



SURGERY IN EASTERN CONGO

Mr Wetzig and his wife Gwen will spend up to six months per year working with doctors and patients at the HEAL Africa hospital in Goma

Twelve years after his first visit to the war-torn region of Eastern Congo, Mr Neil Wetzig this year resigned from his position as Senior Visiting Surgeon at the Princess Alexandra Hospital and private practice in Brisbane to give his skills to the doctors and patients at the HEAL Africa Hospital in Goma.

Mr Wetzig and his wife Gwen will now spend up to six months each year working, teaching and training at the hospital, one of only three tertiary referral hospitals in the Democratic Republic of Congo which has a population of 75 million people.

A joint-founder of the AusHEAL charity, established by a small group of Brisbane surgeons to support the hospital, Mr Wetzig has led and organised multi-disciplinary team visits to Goma every year since 2006.

The annual visits have included a Plastic and Reconstructive Surgeon, Oral and Maxillofacial Surgeon, Obstetrician, Urogynaecologists, a Radiologist and Sonographer, a Cardiologist,

Emergency Physicians, a Dentist, Hospital Administrator, Physiotherapists and specialist nurses.

A General Surgeon with special interests in breast and endocrine surgery, Mr Wetzig decided he could make a greater contribution if he spent more time in Congo and now is a Visiting Surgeon to the HEAL Africa Hospital.

Now back in Australia, Mr Wetzig is participating in advocacy and fundraising activities for the hospital and trying to organise a future ENT visit.

He said it had been an extremely difficult decision to give up his working life in Brisbane for the highs and lows of life in Africa.

“The Princess Alexandra Hospital has been my medical home for 35 years so it was tough to leave but I decided that if I wanted to work in the developing world it was extremely important that I be young enough, fit enough and still operating well to be of most value to both doctors and patients,” he said.

“Living and working in Goma allows me to facilitate more team visits, triage patients in advance of those visits, oversee their follow up care and provide supervision and training for the doctors at the hospital.

“My wife and I spent more than a year thinking about this, including the financial implications, but we decided that it was an experience we would like to share and a journey we would like to take together.

“But it’s a tough environment to work in. It’s hot and humid, the power supply is variable, the air conditioning in the Operating Theatres quite often fails and the equipment is very basic.

“We don’t have reliable diathermy, laparoscopy equipment or even new technologies like harmonic scalpels so virtually all operations are open surgeries.”

Mr Wetzig said, however, that three Australian surgeons had donated their personal equipment and he thanked Mr Spiro Raptis, Mr Andrew Bell and Mr Tony Robertson for their generosity.

Still an examiner for the College and the African representative on the College’s Global Health Committee, Mr Wetzig and Gwen now plan to stay in Goma for two stints of three months each year, allowing them to return for College exams and the Annual Scientific Congress in May.

While there, he works alongside a 2013 recipient of the RACS a Surgeons International Award, Dr ‘Luc’ Malemo Kalisya, one of only six qualified surgeons in Eastern Congo which has a population of approximately 30 million people.

The Director of Surgery at the HEAL Africa Hospital, Dr Luc spent four weeks observing procedures he wished to learn at the Princess Alexandra Hospital during his visit and is one of only two local general surgeons working at the 197-bed facility.

Mr Wetzig said he had forged a close bond with Dr Luc during his visits to Goma and that the decision to spend more time there had been driven by a desire to help him in his efforts to improve patient care and the training of junior doctors.

He also said that the creation of a fragile peace in the region had created new challenges for the hospital and for Dr Luc and his recently trained colleague, General Surgeon Dr Medard, who has been mentored by Plastic Surgeon Mr Paul Millican.

“The region is more peaceful than it was, with most of the rebels defeated and while you can travel around Goma quite safely, there are areas outside the city that are still quite dangerous,” Mr Wetzig said.

“Yet this peace means that the HEAL Africa Hospital is now seeing patients with advanced pathology coming in, because it is safe for them to travel, and their management presents significant challenges.

“This ability of patients to travel safely also means that we are becoming aware of a lot of surgery being conducted in outlying towns by doctors with limited skills, resulting in patients coming in with a range of very serious complications.

“These patients are described as presenting with ‘abdominal

catastrophes’ and they are stretching the expertise of the local surgeons which was another reason that urged me to make this decision.”

Mr Wetzig said the hospital had established a Family Medicine Program to train junior doctors in basic surgery to treat trauma and burns and to conduct C Sections and appendectomies in a bid to avoid such serious complications.

He and Dr Luc are working with the College of Surgeons of East, Central and Southern Africa (COSECSA) to determine if the HEAL Africa Hospital could receive support and accreditation to becoming a teaching hospital and Mr Wetzig is also in discussions with COSECSA exploring the possibility of becoming an examiner for General Surgery.

Recently, Mr Wetzig also took the opportunity to attend the launch of the Lancet Commission on Global Surgery held in London in April on his way home to Australia to assess how the work of the hospital will fit into the growing recognition of the



Mr and Mrs Wetzig with Congolese colleagues

need for surgery in low and middle income countries (LMICs) and the global surgery initiative.

“The Commission’s goal is to provide ‘universal access to safe, affordable surgical and anaesthesia care when needed’ and we know that 33 million people each year face ‘catastrophic health expenditure’ due to payment for surgery and anaesthesia care,” he said.

“They simply cannot afford basic surgical procedures. I also attended the Lancet launch to see what was proposed to financially support surgical care in LMICs by global or private funding agencies.

“I believe the HEAL Africa Hospital has a role to play in reducing this burden not only through treating patients but by

training doctors so they can perform basic surgical procedures and offer anaesthesia services in rural areas outside the cities in Africa.

“The hospital in Goma receives no Government money, there is no co-ordinated health system in the country, most patients are extremely poor and while Dr Luc has been tireless in his efforts to convince Government leaders of the need for a more co-ordinated approach to surgical services and training he has not met with much success.

“We are discussing the option of approaching corporations such as mining companies to think about developing philanthropic programs to help the people of the region.

“The hospital is also trying to build its internal medicine capabilities and provides a paediatric HIV outreach service.”

Mr Wetzig said he would like the RACS to offer ‘in principle support’ for surgical training in the Democratic Republic of Congo and Africa in general. The provision of short-term Scholarships for African surgeons to upskill in Australia or New Zealand may be one approach.

Because of his endocrine surgical specialty, he is now also trying to raise funds to support goitre surgery at the hospital.

“There are a large number of people in the region suffering with massive goitres caused by a diet that is iodine deficient

“I’m still young enough to be of use which I think is very important and Gwen teaches English in the hospital which means that we get to spend more time together than we did in Australia and we get to share this valuable experience.”

and based around cassava which blocks the production of the thyroid hormone,” he said.

“However, funding bodies do not see it as a disability, war injury or an emergency even though such patients are stigmatised and ostracised by their communities.

“The procedures only cost about \$US350 each so those of us involved in AusHEAL are now trying to think up ways to raise funds to support the work.”

Mr Wetzig wished to particularly thank those RACS surgeons who have given their time and skills to the HEAL Africa Hospital including Mr Paul Millican and Upper GI surgeon Mr Andrew Smith and acknowledged retired hospital administrator Mr David Kelly who has regularly travelled to Goma to teach hospital staff administrative skills and systems management.

After his recent stay in Goma Mr Wetzig said he was pleased to have made the difficult decision to work in Africa.



Meeting of surgeons in Goma

“I’m so glad Gwen and I made this decision because even in this first short stint I can see great scope to make a difference,” he said.

“I’m still young enough to be of use which I think is very important and Gwen teaches English in the hospital which means that we get to spend more time together than we did in Australia and we get to share this valuable experience.”

Not long after his return to Goma from his Surgeons International Scholarship visit to the Princess Alexandra Hospital in Brisbane, Dr Luc successfully saved the life of a Belgian Prince who was shot and brought to the HEAL Africa Hospital with major open thoraco-abdominal trauma.

Now, he is the preferred local referral surgeon for Medecins Sans Frontiere, is consulted by doctors working at the international aid organisation Operation Smile and has even been consulted by the President’s Office to offer his expertise.

He described his visit to Australia as a great privilege and said observing procedures had improved his skills in Upper GI surgery and in his ability to deal with liver tumours and perform bowel anastomosis.

Before arriving in Brisbane, Dr Luc faced a major problem with the leakage of some anastomosis that resulted in faecal fistulae after bowel occlusion repair yet since his return he has faced no such complications.

Yet although he is confronted every day with the problems associated with having limited equipment and technology, an inability to train junior doctors and treat all the people that need his care, he remains optimistic and committed.

In a feedback report to the College, Dr Luc wrote: “The most pressing needs facing us relate to abdominal cases such as bowel occlusion, biliary obstruction and cancer, paediatric surgical cases and trauma.

“Around Goma, surgery is performed by non-trained doctors and nurses which is resulting in abdominal catastrophes like faecal fistulae, vesico-vaginal and rectal fistulae and we would

like to gain accreditation in order to offer formal surgical training to these young doctors.

“We are now working to decrease morbidity and mortality due to the complications of surgery and I am trying to augment the coverage in the number of surgeons from one surgeon per one million to one surgeon for 100,000 people.

“I would like to become a voice for improved surgical care to my community and help to find ways to source the equipment necessary for good surgery.”

In particular, Dr Luc said the HEAL Africa Hospital lacked diagnostic equipment such as imaging facilities and pathology for histology, simple instruments like retractors, sutures, theatre lights, electro cautery and bedside monitoring systems.

He wrote that he had become both a better surgeon and medical leader through his Scholarship visit.

“I am more confident performing surgery and even my wife told me: ‘Since you came home from Brisbane, your appetite is better, you are less distressed when you come home from hospital and the family is happier’.

“If possible, I wish I could have more such surgical rotations every two years (which) would continually improve my development.”

- With Karen Murphy



Gwen Wetzig with a student

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