



OVERSEAS SPECIALIST SURGICAL  
ASSOCIATION OF AUSTRALIA



ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS

**AUSTRALIA TIMOR LESTE PROGRAMME OF ASSISTANCE  
SPECIALIST SERVICE (ATLASS)**

**TEAM VISIT – TIMOR LESTE**

**August 6<sup>th</sup> – 13<sup>th</sup> 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 team are as follows:

1. The maintenance of a regular, ongoing Plastic and Reconstructive surgical clinical service to the population of Timor Leste employing surgical, anaesthetic and nursing personnel with a personal commitment to this region.
2. The maintenance of an active role in the teaching and training of our counterpart Timor Leste surgical trainee, Dr Joao Ximenes, in the surgical and management techniques necessary to undertake cleft lip and palate and burns surgery in Timor Leste.
3. To provide ongoing assistance and training opportunities for the nursing staff and Timorese Medical Students who are working and studying at the Hospital National Guido Valadares, Dili, Timor Leste.

## **INTRODUCTION:**

Following the successful Plastic Surgical Team visit in April 2011, where not only large numbers of patients were assessed and treated, but also a significant surgical wait list developed, it was agreed that an extra visit would occur in mid year. Capitalising on the improved communications and abilities of the resident RACS staff and their Timorese counterparts to identify and retrieve appropriate patients, the provision of an extra visit was an opportunity to reinforce and build on the strengths identified in the previous visit. Accordingly the team returned to the Hospital National Guido Valadares to work closely with our counterpart Plastic Surgical Trainee Dr Joao Ximenes, the expanding pool of Timorese Medical Students and newly trained Timorese Doctors as well as building on our long term relationship with the surgical, anaesthetic and ward nursing staff.

This visit again proved highly successful both from a clinical service delivery and in terms of teaching opportunities. It also saw the return of a number of patients treated some 8 to 10 years ago, availing the team of an opportunity to review long term outcomes and also provide secondary revisional surgery for these cases. This also assists in the teaching of Dr Joao of the principles of cleft lip and palate surgical care being seen as a long term, team based concept rather than a single isolated surgical intervention.

## **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 David McLeod	Anaesthetist (Flinders Medical Centre)
Sr Elizabeth Mazzei	Theatre Nurse (Calvary North Adelaide)

## **PARTICIPATING LOCAL STAFF & COUNTERPARTS:**

Dr Joao Ximenes	Surgeon / Plastic Surgical Trainee	Dili
Dr Mingota	Anaesthetic Trainee	Dili
Dr Eric Vreede	RACS Team Leader	Dili

The team was assisted and supported by approximately 15 to 20 anaesthetic and instrument nurses as well as the staff of the sterilization department, all members of the operating theatre complex of Hospital National Guido Valadares. Mr Abilio and Mr Jacinto are to be thanked for their direction and oversight of the staff within the theatre complex who were most helpful with the team's work.

## OVERVIEW:

The successful recruitment of patients for the April 2011 Plastic surgical team visit to Dili resulted in approximately 45 patients being placed on the waiting list for surgery on a subsequent visit. A small number of these cases were also wait listed for Dr Joao Ximenes to undertake surgery in the interim. As a consequence of the excellent turn out of patients during that visit a decision was made to follow up soon afterwards with the intent of attempting to treat as many of these patients on the waiting list as was possible whilst also seeing whatever new patients could be recruited in the interim. As noted on the previous visit the advent of wide spread mobile phone usage across East Timor has improved the ability to contact patients and maximise the opportunity for their presenting at an appropriate time for assessment and treatment.

Prior to the visit the existing waiting list was sent to Mr Sarmiento Correia in RACS office in Dili. As many patients from this waiting list as possible were contacted and arrangements made for their presentation to Dili Hospital. In addition the usual process of advertising the upcoming visit was undertaken by the radio and television media in Timor Leste.

The team travelled from Adelaide to Darwin on the Friday 5<sup>th</sup> August, overnighing there before travelling to Dili on the early morning Air North flight on Saturday 6<sup>th</sup> August. The team travelled directly to the hospital and commenced an outpatient clinic at which 40 patients were seen. These were a combination of patients from the waiting list, new patients who were recruited via the advertising on the radio and television and finally a number of old patients treated some years previously by the team who came for long term review and reassessment. The organisation of the out patients was as always excellent and the team thanks those members of the nursing staff there who made themselves available for the clinic on the Saturday morning. It was pleasing to meet with and acknowledge the support of two of the senior nurses in outpatients who have worked at the hospital in Dili for 40 years, thus bridging the Portuguese, Indonesian and now Timorese times. Their remarkable service to the hospital is to be applauded.

The following day we travelled to Aileu, where at the Regional Health Clinic a further 12 patients were seen. From this group of patients we identified 6 who could be operated on the following week and arrangements were made to place those on the surgical list. Following the Clinic in Aileu the team had the opportunity to visit Sr Susan and Sr Dorothy, the Mary Knoll sisters who are our long term counterparts and contacts in the Aileu District.

The team returned to Dili that afternoon to prepare for the following weeks surgical work load.

Surgery was undertaken over the next 5 days, also assessing another 12 patients who presented episodically over the next 5 days.

A total of 64 patients were assessed, with 16 of these patients coming from the waiting list established in the April 2011 visit. A total of 18 new cleft patients were seen, this now bringing to a total of 745 cleft patients that have been seen and assessed by the team over the last 11 years. Pleasingly a number of these cases now presenting early and during the week a small group of patients were able to complete both their cleft lip and palate repair by the age of one year in a fashion that would mirror what is possible in the developed world.

During the week the team undertook 40 surgical procedures with the majority of these occurring under general anaesthetic. Some 28 patients had surgery for their cleft lip or their cleft palate. Amongst this group of patients 8 with unilateral incomplete clefts had their surgery undertaken by Dr Joao Ximenes, whose surgical technique for these cases is producing excellent outcomes.

Several cases who underwent surgical interventions in the period 2000 and 2002 also represented and underwent revisionary procedures on both their cleft lip deformity and also their cleft lip nasal deformity. Follow up photographic assessment when compared with their old photos shows very satisfactory results have been achieved and the patients themselves were happy to return for review by the team.

The other major surgical interventions were once again burn contractures and assessments of acute burns. A small number of established localised burn contractures involving the upper limb and hand were released with reconstruction using local flaps and full thickness skin grafts. Two patients with very significant burns were redressed in theatre whilst the team was present, with advice being provided to Dr Joao Ximenes about their ongoing management. The young 23yr old female patient with extensive burns to the face and trunk who was reviewed by the team in April 2011 still remains an in patient in the Dili Hospital. Her wounds have shown little signs of healing, she is significantly malnourished and depressed. Unfortunately she demonstrates the great difficulty of managing extensive burns in the Developing World where resources for nutritional support, social counselling and support and surgical and nursing skills are limited. Attempts have been made to improve her nutrition with naso gastric feeding but she has resisted this. The availability of psychological support are also rather limited in this environment. Finally the regular dressings of her wounds means that large amounts of the hospital consumable goods are utilised on one patient. The team also assessed a one month old child with extensive deep facial burns. This child will require comprehensive and supporting nursing and surgical care. She will undoubtedly develop very significant scarring and contractures of the mid and upper face which in the future will require extensive ongoing surgeries.

The management of burns remains a challenging issue in this environment. Discussions were had with Dr Joao and Dr Eric Vreede about ongoing support in this regard. Dr Joao is keen that a number of nurses are again sent to Surabaya for 2 to 3 week training periods. The other area of need is in the development of physiotherapy and splinting services for the burn patients. This may be an area where Dr Joao and a physiotherapy colleague could come to Australia for an intensive teaching program.

The post operative care of all patients proceeded in an uneventful fashion with much of this intervention being undertaken and overseen by Dr Joao. The team also had the opportunity to teach the small cohort of Timorese Medical Students both in the operating theatre and on the wards. This is an area that could be expanded on subsequent visits with more active and possibly formal teaching of the medical students.

Following the successful visit with 64 patients assessed and 40 patients operated on the team departed for Darwin on Saturday 13<sup>th</sup> August before connecting with flights back to Adelaide.

## **1.SUMMARY OF CLINICAL SERVICES**

### **1) SCREENING**

This followup visit soon after the very successful April 2011 visit certainly confirmed the improvement in referral and screening of patients by local RACS Timorese Surgical Staff. The retrieval of patients from the previous wait list was reasonably successful with some 16 out of 45 patients presenting. Careful recording of mobile phone numbers for all patients will further improve this.

For the upcoming visit in November to Baucau it is to be hoped that the appropriate messages and notifications are sent out to the Eastern Districts. In addition from the waiting lists a small number of patients can be identified whose origins are the eastern end of Timor Leste and hence better suited to have surgery in Baucau.

### **2) SURGERY**

Once again the principle surgical interventions were in the management of cleft lip and palate. There are now some 600 to 700 cleft repairs having been undertaken in Timor. The team is now seeing increasing numbers of infants who present for surgery at an age appropriate time. We are also seeing longer term follow up cases allowing the potential to expand the range of cleft teaching for Dr Joao.

Burns and burn contractures as noted above remain a major challenge. Burns involving a large area and children with extensive burns remain an area that may not be easily soluble in the short term. The extraordinary cost, physically and emotionally to the patient and family and logistically and financially to the institution, means that they will for some time yet be a burden both to the families and to the health care system. The ongoing teaching of both the medical and nursing staff in the area of burns is a priority with likely the best place for this teaching to occur being in Indonesia. As Dr Joao already has a good relationship with the members of the Burns Unit in Surabaya the ongoing involvement with this unit should be encouraged.

### **3) POST OPERATIVE CARE:**

With the return of the team only four months after the last visit, the ward staff seem well attuned to the requirements of the post operative management of our cleft patients. This is undoubtedly aided by the active involvement of Dr Joao in all aspects of their care both pre and post operatively.

## **2. SUMMARY OF TRAINING ACTIVITIES:**

### **1) INFORMAL TRAINING:**

The training of Dr Joao Ximenes in cleft lip surgery continued throughout this week. With the 8 further cases he undertook on this visit he is now undertaken between 40 and 50 unilateral incomplete cleft lip repairs. Unfortunately he has not had an opportunity to undertake any clefts between the last visit in April and this visit. It has been reinforced with him again that he should attempt to identify cases and proceed with the surgery in the team's absence. This was again discussed with Dr Raj Singh who is his immediate surgical supervisor on a day to day basis in Dili. It is to be hoped before the team's next visit that he can proceed with further cleft lip cases on his own.

From the next visit it is to be hoped that we can increase the complexity and range of his cleft surgery experience.

On this visit a young Timorese Doctor, Dr Mingota assisted Dr Dave McLeod in the delivery of anaesthetics. She has been identified as someone with an interest in training in anaesthesia and this week provided an ideal opportunity to expose her to a more extensive range of anaesthetic and surgical challenges than she would see in a normal week in Dili. Hopefully this will encourage and empower her to continue into a more formal program in anaesthesia. She certainly demonstrated enthusiasm and skill and the team would support her in her wish to proceed to anaesthetic training.

During the week we also had a number of Timorese Medical Students who joined the team in the operating theatre with some scrubbing and assisting with surgery. This is now the second visit on which this has occurred and I would like to encourage increasing involvement between visiting teams and the Timorese Medical Students, with their potential to expand the teaching to a more formal role if this is accepted by their resident teachers.

The nursing staff in the theatre were much more consistent in their involvement, showing enthusiasm and dedication during the long hours the team worked. It was pleasing on this visit to see active involvement and support of the work that Dr Joao is doing and we reinforced the importance of an operating theatre being a place where team work is essential. The recent visit of Mr Jacinto and Mr Miguel to the operating theatre at the Royal Adelaide Hospital may have been a factor in the nurses' greater contribution in the theatre area.

### **2) FORMAL TRAINING:**

As in previous visits there was little opportunity for direct formal teaching. As noted above this is an area that could be expanded on during subsequent visits.

### **3) TRAINING PRIORITIES & RECOMMENDATIONS FOR FUTURE TRAINING:**

As recorded in the over view expanding the range of cleft lip and palate surgical exposures for Dr Joao is a high priority. The other areas noted above is the expansion of teaching in burns and splinting and physiotherapy for burns. An attempt will be made to formulate a program in Australia that would allow Dr Joao and a colleague to spend one to two weeks in Adelaide. Otherwise Dr Joao will contact Surabaya to explore the possibility of further nurses being sent for 2 to 3 week training periods.

### **3.EQUIPMENT AND SUPPLIES:**

The visit in Timor was largely self sufficient for its surgical supplies. At weeks end the team left a small supply of sutures excess to requirement. At the time of the teams visit the sutures seemed adequate although it is noted that in the past this has not been always the case.

From the viewpoint of anaesthetics the team bought with them most anaesthetic agents that are required. The volatile anaesthetic agents available in Dili were more than adequate and this was the only area where the team was required to use local supplies.

### **4.RECOMMENDATIONS AND PLANNING FOR FUTURE VISITS:**

In discussion with Dr Joao Ximenes and Dr Eric Vreede it has been agreed that a team will return to East Timor in November 2011 and this is intended as a single surgeon visit to Baucau where Dr Yugesh Caplash can continue with hypospadias surgery, in concert with Dr. Phillip Mwaura. In addition the team should continue with its cleft lip and palate surgical program to be focusing on patients from the eastern end of the Island.

In 2012 it is hoped that again visits can occur on three separate occasions. On this visit three patients were brought from Oecussi, courtesy of Mr Elvis Guterres from the RACS office. It is to be hoped that a visit to Oecussi can be arranged for mid 2012. Otherwise the team would return to Dili in March / April 2012 with a visit again to Baucau in late 2012.

### **5.VISIT ORGANISATION:**

The visit once again proceeded in very uneventful fashion. There were no issues with immigration or customs at the airport either on entry to East Timor or upon leaving. The appropriate paperwork had been provided allowing for rapid uncomplicated arrival and exit.

Accommodation and transport was very satisfactory. The Novo Horizonte Hotel is basic but its location is near to a range of restaurants makes it very suitable to the team during its one week visit to Dili.

**SUMMARY OF CLINICAL ACTIVITIES  
PLASTIC SURGERY  
6<sup>TH</sup> TO 13<sup>TH</sup> AUGUST 2011**

<u>TOTAL PATIENT CONSULTATIONS</u>		64
DILI	52	
AILEA	12	
<u>TOTAL SURGICAL PROCEDURES</u>		41
CLEFT LIP / PALATE	29	
CLEFT LIP	22	
CLEFT PALATE	7	
BURNS / CONTRACTURES	7	
OTHERS	5	
<u>WAITLIST – NEW</u>		15
- 47 names Waitlist for surgery or follow up		
- 16 returned		

## **ACKNOWLEDGEMENTS:**

- ATCLASS Program and RACS International projects in Dili and Melbourne.
- Mr Sarmiento Correia and Mr Elvis Guterres and Dr Eric Vreede in the RACS office in Dili.
- The Medical and Nursing staff in HNGV, Dili.
- The various Australian Public and Private Hospitals, and other associated pharmaceutical and surgical supply companies who have maintained a long term support of the visiting Plastic Surgical Team.
- The team members and their families who have demonstrated an ongoing long term commitment to the work in Timor Leste.



1 year follow-up of nasal reconstruction with local flaps and costal cartilage graft



Bilateral cleft lip repair





40/40/50yrs  
130 years of  
experience between  
them



Dr Joao  
operating on  
cleft lip patient



Newborn with cystic hygroma



1 month old infant with facial burns



Dili sunrise and  
sunset



Post  
operative  
results from  
cleft lip repair  
on recent  
visits





Follow-up cleft lip  
repair when  
returns for palate  
repair