

INTERPLAST REPORT - FIJI, JUNE 2004

An Interplast expedition was undertaken to Labasa in June 2004. The team members comprised of two plastic surgeons (John Crock and Simon Donahoe), one anaesthetist (Renald Portelli), and one theatre nurse (James Beaumont). In addition, Sue Atwood from Interplast Australia and Val Nicholson from Rotary Australia came as observers/ liaison officers. The team rendezvoused in Labasa; John Crock and his family were already in Fiji at the time of the expedition; Simon Donahoe flew in from Sydney and Renald Portelli, Jim Beaumont, Sue Atwood and Val Nicholson flew in from Melbourne.

Unfortunately, the Melbourne contingent had airport problems – they were separated from their luggage due to a technical failure at the airport. They were re-routed back to Melbourne, spent 6 hours in the Airport Hilton and then flew out again at midnight direct to Nadi. This whole exercise added an extra 12 hours travelling to their trip.

It was planned that the team would meet at the Tenoa International Hotel, Nadi, on Saturday June 26, however the airport debacle put an end to this. The majority of the team made it to Labasa by Sunday 27, and were greeted by the local Rotarians who took them out to lunch. The team stayed at the Grand Eastern Hotel in Labasa, which was an extremely comfortable venue, with pleasant surrounds, very friendly (for the most part) staff, an exceptionally helpful manager, and the team was provided with very satisfactory cuisine. Sue Atwood, Val Nicholson and the Crock family spent many hours visiting the hospital as well as visiting local missionaries and watching their activities. They also spent some time communicating with the hospital administration. On Friday July 2, Sue Atwood and Val Nicholson returned to Melbourne. The remaining team went to Savu Savu for the weekend, were hosted by local representatives and after the weekend returned to Labasa to continue consulting and operating until July 7. In addition the local Rotary Club was extremely hospitable and hosted the team to dinner on several occasions.

CLINICAL DUTIES:

The week started with an Outpatient Session on Monday 28 June, and from 8:00am until 12:30pm over 40 patients were seen. From this, lists were booked to fill the eight-day operating schedule, although every morning of each subsequent day, late arrivals or emergency cases were seen on an ad hoc basis and booked for theatre if required. The surgeons were also invited on hospital ward rounds and helped manage some inpatients with various problems. The cases had been co-ordinated and booked by a newly appointed general surgeon from India, Dr. Bashan Ogle, who was given the brief that we were a plastic surgery team who would perform predominantly hand surgery on this trip. He successfully triaged a number of most appropriate, and at often times challenging, cases that comfortably fell within the repertoire of a general plastic surgeon, although there was by no means an emphasis on hand problems. The cases included pathologies involving most parts of the body and most age groups: inoperable and operable parotid tumours, difficult burns scar contractures, keloid scars, cosmetic deformities due to scarring or benign tumours, scar contractures of hands and fingers, old post-traumatic hand problems and congenital problems relating to the hands and feet. The cases were assessed by the whole team initially - Messrs. Crock and Donahoe making pre-operative clinical assessments and formulating a treatment plan; Dr. Portelli assessing the patients for anaesthesia; and Mr. Beaumont helping co-ordinate the Theatre Lists and requirements for surgery. Where appropriate the patients were allocated theatre times, and the appropriate hospital arrangements were made.

The theatre facilities were basic but adequate. The equipment supplied by the Interplast team served us for all the cases, bar one patient with severe burns scar contractures, who will require extensive reconstructive surgery in order to regain some quality of life. It was felt that the risks associated with his surgery rendered it unwise to proceed with the facilities and conditions available to us. It was hoped that Rotary Australia will be able to generate enough funding to bring this one patient back to Melbourne for treatment – to restore function and form to his head

and neck, and both upper limbs (shoulders, elbows, wrists and hands). Two patients presented with malignant parotid tumors and again it was felt that surgical intervention would potentially be life threatening and was unwise. No plans were made for further treatment of these souls.

Wherever possible, the team tried to incorporate the local surgeons in the surgical process, and Dr Ogle and his juniors attended surgery wherever possible and also asked for help in managing a number of complex trauma cases. This included the reconstruction of a young woman's leg (who had fallen victim to a tiger shark) - she had cable grafts to both her common peroneal and posterior tibial nerves in the leg, as well as extensive skin grafting to two wounds on the calf. The team also assisted with amputations for diabetic patients, and helped the local surgeons manage acute trauma cases which had come through the emergency department at the time of the expedition.

In addition to hands on surgery the team also began to establish a means of ongoing communication with Dr. Bashan Ogle utilizing Internet services and the use of digital cameras and electronic transfer of files, thus providing for ongoing assistance in managing plastic surgical cases in the absence of a team being on the ground.

EDUCATIONAL ENDEAVORS:

In addition to coordinating the surgical setups, Mr. Jim Beaumont was extremely active in educating the nursing staff at Labasa Hospital, and in the short time we were there set up programs which radically altered the way they processed their equipment, they co-coordinated the surgical workload, they dealt with their post-operative recovery patients, and they co-coordinated the running of the theatre floor. Dr. Portelli also had significant discussions with the Anaesthetic Department and was able to take some of his knowledge and skills as the ex chairman of the Australian Society of Anaesthesiologists, and hopefully planted some seeds which will result in improvement of services in the Anaesthetic Department at Labasa Hospital. Mr. Crock also ran numerous education sessions on various aspects of plastic surgery using powerpoint presentations for the theatre staff and surgical trainees.

GENERAL IMPRESSIONS AND FUTURE PLANS:

In the short time we were there, we were able to get a very good feel for the Fijian way of life, and the medical/surgical conditions which befall the community. The two things which stand out glaringly are the crippling side effects of diabetes and the poorly treated machete and light industrial accidents that occur as a result of the local sugar farming and wood-milling. We believe that Rotary and Interplast can both have a major ongoing impact on the health of the indigenous Fijian community by supplying teams to intermittently assist with the management of traumatic cases as well as helping train the local surgeons in the art of treating these cases. Rotary and interplast can also help with ongoing triage of congenital cases, and helping with community awareness of diet and exercise, in an attempt to reduce the impact of diabetes on the community. In addition huge benefits would be obtained by establishing internet chat sites to enable virtual ward rounds by Australian surgeons and two way interaction to steer the management of cases in Fiji. The local surgeons and Rotarians were very keen to establish this but need help with IT planning and equipment such as digital cameras.

All of the team were extremely keen to make an ongoing commitment to establish liaisons with Labasa Hospital in an attempt to improve the health services to the Fijian community in the longer term. Since returning to Australia, the administration at Knox Private Hospital has expressed their keen desire to support Mr. Beaumont in an ongoing site-specific mentoring role to the Labasa theatre nurses, and Dr. Portelli has also sourced disposable anaesthetic equipment which could be re-sterilized and reused. This would be of invaluable assistance – as local resources are rather limited. Messrs. Crock and Donahoe have also had discussions about how to establish the local surgeons with the basic skills required to deal with the kind of cases that they are presented with. It was also felt that a useful exercise would be to run a low budget trip to Labasa using the local facilities, but perhaps bringing some good quality surgical equipment which could then be donated to the hospital. This concept would clearly have to be developed with the Interplast secretariat.

LABASA INTERPLAST TRIP JUNE 2004

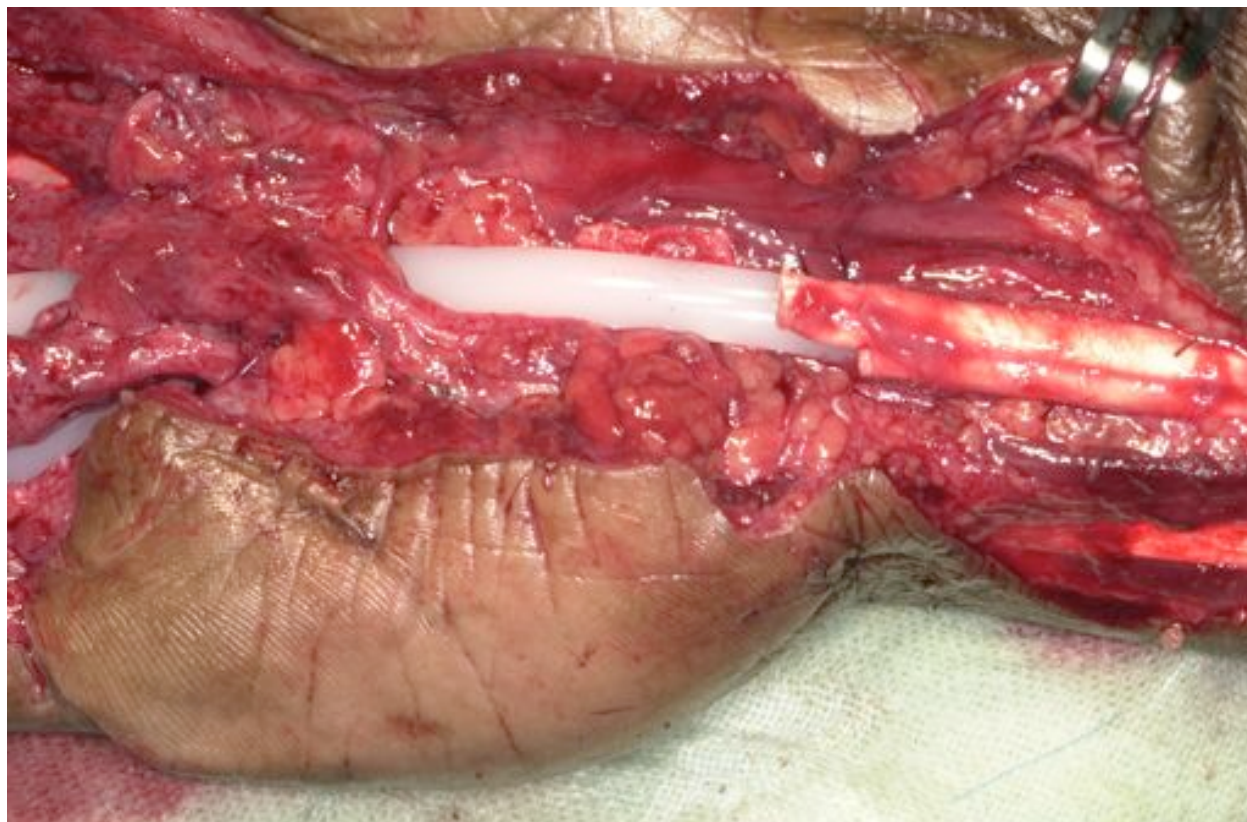


OUT PATIENTS LABASA HOSPITAL:



SURGICAL FACILITIES LABASA HOSPITAL



SELECTION OF CASES FROM THE SURGICAL FILES:

First stage of a two-stage tendon repair in association with nerve grafting and soft tissue reconstruction in a severely injured hand post machete accident three months prior.



Cable grafting of the posterior tibial and common peroneal nerves post shark bite accident.



Keloid scars



Childhood sarcoma diagnosed courtesy of Melbourne Pathology from truecut biopsy specimen



Ring constriction syndrome



Patient requiring prosthetic ear to be made and fitted

CASE REPORT:

This 24 year old previously trim, fit and healthy Indian man was working in the cane fields with a cutter which ran on benzene fuel. As he was working he was sprayed by benzene fumes and his overalls became impregnated. He then lit up a cigarette and emolliated himself. He suffered full thickness burns to his head and neck, torso, both shoulders, elbows and wrists. He received first aid treatment in Fiji but has been left with horrendous scar contractures.

It was proposed that funding be generated to bring him back to Australia for definitive treatment – either with the use of Integra and cultured skin or the use of free flaps. At present he has no quality of life, is in pain and is a burden on the community. To bring an end to his suffering would be an exercise which cannot be quantified.

We highly recommend that Rotary and Interplast consider fund raising to help this young man regain function and form which will restore his quality of life.



Report by Mr John Crock, Mr Simon Donahoe, Dr Renald Portelli and Mr Jim Beaumont