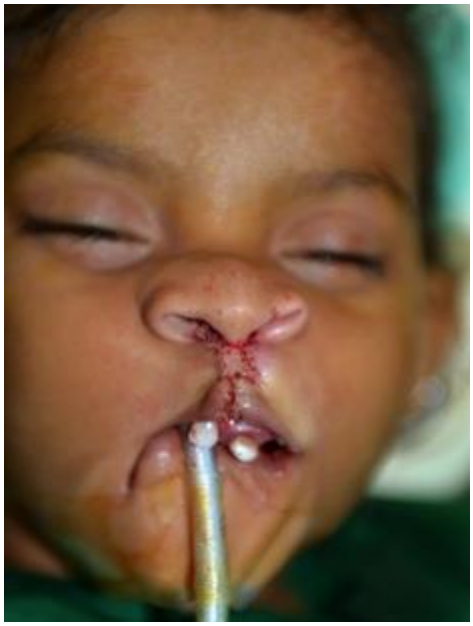
Lesions/ others : 5

Arrival in Kupang, Ibu Nunuk (left) meeting Dr Fabianus (centre) and Bupati of Belu, Wilibrodus Lay (right).

Dr Andrew Wallace being welcomed by the SSpS sisters in Halilulik.

Early morning exercise classes for the staff and sisters of RSKM directed by Jason Wagner.

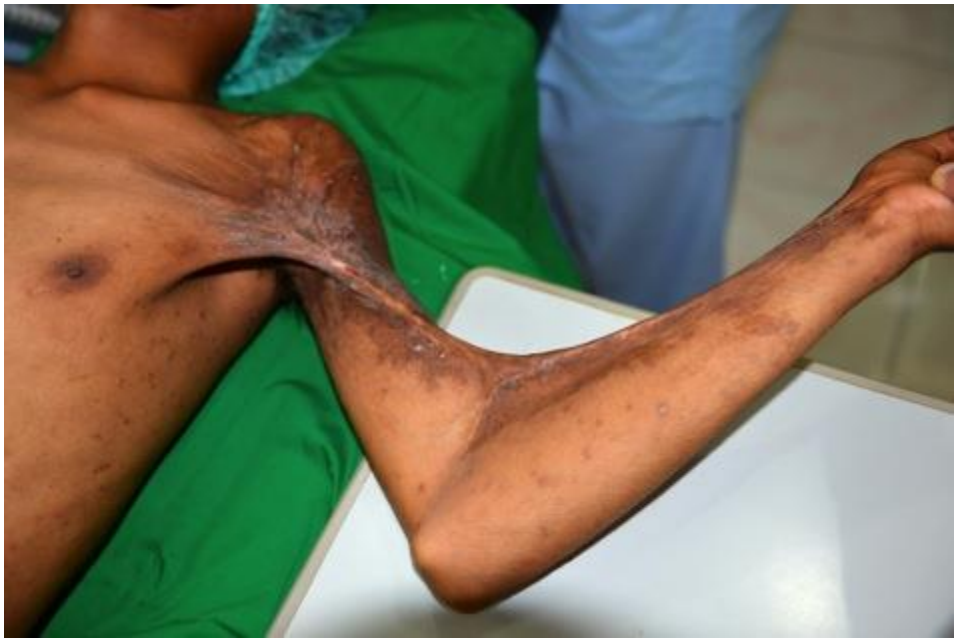
3-4 year follow-up of bilateral cleft lip repair in Halilulik



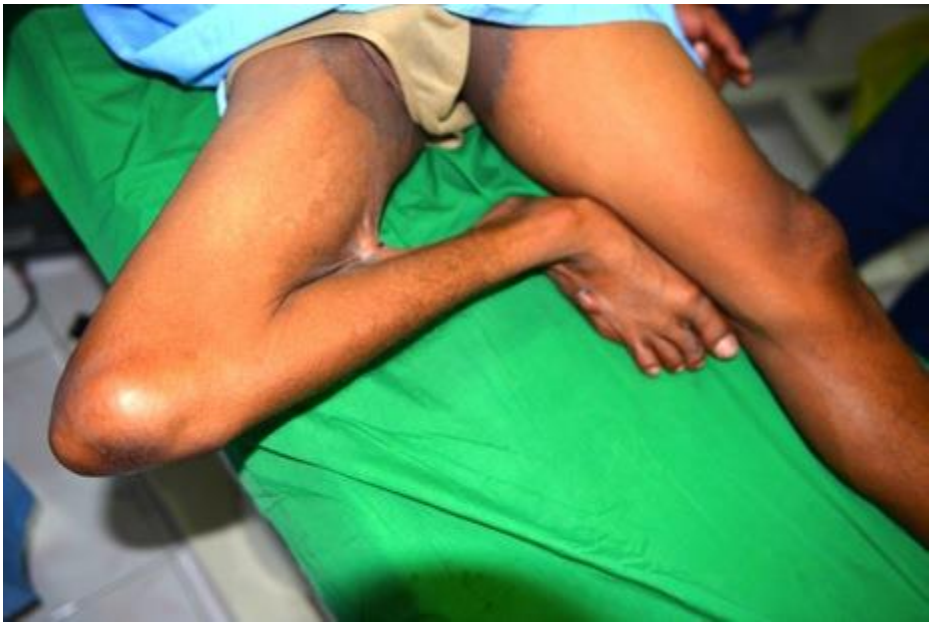
Bilateral cleft lip and palate with prominent pre-maxilla prior to surgery and immediately following surgical repair.

Local staff recovering patient after release of burn contracture on leg.

Operating theatre at RSKM, Halilulik.



Previously untreated burn contractures involving the left axilla and elbow region



Similarly untreated childhood burn contracture of the knee and ankle region. Note the displacement of the 5th toe proximally onto the dorsum of the foot due to the soft tissue pull in a growing limb