

Success in Timor Leste

Programs improve the health of the Timorese population with the College's help

Five ENT surgical visits to Timor Leste in 2012 under the Australia Timor Leste Program of Assistance for Secondary Services (ATLASS II) and the Rotary Club of Balwyn Ear Care Project saw more than 94 patients in Dili and Baucau receive vital surgery to restore hearing, treat chronic infections and remove obstructions. More than 900 patients presented for examinations, demonstrating the concrete need for visiting ENT surgical teams.

ATLASS II is funded by AusAID in partnership with the Government of Timor-Leste as part of its support to improving the health of communities in Timor-Leste.

Teams of long-serving volunteers as well as a couple of first-timers made up the volunteers who participated in the ENT surgical visits in 2012. Sydney surgeon Mr John Curotta delivered two visits to Dili in April and October; NZ based surgeon Mr Colin Brown visited Baucau in May for the first time; Mr Michael Dobson, a surgeon from Melbourne, made his fifth trip in July to treat the children of Baucau; and Mr Malcolm Baxter, a surgeon also from Melbourne, also delivered a visit to Baucau in early December. Each of the trips resulted in a large number of patients being screened and treated.

Working alongside anaesthetist Dr Mark Adams and theatre nurse Mrs Katie Nordhausen over the seven days, Mr Dobson performed 14 operations to treat perforated ear drums, Suppurative Otitis Media and cholesteatomas as well as performing a life-saving mastoidectomy.

Mr Dobson said the trip in July followed an earlier visit to Baucau in May by surgeon Mr Colin Brown who had screened over 300 patients and undertook 26 surgeries.



Julie holding a baby with aphasia

"After his visit it was clear that there was a considerable backlog of surgical ENT patients in Baucau and I was asked to help," Mr Dobson said.

"This meant that our visit was very well organised because all the patients had already been triaged and determined to need surgery and all had been contacted directly to attend the clinic or hospital which made for the efficient use of the time available.

"In addition to performing the theatre cases, a number of clinics were also held and from that a young child with a fistula and active infection received a timely mastoidectomy.

"This patient presented on the Wednesday and received surgery on the Thursday to treat the fistula because such cases are urgent given that some patients can develop meningitis and die.

"Complications associated with ear disease still cause deaths in Timor Leste, particularly for people in the more remote areas.

"This patient had been seen in a regional health clinic and sent down to us in Baucau, but even then it took the family almost two days to arrive."

Mr Dobson said he first went to Timor Leste in 2002 and had made a number of trips in the years following until health authorities decided they had sufficient ENT resources from the Cuban-trained specialists.

However, he said that in 2010 visits resumed when it became apparent that the need for ENT surgery remained significant, particularly in areas outside Dili.

Indeed, according to a recent report which screened children aged five to 14 at two primary schools in Baucau, up to 18.3 per cent suffered some form of hearing loss.

The authors of the report, Ms Tess Bright, Audiologist, and Ms Julie Souness, Primary Ear Care Nurse based in Baucau, said this translated to 2262 children within the tested age group who potentially needed medical/ENT management in the Baucau sub-district alone. ▶

Colin Brown looking into a child's ear



In their report, written in June 2012, they also suggested that the number could even be an under-estimate because children with significant hearing loss may have already been taken out of school and also because the screening was done in the dry season with ear infection rates likely to rise during the wet season.

“There is no local ENT surgeon in Baucau, but the need for such surgery keeps growing, particularly because the population of Timor Leste is so young,” Mr Dobson said.

“That is what makes these visits feel so valuable and the visit in July was particularly successful in terms of how it was organised and also the fact that selected patients had their ears treated prior to our arrival so they were suitable for surgery.

“One of the real delights of this trip was to see the high skill levels of the locally-trained primary ear care nurse and the work undertaken by Julie Souness, in particular, was outstanding.

“Her ability to speak Tetun meant that she could clearly communicate with patients, overcome cultural issues related to patient consent and get people where they needed to be to receive treatment.

“We all understand that if the young people of Timor Leste receive timely treatment for hearing loss they stand a much better chance of going on to lead fulfilling, productive lives which is good for the entire country.”



Michael Dobson using portable suction machine
inset: Colin Brown looking into a baby's ear

Overcoming difficulties

Mr John Curotta, who along with his team, delivered two week-long visits to Dili in April and October had somewhat more to contend with. In a report on the trip in April, he said that no screening had been done prior to the team's arrival and that a TV ad which aired in the days before the visit had described the trip as Ear, Nose, Throat and Eyes.

As a result, he said that along with the 400 patients seen over the first two days, 92 eye patients also presented who had to be referred to the regular eye clinic at the National Eye Centre in Dili. Mr Curotta's team comprised Dr Jane McDonald, anaesthetist, and Mrs Danielle Doughty, theatre nurse. Over the course of the April visit, they performed seven myringoplasties, five mastoidectomies, three microaspiration and ear inspections, one removal of a foreign body, one marsupialisation of branchial cyst, one adenoideotomy and treatments for ear canal skin lesion and thyroglossal cyst.

“The overwhelming number of patients presenting meant that the team worked from arrival to departure without a break,” Mr Curotta wrote in his report.

“Even so prioritisation was necessary for surgery with patients with bilateral ear perforations given the highest priority followed by those with cholesteatoma.”

Mr Curotta said that in line with recommendations from previous visits to Baucau regarding identification of patient and site of surgery – particularly in an environment where people struggled with communication difficulties – every

patient booked for surgery during the Dili ENT visit was given an arm band with name, age and planned surgery written upon it which was not to be removed until discharge.

“This was adhered to very well, but not universally,” he wrote in his report.

“Also each patient was photographed with their planned surgery on a placard in front of them, a virtual mug shot, and stored on the anaesthetist's laptop.

“Language barriers were a significant impediment at all stages of the visit and these two means of identification were very helpful to ensure safe surgery.”

Mr Curotta said that he strongly recommended the provision of a dedicated interpreter for the duration of each future mission, particularly to work in theatre to guide communication between visiting team members and local hospital staff.

He said such an interpreter needed both good English and Tetun skills as well as some familiarity with Portuguese, Spanish or Bahasa.

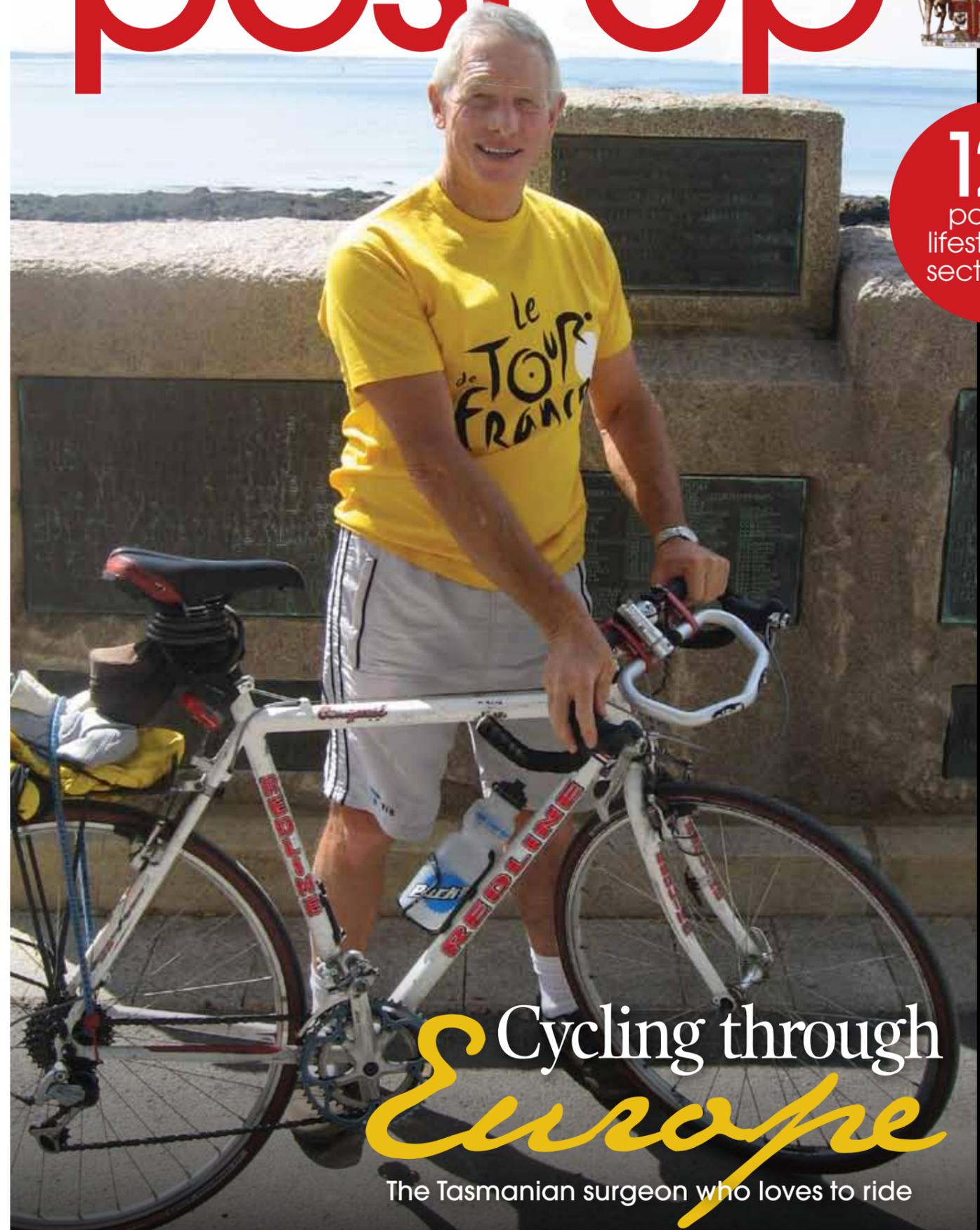
“Some final year medical students attended a few of the operations we conducted which was most welcome,” he said.

“However, these were Cuban-trained junior doctors who spoke fluent Spanish, some Tetun and some Portuguese, so even our ability to train and up-skill local staff is hampered without sufficient translation services.”

autumn Lifestyle post op



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Cycling through Europe

The Tasmanian surgeon who loves to ride

post op appears in Surgical News each season