



OPPOSITE PAGE:
1. Attendance was popular at the Mount Hagen General Hospital paediatric clinic.
THIS PAGE:
2-3. Patients recover after surgery.
4. A patient and his parents were very happy with the surgery (with Dr Cooper, left and Dr Shun).
5. Back Row, from L to R: Michael Cooper, Benjamin Yapo and Okti PoKi. Front Row (seated), from L to R: Jack Mulu, Albert Shun and Mclee Mathew

Paediatric team works in PNG

Fortnight in Papua New Guinea highlights needs of our nearest neighbour

Achieving a record number of surgeries and dinner with the Australian High Commissioner to Papua New Guinea (PNG) and the PNG Minister-Counsellor of the Australian Agency for International Development (AusAID) made for a memorable two-week visit for the latest paediatric team to visit PNG.

Headed by Dr Albert Shun of Sydney's Children's Hospital at Westmead, the team arrived at the Mount Hagen General Hospital on July 17 to conduct an initial consultation clinic after news of the visit was broadcast widely over the "tok save" radio.

The night before, however, violence erupted in the Emergency Department after a man was brought into hospital having been critically injured in a car accident, with the victim's family blaming a group of workers for his plight.

According to visiting team member, paediatric anaesthetist Dr Michael Cooper, the Emergency Department staff simply ducked and dodged the bullets from the shootout, regained a measure of calm and continued treating the patient.

"It can be a wild place the highlands of Papua New Guinea," Dr Cooper noted dryly.

"But the staff members up there are amazing. We walked in on the Sunday morning following and it was as if nothing much had happened."

The July PNG visit (funded by AusAID through the Health Education and Clinical Services (HECS) Program and the RACS) represented the largest paediatric surgical team ever assembled to treat some of the country's sickest children, many of whom had been specifically selected for treatment by the team not only for Dr Shun's expertise, but also for that of Dr Cooper.

With no specialist paediatric anaesthetist currently working in PNG, some children with congenital heart disease or those who had previously experienced anaesthetic-induced cardiac arrhythmias were selected as requiring his paediatric anaesthetic expertise.

Along with the two paediatric specialists from Sydney, the team comprised local paediatric surgeons Dr Mclee Mathew, Dr Ben Yapo, Dr Okti Poki and general surgeon and paediatric trainee Dr Jack Mulu.

Working out of Mount Hagen hospital first and later moving to Port Moresby, the team performed more major cases in one visit than had ever been achieved to date in the 10 years that Dr Shun and Dr Cooper have been visiting PNG.

Thirty-five children treated

Both hospitals opened their theatres to the team, at times allowing all five surgeons to be operating simultaneously while local staff worked long into the night and on a public holiday to provide assistance, allowing 35 children to be treated.

With more than 80 per cent of patients younger than five years of age, the surgeries were often extremely complex including Swenson's operations for Hirschsprung's disease, midgut malrotations with volvulus, the excision of a large abdominal teratoma, anorectoplasties and hypospadias and fistula repairs.

The invitation and opportunity for the team members to dine with His Excellency, Mr Ian Kemish, the recently-appointed Australian High Commissioner to PNG and Ms Stephanie

Copus-Campbell, Minister-Counsellor of AusAID, came as a welcome respite from the arduous workload.

"It was a great honour to be asked to meet with the High Commissioner and the Minister-Counsellor of AusAID and it was a delightful evening," Dr Shun said.

"The High Commission residence in Port Moresby makes for a lovely setting for entertaining, looking over the harbour as it does, and we had an excellent, informative and stimulating evening."

Dr Shun said that while the post-operative death of one child had cast a shadow over the trip, he believed it remained in the best interests of the children and the local paediatric surgeons to allocate the visiting team the most difficult cases.

"The death of the child was upsetting but in some ways just illustrates the constant limitations affecting surgery in countries such as PNG," he said.

"The pathology was more complex than anticipated, which relates to the lack of diagnostic facilities there while there is no specialist paediatric ICU unit in the country for postoperative care.

"That means that no matter how good the surgery and anaesthetic support, you still confront limitations in infrastructure, skills and expertise that we take totally for granted in Australia.

"Yet still it is the job of such visiting teams

to undertake the most complex cases not only because if we get it right the first time when operating on a child they have the opportunity of living a wonderfully normal life, but also because we can use the cases to train the local paediatric surgeons."

The needs are great

Dr Shun described seeing the increasing skills and expertise of the local surgeons as a highlight of the visit but said the country would only be self-sufficient in the surgical care of children when there were 15 such surgeons located across the country rather than the three now working there.

"There is such great need in PNG," he said.

"They need specialist paediatric nurses, specialist anaesthetists, specialist ICU facilities for babies and neonates, but I can't really see that happening probably until the PNG community at large fully appreciates the fact that babies and children have a right to be treated with equal although limited health resources.

Dr Shun said that as such, specialist team visits such as the July trip would continue to be required while Dr Cooper, also from the Children's Hospital at Westmead, is in the process of driving changes within the Australian and New Zealand College of Anaesthetists (ANZCA) to develop a more co-ordinated aid program for PNG.

He said this would include providing funding for two visits per year to upgrade and enhance the skills of Anaesthetic Scientific Officers and Registrars.

Dr Cooper is also in the process of arranging for a number of Boyles anaesthesia machines that are no longer being used in Australia to be donated to PNG with funding for transport provided by Rotary and other charities.

"The work done by the RACS through AusAID funding has had a major impact on the surgical services offered to the people of PNG, but that has not flowed through so much into anaesthetic support," he said.

"There are only nine specialist anaesthetists in the whole country, they have problems with the availability of reliable drugs and monitoring equipment, at times they run out of oxygen and the power can be less than reliable.

"Yet with all these limitations, the surgeons, nurses and anaesthetists do an amazing job in the care they provide and I would like to specially acknowledge the enthusiasm and hard work of Dr Rachel Paiva, the anaesthetic registrar from Port Moresby General Hospital, who worked closely with me during this visit.

"It is a privilege to work with such dedicated people and because PNG is our nearest neighbour with such close historical ties to Australia, we should train the specialists they require and provide the assistance that they need."