



## Volunteering off the coast of Tuvalu

Finding the time to volunteer your services is a worthwhile experience

**M**elbourne Ear, Nose and Throat (ENT) surgeon Mr Dayan Chandrasekara must have looked a strange sight as he lunched with colleagues recently on a small island off the coast of Tuvalu. As a member of the AusAid funded Pacific Islands Project (PIP) team which visited the country in March, Mr Chandrasekara's luggage had been off-loaded during transit in Fiji leaving him with nothing to wear for the week but his scrubs. While that was obviously suitable for the hospital, he had no choice but to don them also on the one free Saturday when the team was not operating.

"Clearly, it wasn't ideal. But in the hot tropical conditions we were working in, it wasn't so bad either. I wouldn't recommend it but in some ways they felt quite appropriate for the humid climate," he laughed.

Unfortunately, Mr Chandrasekara's personal luggage was not the only item jettisoned by the pilot in Fiji because of weight concerns. The team,

comprising fellow ENT surgeon Elizabeth Rose, anaesthetist Anthony Hull and theatre nurse Katie Bowley, had taken, as allowed, 15 bags of necessary equipment. More than half of these were off-loaded in Suva without notification.

"On trips such as these we get a luggage waiver of up to 160 kilograms which is crucial in terms of being able to take the equipment we need. Many of the airlines do this as a matter of course, as a good-will gesture, so we can't complain," he said.

"However, we weren't notified of the captain's decision so that when we arrived in Tuvalu we only had seven bags of equipment. The ones left behind contained both anaesthetic and essential surgical equipment including otoscopes and examination headlights which presented us with a few challenges."

The team visited Tuvalu from March 11 to March 20 earlier this year. While waiting for their equipment to arrive on the next flight five days later, Mr Chandrasekara and Dr Rose spent the

first four days consulting, during which time they saw more than 180 patients, providing treatment and generating the operating list. Eight patients were selected for surgery, the most complex of which was a middle ear cholesteatoma.

However, Mr Chandrasekara said the working conditions in the one-theatre hospital were not easy. "The hospital's air-conditioning unit had been out of operation for more than a year so it was pretty hot work. We had to make sure we kept the patients from overheating so we brought in fans and didn't drape the patients extensively. We didn't have temperature probes with us which would have been useful so that might be something to consider for any future visits," he said.

"The cholesteatoma was a particular challenge. It took three hours, which is not unusual, but in the hot theatre that felt quite long and then the microscope stopped working mid-way through the operation. This may have been because it over-heated so we turned it off and used a headlight for half an hour. The light then



came back on which was a great relief.

“We did some long days in there and were exhausted by the heat but all the operations went well which is the most important thing.”

Mr Chandrasekara said the majority of the 180 patients seen in the clinic were suffering from chronic ear disease, perforated eardrums and infections. He said some patients had consequently developed hearing loss and that the next team to visit could look at taking hearing aids.

“Island nations like Tuvalu don't have ENT surgeons. The local doctors are mostly GPs, though they have recently been supplied with an obstetrician and a paediatrician, both from Cuba,” he said.

“But while chronic ear disease has long been a problem in developing nations, which may be related to hygiene and nutrition, it is also about having access to quality health care sooner rather than later before hearing can be affected. As such these visits are crucial.

“A proportion of the patients we saw with such disease will be cured with medication, a proportion will require ongoing non-surgical care while others will require intervention in the form of surgery and will be put on the surgical list for the next team visit.”

Mr Chandrasekara said that while the visit had been designed to provide a training and education component, the constant heavy work load of local staff mitigated against the plan.

“We originally had aimed to train the local hospital staff in the treatment of basic ENT related conditions but that didn't happen as we expected. I think they are so under-resourced and over-worked that they take the opportunity of a team visit to do other work, which is understandable,” he said.

Based at the Austin Hospital and Monash Medical Centre in Melbourne, Mr Chandrasekara has only recently returned to Australia after an international Fellowship in Head and Neck Surgery at St George's Hospital in London.

“There has been a tradition for Victorian surgeons to go to St George's so I was delighted to have been offered the appointment. The hospital has a large ENT unit. The work was interesting and varied and I still had time to see Europe,” he said.

The March visit to Tuvalu was Mr Chandrasekara's first outreach visit, an opportunity he had been keenly awaiting.

He said he had long had an interest in volunteer work and some years ago had put up his hand to participate in a team visit to Guam which did not eventuate.



The narrowest part of the island



Dayan in his scrubs cleaning up



Making plates for a picnic



Dayan seeing patients

“The idea of helping people in other parts of the world has always interested me though I would make the point that there is a lot to do here in Australia as well. I would like to do trips like this at least once a year and while I know a lot of surgeons who would like to participate, many simply find it too hard to find the time. I decided, then, to try and schedule a regular volunteer component into my timetable early on, before all the pressures of private practice

come into play,” he said.

“I had a great time on this trip despite the challenges of the luggage, the heat and the lack of equipment. The children, in particular, were just gorgeous and had completely different reactions to the discomfort and pain related to their medical conditions. We were treated well and the local people were very appreciative of our visit. At the end of the trip we were given a huge feast by hospital staff and their families.”