

Interplast Australia Labasa Trip August 2006

This is the third consecutive trip to Labasa, capital of Vanua Levu in Fiji. The team comprised of Mr. John Crock, Mr. Simon Donahoe, Dr. Renald Portelli, Mrs Catherine Boaden and Roarian observer Mr John Berens.

John Crock and his wife Wendy were already working in Fiji on an in-land in the Western province, and they arrived at the airport the day the team arrived. Wendy left to return home just before the team arrived. Immediately after she left, John Crock coordinated with the local customs officers to do the behind-the-scenes negotiation of receiving the interplast luggage/supplies. John had made prior arrangement to meet the customs official Mr Jonetani, who came to the airport to make the appropriate liaisons. John had also organised for luggage handlers from a local tour company to deal with the containment of supplies, and at the same time take the team out for a local Indian dinner. This streamlined the whole arrival process significantly: the team were met in customs, the boxes taken from them and were put on a bus for handling/storage overnight, and then the team were escorted to dinner at a local favourite Indian Restaurant. (This was on the back of being upgraded to business class in a 747 aircraft on the flight over, which made for a luxurious start to the trip). We were then taken back to the Tenoa International for the night.

The next morning we were met by the tour company driver who took us first to church and then to the airport where our luggage was transferred to Air Fiji for shipment to Labasa. Catherine Boaden bartered with the airline officials, which was a lengthy and laborious process, but somehow we managed to have our goods shipped with us for no extra cost. Initially there was a great deal of resistance from the airline, who told us the plane was overbooked, but this dilemma was somehow resolved beautifully.

We then flew to Suva, where we had a 4 hour stopover. During this time we consulted with a local patient who had arranged to meet us at the airport, and then we caught a taxi to Suva central where we visited the Hibiscus festival – an annual event which is the equivalent of our Melbourne Show. We then returned to the airport for the trip north, which was uneventful, and were met at the upgraded Labasa airport by Mr Bhushan Ogale, some local Rotarians and some hospital staff, who took our supplies to the hospital and our luggage to the Grand Eastern Hotel.

The hospital staff have not changed in the last year: Mr Bhushan Ogale still heads up the surgical team, Dr Abi Choudhary is still on staff and Robert Bayappa is also in the team. Their positions are due for renewal this December, but unfortunately they are given no assurance of tenure until the deadline, which makes forward planning impossible, and threatens the ongoing commitment of expatriate surgeons.

Ann Garcia is still in anaesthesia, and Dr Mugdha Puranik has returned from positions in India and the Maldives as a consultant. She expressed great interest in establishing internet links with Dr Portelli, who had initiated this a couple of years ago but had not had the interest of the local staff at that time. The mood in the department this year was much more positive, and they were extremely accommodating.

Mrs Salma Hussein is still the theatre manager, and there was a real sense of camaraderie in the unit as the long time theatre nurses are cooperating beautifully. Catherine Boaden was well known to the staff, and continued on from her previous 12 years of experience in the unit.

The out patient facilities were unchanged, and although a new wing of the hospital has progressed, and a new canteen has been finished, the core of the operations is still archaic. Matilda and Aruna did a great job of coordinating the 85 new patients we saw on the first day, and the 45 new patients we saw subsequently. This year records were taken electronically, and patient photos and notes were stored and archived which made information retrieval easy.

The theatre facilities were also unchanged (two old theatres, a single rudimentary wash up area, one tiny "MOT" area, a public holding bay and a dedicated post op recovery room), with no plans for refurbishment. In spite of the adverse conditions the local surgeons manage to do some amazing procedures - the local perception of medical treatment means that many patients present with end stage pathology, which makes treatment for the local surgeons even more difficult. In spite of this the team do a great job.

The wards have open windows with filthy old fly screen covers behind fixed louvers, and the six bed bays are very tired. The new wing of the hospital is allocated for medical cases, and the old wing will be retained as a dedicated surgical area. There are only two wall suction units on the ward, which is totally inadequate. The dressing rooms on the ward are dirty and used for multi functions. The flooring is linoleum and is worn and cracked.

A full list of the consultations and operations has been provided as a supplement to this report, along with photos of each patient seen, intraoperative photos and a DVD summary which may be shown as part of ongoing fundraising. In summary about 130 patients were seen, minor cases were culled or offloaded and the major surgeries were prioritised. All records were generated and stored electronically, and hand written duplicates were made to comply with current Australian regulations. Both operating theatres were utilized. The emergency theatre was used for quick cases so as not to cripple the hospital's ability to deal with their ongoing obstetric and surgical emergencies, of which there were a few. The other theatre was used for major cases, and head and neck, reconstructive and major hand cases were the mainstay of our repertoire. A cross finger flap and a cross leg flap were left for Mr Bhushan to divide at the appropriate time.

Ongoing teaching was afforded to the local medical staff, and pre-prepared DVD's on hand examination and local anaesthetic block techniques were given to the appropriate consultants by Drs Crock and Portelli respectively.

Meetings were held with the local Rotarians, and we actively participated in the "Festival of the Friendly North" which was running while we were in Labasa. This meant manning

a hospital stall and helping with public awareness programs. Mr Crock ran a slideshow of Interplast cases, which generated huge public interest.

The Interplast supplies were adequate, although it was felt the suture supplies could be rationalized, the K wire driver could be packaged much more efficiently, Kaltostat and jellonet supplies could be increased, and the instruments could be repaired. In particular the tenotomy scissors need sharpening. We take for granted the quality of our own supplies – for example the local 10ml syringes not only did not plunge properly, but they also leaked! Our supplies were greatly appreciated.

The overwhelming sentiment we experience was one of tremendous gratitude that the same team (almost) has returned for 3 years running. A real sense of team was engendered and the local support was overwhelming. They are crying out for ongoing commitment by a stable team. This should be a platform to develop services such as internet backup and ability to consult us regarding difficult cases. Mr Bhushan Ogale has already started doing this, but there is room for improvement. In particular the team need encouragement to continue improvising with Vacuum assisted dressings, which will result in a reduction of the (huge) amputation rate. Mr Ogale has committed to keep us informed about future developments over the next few months.

On another front, Mr Crock has helped three other medical ventures in the islands, which revolve around coordinating medical services for local villages associated with tourist resorts of a rather adventurous nature. The whole concept has been discussed in parliament and has been mooted as a model in the recently passed Qoliqoli bill (which revolves around land rights and fishing rights for local tribes). This work is an extension of a project started 20 years ago by the owners of the Tavarua Island resort where Mr Crock works, and by the Loma Loma foundation started by Dr Lance Lambert from California.

Fiji's future hangs in the balance. 160,000 people populate the northern province and of these at least 40% rely on the sugar trade for a living. Next year their preferential trade agreement with the EU runs out, and their livelihood is at stake. There are many untapped resources in the islands, but they need help and direction to develop appropriately. Our medical input, albeit minor, is an integral part of this and must be maintained. In the long run our small efforts will make a major difference.