



OVERSEAS SPECIALIST SURGICAL
ASSOCIATION OF AUSTRALIA



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

AUSTRALIA TIMOR LESTE PROGRAMME OF ASSISTANCE SPECIALIST SERVICE (ATLASS)

TEAM VISIT – TIMOR LESTE

April 2nd – 9th 2011

TEAM LEADER'S REPORT

**DR MARK MOORE AM, FRACS
PLASTIC AND CRANIOFACIAL SURGEON**

Implementation of Dr John Hargrave's mission in East Timor and Eastern Indonesia: providing a specialist service to the disadvantaged where the service is not available or affordable

AIMS & GOALS:

The objectives of this volunteer specialist plastic and reconstructive surgical mission are as detailed in past reports;

1. The provision of a regular, consistent, ongoing Plastic & Reconstructive surgical clinical service to the people of Timor Leste utilising surgical, anaesthetic and nursing personnel with a demonstrated commitment to this region.
2. Maintaining the teams active role in the teaching & training of our counterpart Timor Leste surgical trainee, Dr Joao Ximenes, in the surgical and management techniques necessary to undertake cleft lip & palate and burns surgery in Timor Leste.
3. To further develop training opportunities for nursing staff and Timorese Medical Students at Hospital National Guido Valadares, Dili, Timor Leste.

INTRODUCTION:

It is often said that following disappointment and failure, if properly managed with the appropriate changes instituted, great success will follow. So it was with this the 29th clinical visit by our Reconstructive Surgical Teams to Timor Leste, after two relatively disappointing surgical visits in 2010. Those visits somewhat marred by an adverse surgical outcome and more particularly by poor communication of the teams upcoming visits to the regions, saw low patient turnout and disappointing utilisation of the teams skills both from the viewpoint of delivery of surgical care as well as development of teaching opportunities.

Extensive discussions between the visiting team and the RACS resident staff in Timor Leste saw a significantly improved approach to the advertisement of upcoming team visits, utilising a range of media and active outreach visits to peripheral centres. This resulted in much greater turnout of patients despite somewhat adverse weather conditions in Timor Leste. In addition improved communication with the nursing staff within the hospital in Dili saw the best level of cooperation and interaction between the visiting team and local nursing staff for many years.

Finally with the commencement of clinical attachment of Timor Leste Medical Students in the hospital an added opportunity was provided to teach local Medical Staff.

The details of the teams visit together with the prospects for further expansion of both clinical and teaching services will be detailed within the body of the report. The visit on this occasion was a single surgeon team focused in Dili with a solitary outreach visit to long standing counterparts at Aileu as well as a short clinic at the Bairo Pite Clinic in Dili. Dr Joao Ximenes continued as our principal Timorese counterpart surgeon and now into his 3rd year of training with our team, augmented on this occasion by the return of Dr Joao Pedro as a Consultant General Surgeon in Dili. The team also received considerable support from Dr Raj Singh the resident RACS General Surgeon in Timor Leste who has a day to day role in mentoring Dr Joao Ximenes.

TEAM PERSONNEL:

The visiting team was as follows:

HOSPITAL NATIONAL GUIDO VALADARES, DILI

Dr Mark Moore	Plastic Surgeon (Royal Adelaide, Women's & Children's Hospital)
Dr Andrew Beinssen	Anaesthetist (Flinders Medical Centre)
Sr Vanessa Dittmar	Theatre Nurse (Women's & Children's Hospital)

PARTICIPATING LOCAL STAFF & COUNTERPARTS:

Dr Eric Vreede	RACS Team Leader	Dili
Dr Joao Ximenes	Surgeon	Dili
Dr Joao Pedra	General Surgeon	Dili
Dr Raj Singh	General Surgeon(RACS)	Dili

Approximately 20 Nurse Anaesthetists and Instrument Nurses from the Operation Theatre Suite at Hospital National Guido Valadares.

The visiting team was also accompanied by 2 supernumerary staff, Dr John Ganadass, a Malaysian Plastic Surgical Trainee, presently Resident at the Royal Darwin Hospital. Also accompanying the team was Phaethon Karagiannis, a final year medical student from Melbourne who had an observer role in the teams activities.

OVERVIEW:

As noted in the introduction the 2 clinical visits to Timor Leste in 2010 achieved outcomes that were less than ideal for a number of reasons. Following the visit in October 2010 lengthy discussions were held with the RACS Resident Team Leader in Dili, Dr Eric Vreede to assess the various options available to make the visits more productive and rewarding both as clinical and teaching opportunities. The previously utilised means of advertising of upcoming team visits on local television and radio, whilst disseminating the message widely also had some limitations. On previous visits the posters advertising the cleft surgery opportunities available were not apparently widely distributed and by this visit a second printing of these had been undertaken with widespread delivery of these to Regional Health Centres. The advent of widespread mobile phone usage across Timor Leste now means that access to a very significant proportion of the population is possible in a simple and efficient fashion. Discussion also centred on the need to set up a Central Registry of conditions such as cleft lip and palate so that a database of patients can be developed for upcoming visits.

Finally the decision by the Timorese counterpart Dr Joao Ximenes and Mr Sarmiento Correia to undertake outreach clinics in the month in advance of the teams visit saw a significant retrieval of patients appropriate to the skill mix of the visiting team as well as identifying a number of other patients with surgical issues that could be managed by other teams and or local surgeons. The success of this visit in terms of the number of patients presenting reinforces the importance of utilising all possible modalities to advertise the surgical services available. The role of the RACS local coordinator, Mr Sarmiento Correia in overseeing and orchestrating this should be recognised and he should be heartily congratulated for his expertise on this occasion in setting the scene for a successful visit.

The small surgical team assembled on this occasion, all have experience of working in the developing world and in particular in Timor Leste. After meeting in Darwin on Friday 1st April, the team travelled to Timor Leste on the early morning Air North flight on Saturday 2nd April. Having been met by Dr Eric Vreede the team was able to access one of the RACS vehicles and proceeded directly to the hospital to commence the outpatient clinic.

The team met with the Resident Timorese Surgeons Dr Joao Ximenes and the recently returned General Surgeon Dr Joao Pedro before proceeding to the outpatient clinic. There the local Timorese outpatient staff were assembled and registering the patients for the clinic. As on previous occasions the clinic commenced with formal assessments by the surgical members of the team, with those patients deemed to be surgical candidates then being reviewed by the Anaesthetist. Following the registration of the patients and selection for surgery they were allocated to the five operating days in the following week.

A total of 63 patients were assessed in this clinic, with most patients being very appropriately triaged for a Plastic Surgical service. As in the past, the commonest presenting condition was of cleft lip and palate with patients ranging in age from less than 3 months to 2 female patients who presented with unrepaired clefts at the age of approximately 60 years. Prior to this visit the team has seen and assessed almost 700 cleft patients in Timor Leste and with this visit the number has now well over 730 patients on the clinical data base. Some 34 cleft patients were selected for surgery in the following week with a number wait listed to be undertaken by Dr Joao Ximenes in the following months. A number of other cases were similarly wait listed because they were too young and others who are having their lip repair on this visit will be wait listed for cleft palate repair on upcoming visits.

Among the cleft patients assessed there were several who were coming for follow up visits after previous repair. These included twin boys now aged 9 years who had their initial cleft repairs undertaken by our team 8 ½ years ago. The initial photos of these bilateral cleft patients have been retrieved and there are comparison photos today have been matched and included in the report. These 2 patients returned only for very minor scar revisions. One of the boys has recently been involved in a motor cycle accident where he damaged his upper lip and this area needed surgical revision.

A small number of burns contracture patients were seen with some of these being placed on surgical waiting lists and others being referred for a program of physiotherapy and splinting.

One 12 year old boy presented with an expansile mass in his left upper jaw. The initial assessment of this by other practitioners in Timor had raised the issue as to whether he should be sent to Australia for treatment as a ROMAC patient. Clinical review by our team indicated that this was surgery that could be undertaken in Timor Leste and he was placed on the list for surgery in the upcoming week.

The Saturday Clinic finished mid afternoon, with the excellent turnout the first indicator of the hard work undertaken by Mr Sarmiento and Dr Joao Ximenes in the weeks leading up to the teams visit.

On Sunday morning the team, accompanied by Mr Sarmiento left Dili by road to visit the Health Centre in Aileu. After the 1 ½ hours drive along roads somewhat damaged by the recent rains, the team was met at the Health Centre in Aileu by Mr Rogerio Da Conceicao, the Head Nurse for the Aileu region. Rogerio is a long term counterpart of our teams and indeed has worked with our teams leader since 1998 in one capacity or another. It was pleasing on arrival in Aileu to see the RACS posters for both Cleft Lip and Palate and Club Feet treatment widely displayed around the clinic. Mr Rogerio assembled a clinic in the outpatient department of his small hospital. Some 20 patients were assessed, these being a combination of older cleft patients coming for review, as well as 2 or 3 patients who were placed on the list for surgery in Dili in the upcoming week. The visit to Aileu did save a number of patients from making the drive down the road to Dili. A small number of cases such as lipomas and sebaceous cysts were

recommended to be treated locally by Mr Rogerio who has been well trained in the past by our team in undertaking such minor surgical procedures. Whilst in Aileu the team also took the opportunity to visit Sr Susan and Sr Dorothy the Mary Knoll sisters, who have long been supporters of our work in East Timor. After a short visit with them which included a delivery of some medicines donated from Australia by the Knights of Malta the team then proceeded back to Dili to a further clinic later in the afternoon at the Bairo Pite Clinic with Dr Dan Murphy.

At Bairo Pite the team saw a further 26 patients, adding 1 further case to our operating list whilst referring a number of other cases to the 2 Aspen Surgeons who also sat in on the clinic at Bairo Pite and who routinely provide a support service for Dr Murphy. Advice was given regarding a number of other interesting cases including 3 older women with advanced betel nut related intra oral squamous cell carcinoma. In all cases these tumours were extensive with almost through and through involvement from the buccal cavity towards the overlying skin. These cases under these conditions and in the absence of other multidisciplinary therapy are inoperable and this was reinforced with the people who attended this clinic.

After a long day with clinics in 2 centres the team was able to relax before the upcoming week were some 40 to 45 cases had been booked for surgery.

Surgery for the team commenced early on Monday morning. Dr Beinssen was able to set up the theatre rapidly, despite there being relative little initial nursing support from the theatre staff. The patients had been admitted the previous evening and were being housed in both the male and female surgical wards with the cleft patients all being located together in a single bay.

The first case was able to commence before 9am and on the first day the team undertook 8 surgical procedures the majority of these being unilateral cleft lip repairs. This first day unfortunately there was relatively little input from the local Timorese theatre staff. This was communicated to the local RACS team members and also to Ms Dalia Moss from the RACS International Projects Office who was visiting Dili. In response to this, on Tuesday morning there was much more active involvement of the Timorese staff, which continued through the whole week, this being the most rewarding and exciting interaction between our team and local nursing staff for many years. The positive response from the local staff to our team and willingness to be actively involved in the management of the cases made for a much more stimulating clinical and teaching interaction. In addition to the nursing staff involvement with the team as the week progressed a group of Timorese medical students visited the operating theatre in groups of 3. Our team took the opportunity to encourage these medical students to scrub in on or cases, becoming more involved and improving the level of teaching both to the nursing and medical student staff.

Over the succeeding 4 days the team continued to undertake some 8 or 9 surgical cases each day, with the predominant clinical diagnosis being cleft lip and palate. On this visit it was pleasing to see a number of younger cases and also cases with both cleft lip and palate suggesting that the nutrition and or survival of these cases is improving. All cases proceeded intra operatively without event. By mid week Dr Joao Ximenes who had been unable to be actively involved in surgery with the team, due to a family illness, was able to return and start to participate in the surgery. Indeed by Thursday afternoon he was able to proceed with surgery on a number of unilateral incomplete cleft lip cases with the surgical team leader of our team uninvolved. He was gently supported in this surgery by Dr Raj Singh, his resident surgical mentor in East Timor.

The other cleft cases of interest undertaken included as mentioned previously a number of older patients with 2 ladies in their 60's being operated on. There were also 2 or 3 other teenagers with unrepaired cleft lips who also came to surgery. 4 cleft palate patients who had previously undergone cleft lip repairs also represented for surgery. A large number of cleft lip cases from this visit will be wait listed for cleft palate repair on upcoming visits.

The other major clinical issue presented to the team was the management of burns and burn contractures. Several significant burn contractures were treated, most notably a young girl with major neck contracture. This was widely released and skin grafted with the post operative care of this burn contracture release being overseen by Dr Joao Ximenes once the team has departed. Another inpatient an adult female has very significant facial, trunk and upper limb burns. Advice was given to local surgeons not only about the surgical management but also the need for an improved level of nutritional support for these patients. Without the latter, these patients will continue to achieve significantly sub optimal outcomes. There is a case to be made for advice regarding the nutritional needs of burns, as the surgery for these cases is being undertaken at an acceptable level in Timor Leste. Without the other nutritional support however the cases will continue to weigh heavily on the hospital budget and at an individual level be associated with a much higher mortality and morbidity level than is necessary.

The post operative care for the patients in the ward was overseen by senior nurses in both the male and surgical wards. The active involvement of Mr Sarmiento in the post operative ward rounds at the end of the day, and on each morning before the commencement of surgical lists assisted in the appropriate communication about patient care and discharge planning. Only one case was noted to have a significant post operative issue, this being a young child who developed a post operative pneumonia some 2 days after surgery. Dr Joao Ximenes was actively involved in the management of this which included consultation with the local paediatrician, who assisted in the oversight of the child's management. All other cases proceeded without issue.

The team's visit coincided with a visit from RACS of Mr Glen Guest, the Project Manager for ATLASS, as well as Ms Dalia Moss and Ms Karen Moss from the International Projects Office. This provided an excellent opportunity to discuss with them the team's activities during the week and to provide early feedback as to the success of the trip.

At week end the team departed for Darwin on Saturday 9th April, before onward travel to home destination in Adelaide.

1.SUMMARY OF CLINICAL SERVICES

1) SCREENING:

As noted in the overview this visit was characterised by a dramatic improvement in the level of pre screening by the local RACS and Timorese Surgical Staff. The specific aspects of this process which improved the turnout of patients were:

- a) Increasing access to mobile phones around Timor Leste, means patients can be contacted more easily.
- b) The outreach visits by Mr Sarmiento and Dr Joao Ximenes to regional health centres in advance of the team visits, identified not only plastic surgical patients but also a whole range of other surgical patients which can be distributed to other visiting teams and, or to the appropriate surgical outpatients at the Dili Hospital. It is up to the local Timorese

Surgical Service to assess whether this is something that should be ongoing, and how regularly these outreach visits should be undertaken. It is certainly my opinion that these are an excellent adjunct to the service provided and should be continued on a regular basis.

- c) The establishment of a data base for the major conditions such as cleft lip and palate means that patients not yet ready for surgery can be listed to present at the appropriate time, and also those who need surgery in sequence can be wait listed for following visits.
- d) The ongoing use of the television and radio to advertise visits.
- e) Widespread use of notices and posters which are updated on a regular basis to advertise the range and nature of surgical services available.

2) SURGERY:

On this visit the team undertook 30 cleft lip repairs, 4 cleft palate repairs, 4 burn or burn contracture surgical procedures, some 3 excision of tumours or lesions, and finally a significant nasal reconstruction utilising a costal cartilage graft.

The spectrum of surgical procedures mirrored much of what has been undertaken by the team over the last 10 years. With the advent of better post operative physio supports it should be possible to undertake more burn contracture procedures in Timor Leste. This needs to be integrated with ASSERT, or other such services, who can provide post operative splinting and physiotherapy. It should be possible on future visits to undertake a small clinic at ASSERT to assess previous cases and also to make clinical assessments on any new cases they have to present. Planning for such clinics should be integrated into any future visits.

With regard to the impact that the surgery has on patients quality of life, it is very evident looking into the eyes of cleft patients as infants and contrasting this with the look in the eyes of those teenagers or older patients who have never received surgery, that the presence of an untreated cleft has a dramatic impact on both their education and social interactions. Almost invariably those older teenagers and adults who do not have their cleft treated will not have had access to education, and will instead have been kept at home and used in a menial or servant role. When children access surgery at early age they should go on to achieve normal education opportunities and become healthy contributors to their society.

With regard to burns it is self evident that those with significant contractures are unable to function normally in a physical sense whilst those with more major burns obviously sustain not only physical but major psycho-social damages as a consequence of their burn. Early surgical correction of these goes a long way towards overcoming many of these disabilities.

With regard to morbidity and mortality on this visit the only case who caused any concern was that young child who as noted above who developed a pneumonia following surgical intervention.

3) POST OPERATIVE CARE:

On this visit it was emphasised at the beginning of the week that the patients needed to be managed in a safe environment. All patients were admitted the evening prior to surgery with fasting details noted. The cleft patients were kept together in single bays within both the male and female surgical wards. The ward staff in concert with Dr Joao Ximenes and Mr Sarmento provided a high level of post operative supervision, with good communication with the team.

2. SUMMARY OF TRAINING ACTIVITIES:

1) **INFORMAL TRAINING:**As with previous visits much of the training was at an informal level. Dr Joao Ximenes has now been our counterpart cleft surgical trainee for more than 2 years. This visit was slightly hampered on the first two days of surgery due to his family illness, but in the latter portion of the week he was able to actively participate in all surgical procedures. With the arrival back in Dili of a second trained Timorese General Surgeon it is to be hoped that Dr Joao Ximenes can increasingly specialise in the management of burns and cleft lip and palate and ideally diminish his need to be involved in the everyday general surgical issues in the hospital. He is making steady progress in his cleft lip surgical training and has now undertaken a small number of cleft procedures on his own, and will look to increase this in the following months before the team arrives again. Dr Raj Singh the RACS General Surgeon will assist in overseeing this whilst our team is not present.

The new addition to training on this visit arose due to the presence of Timorese Medical Students. These students who are in the final year of their training at the Dili based, but Cuban staffed Medical School were welcomed into theatre for most of the week. The opportunity was taken to get a number of these medical students to scrub into the surgical procedures and function as an assistant to the surgeon. This seemed to provide an excellent opportunity for widening the scope of teaching the teams were able to provide. It should be encouraged in the future and perhaps the RACS staff resident in Dili can investigate further as to how this can be expanded, such as having these medical students attend the outpatient clinic and, or come on ward rounds with the team.

The nursing staff in the operating theatre as noted above for the major part of the week participated actively with the team. After an initial hiccup there was ready involvement by both the instrument and anaesthetic nurses in all cases, whilst the recovery room nurses also supervised that phase of patient care in the theatre complex.

2) FORMAL TRAINING:

Due to the heavy clinical workload there was little opportunity for formal training. The anaesthetist in the team Dr Beinssen actively involved the nurse anaesthetists in the various aspects of the anaesthetic care of the surgical patient. His teaching was able to proceed whilst the surgery occurred. The surgical teaching was restricted to that that was possible in the operating theatre as well as some teaching during the outpatient clinic on the preceding Saturday.

3) TRAINING PRIORITIES & RECOMMENDATIONS FOR FUTURE TRAINING:

The principle focus remains in continuing to evolve the surgical skills of Dr Joao Ximenes. In following visits it should be possible to increase the complexity of the cases that he undertakes. It is to be hoped that between this visit and our next that he can undertake a number of procedures on his own and therefore increase his confidence in cleft lip repair.

From the viewpoint of burn management he continues to provide an excellent service in this area, where the workload can be heavy on a day to day basis. Some assistance in this area could be envisaged particularly in the area of nutritional support for patients. He and 2 nurses did undergo some 2 to 3 weeks of training in Surabaya in 2010 and it should be remembered that this is available again in the future, and that this contact should be maintained.

3. EQUIPMENT AND SUPPLIES:

On this visit to HNGV Dili our team carried with it as it usually does the surgical equipment necessary to undertake the specialist cleft surgery. All other facilities within the theatre complex were available and in good condition. From the anaesthetic viewpoint there were some issues each day in ensuring the availability of oxygen but this issue was discussed with Dr Eric Vreede.

The donation of a bi polar forceps and cable was made to Dr Joao together with further supplies of sutures that he requires for appropriate repair of cleft lip and palate patients. In addition a number of skin staplers were made available to him to assist in the management of his burn patients. It should certainly be considered that a supply of skin staples be made available, particularly where there is significant ongoing need for the treatment of major burns. This both facilitates faster surgery and I think overall reduced the morbidity in these patients, which are otherwise a major financial impost in the running of any hospital.

4. RECOMMENDATIONS AND PLANNING FOR FUTURE VISITS:

In light of the success of this visit some preliminary discussions were held with Dr Eric Vreede regarding the possibility of an earlier return visit to Timor Leste. In normal circumstances the team would return in October / November 2011. From this visit between 40 & 50 patients have been wait listed for further surgery. It would thus seem not unreasonable for a team to return earlier, perhaps in July 2011, with this visit again being to Dili. The otherwise routine visit later in the year could continue perhaps in November when it would seem appropriate for a team to visit Baucau and perhaps Maliana again. The last team to Baucau in October/November 2010 undertook at least one hypospadias procedure which will need the second stage undertaken this year and if this is successful perhaps further hypospadias cases could be managed by either this team or alternately by the Paediatric Surgical Team on one of its visits.

With improving quality of the cleft data base and the ability to recall these patients one might anticipate in the short term increasing numbers. In addition the teams seem to be seeing a little more patients with both cleft lip and palate suggesting improved nutrition and with this increase survival. This trend will need to be monitored over the next few years as it may provide an increase in workload.

5. VISIT ORGANISATION:

The following comments should be made again to compliment the local staff as well as the RACS staff in both Dili and Melbourne for their excellent organization associated with this visit. There were no hitches and no unexpected issues of any note throughout the whole week. The paperwork associated with the excess baggage and Visa wavers meant no interruptions to the teams travel to and from Timor Leste.

The accommodation within Timor Leste was entirely satisfactory providing easy access to restaurants nearby so that the team could be fed appropriately after long days operating. The overall organization of this visit was at the highest level and is to be truly complimented.

SUMMARY OF CLINICAL ACTIVITIES
PLASTIC SURGERY
2ND APRIL TO 9TH APRIL 2011-04-12

TOTAL PATIENT CONSULTATIONS 126

DILI (HNGV)	80
AILEU	20
BAIRO PITE	26

TOTAL SURGICAL PROCEDURES 42

UNILATERAL CLEFT LIP	23
BILATERAL CLEFT LIP	7
CLEFT PALATE	4
BURN CONTRACTURE	4
TUMOURS / EXCISIONS	3
NASAL RECONSTRUCTION	1

WAITLIST FOR NEXT VISIT 40+

ACKNOWLEDGEMENTS:

- ATCLASS Program and RACS International Projects in Dili and Melbourne.
- Dr Eric Vreede, Mr Sarmiento Faus Correia and the other Dili based staff for their preparation and oversight of the teams visit.
- The Medical and Nursing staff at the HNGV, Dili.
- The staff of the International Projects Office of RACS Melbourne for their excellent support of the team, both prior, during and after the teams visit.

- The various Australian Public and Private Hospitals and other associated pharmaceutical and surgical supply companies who have maintained a long term of this visiting Plastic & Reconstructive Surgical Team over many years.
- The team members and their families who have maintained long term commitment to the work in Timor Leste.

Twins with bilateral cleft lip
2002 before surgery



with no
2002.

2011 - 8.5 year follow up
no surgery since



21 year old with post infective defect in nose
nasolabial flap
and palate



2010 – forehead flap and
soft tissue reconstruction



After division and inset of forehead flap (Dr Joao)



2011 – Costal cartilage graft reconstruction of nasal bridgeline.





Twins with bilateral cleft lip and palate
Post op image is child on right of photo







Bilateral cleft lip repair in infant





old.

Right incomplete cleft lip repair in 22 year





8 year old with burn contracture neck and lower face – Release and skin graft



Dr Joao Ximenes
Dr Mark Moore
Dr Joao Pedro



Surgical team HNGU – Dili - Dr Joao Ximenes Dr Raj Singh Dr Joao Pedro





cleft lip

Follow-up of previously repaired bilateral





Adult unrepaired cleft lip and palate





Adult unrepaired cleft lip

