INTERPLAST AUSTRALIA & NEW ZEALAND

PLASTIC AND RECONSTRUCTIVE SURGICAL PROGRAM
ACTIVITY – LABASA, FIJI

22 JUNE 2013 – 29 JUNE 2013

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1. Program Overview

1.1. Country Program Background

Fiji has the largest population in the Pacific other than Papua New Guinea (estimated at 854,000 in 2010) spread across more than 300 islands. The demand for plastic and reconstructive services in Fiji is high. There are significant numbers of untreated cleft lip and cleft palate cases and a high incidence of burn scars and contractures. Hand injuries are also common.

Interplast’s first surgical program in Fiji was delivered in 1983 and in 2010 Interplast delivered its 100th program activity to Fiji. During the past 30 years, Interplast has delivered approximately three programs each year, visiting the centres of Suva, Lautoka and Labasa and Taveuni, at the request of the local hospitals, the Fiji Government and through the regional Strengthening Surgical and Clinical Services in the Pacific (SSCSI) program. Over 4500 procedures have been performed and demand for Interplast’s services continues to exceed the resources of Interplast teams. Training programs directed at surgical registrars and burns management are a key feature of Interplast’s activities in Fiji. Interplast’s programs in Fiji have primarily been funded by Rotarians and the AusAID Pacific Islands Project.

1.2. Activity Summary

This program activity to Labasa was Interplast’s 112th visit to Fiji and was coordinated in conjunction with doctors at the Labasa General Hospital. Funding for this activity was provided by Rotary Clubs, individual donors and businesses within Rotary District 9690. The two Rotarian observers who joined this program activity were from the Rotary Club of Kalgoorlie-Boulder and the Rotary Club of Narre-Warren who had funded and earlier program which was not suitable for observer participation. The observer position from the Rotary District 9690 joined the Interplast program to the Solomon Islands in June 2013.

This was a general plastic and reconstructive surgical program, which included elements of training and mentoring of local staff within the confines of the clinical setting. The Interplast team consisted of two surgeons (Dr David Ying (VIC) and Dr Robert Gates (NSW)), two anaesthetists (Dr Ian Hogarth and Dr Mirjam Bar, both VIC) and two nurses (Ms Simone Nast-Clarke and Ms Sally Mitchell, both NSW). The team was also accompanied by an Interplast staff member. The Interplast team brought with them all medical equipment and supplies from Australia, coordinated by the Interplast office in Melbourne.

As is usual practice, the local Fijian team was coordinated by a surgical registrar of the Labasa Hospital, and overseen by the Medical Superintendent. One surgical registrar was sent from Suva to be formally attached to the team for the duration, and stayed on after the team left for patient follow-up. Local surgeons from Labasa were also involved throughout the visit. A local surgical registrar coordinated all patients and local nursing staff and anaesthetic technicians assisted throughout the program.

The outpatient department clinic was run on the Monday and a total of 59 patients were seen, most at clinic, but a handful were seen throughout the week. Many patients had been pre-screened by the local registrars and most were appropriate cases for Interplast. Overall, there were 59 patients consulted, with 34 procedures performed. The case load was varied, and
included cleft lip and palate, head and neck tumours, burns scar contractures and a number of minor procedures. A number of paediatric cleft lip and palate patients were also referred from Suva and Lautoka.

Training was a considerable feature of this program, with a Fijian surgical registrar, who has been identified as the next young registrar to receive training in plastic surgery, given leave and supported by the Fijian Ministry of Health to travel up to Labasa to work alongside the team and stay on after their departure for the post-operative period. This registrar has received significant support from Interplast since his identification as the next ‘plastics’ surgeon, including a number of training and professional development opportunities, as well as being formally attached to each Interplast visit to Fiji in 2013 (and moving forward). There were no local anaesthetics registrars present with the Interplast team for this visit, as the two who are currently on rotation in Labasa hospital were required in the third (non-Interplast) operating theatre, for local trauma and emergency cases. However, there were two very capable and enthusiastic anaesthetic technicians, and the Interplast anaesthetic and nursing team members worked closely with them throughout the week, providing them with a number of opportunities to increase their skills and confidence. The Interplast nurses focused on mentoring the local nurses, enabling the local nursing staff to take ownership of patient care, with the visiting nurses providing support as required.

Local registrars and doctors were all present on daily rounds, including the final day, and full handover of patient cases for post-operative care and follow up was provided.

1.3. Meetings / Media

As usual, the Rotary Club of Labasa were very supportive and welcoming of the Interplast team. They arranged airport pickups for the team and hosted a welcome lunch on arrival. The Interplast Rotarian observers and members the medical team also attended the RC Labasa meeting on the Wednesday evening. As an interesting side-note, Dr Gates met a local Rotarian whose grandchild had received a cleft lip revision done by him in Sydney several years earlier.

2. Achievements

59 patients were consulted and 34 procedures were undertaken during this one week Interplast visit. Many local registrars, nurses and other hospital personnel worked closely with the Interplast team and received invaluable on-the-job training and mentoring. Surgical registrar, Dr Vakamacawai, who has a strong interest in moving into plastic surgery, was supported by the Fiji Ministry of Health and his own hospital (in Suva) to take leave from his own duties to join the team for the week for further training.

A number of patients who could not be treated by Interplast during visits earlier in 2013 to Suva and Lautoka were referred to Labasa and treated there, which was a fantastic reflection on the improvement of local referral systems in Fiji.

The two Rotarian observers who participated in the visit reported that they had an excellent time, with one noting that she was ‘inspired by the generosity, kindness and understanding of the medical team who always had time to explain what they were doing and why’. The observers were able to meet with and talk to many of the patients and families and gain a strong insight into what this program does for them, and how it improves lives. Of her expectations of the trip, one observer stated that “I have watched Interplast with interest for many years, and now
believe it is one of the best programs for Rotary to support. I was extremely impressed with every aspect”.

3. Challenges and Lessons Learnt

3.1. Challenges

Due to the larger-than-expected number of paediatric patients (cleft lip and palate patients referred from other regions of Fiji); the team had a shortage of some paediatric anaesthetic supplies. Monitoring and other equipment in the hospital is not well maintained and often only partially functional, meaning that Interplast must continue to supply all anaesthetic equipment and consumables to ensure that patient safety and care is optimal.

3.2. Lessons Learnt

Local referral processes within Fiji are improving considerably, which means that local surgeons are talking to their peers at other hospitals, and developing patient lists which include patients from other regions (including those who were not able to be treated on previous Interplast visits to other locations due to lack of time). This is great progress for Fiji, however, does mean that the Interplast team will likely be kept busy with patients from across the Islands, and needs to cater for additional pediatric equipment and supplies.

4. Recommendations

The need in Labasa for plastic and reconstructive services remains high and it is agreed by Interplast and local staff that a program is required annually, subject to available funding.

The one week program model should be continued for Labasa, subject to funding.

The local team should continue be given substantial notice in order to triage patients appropriately. Local radio advertising should be pursued vigorously, and could be done through the local Rotary Club.

Thank you to the Rotary Clubs, individual donors and businesses within Rotary District 9690 for funding this program.
5. Photos

The Interplast Labasa team, with Rotarian observers Lynne and Anne.

A young boy before and after his cleft lip repair
A young Fijian boy has his burns scars assessed by the Interplast team on clinic day.

Surgeon Dr David Ying operates with assistance from local Surgical Registrar Dr Vakamacawai.
Rotarian observers Anne and Lynne watching on as the Interplast team operates