



Dr Joao Ximenes, Dr Mark Moore, Dr Joao Pedros after completing surgery.



Boy with herniation was an important candidate for Mr Moore.

Collaboration of success

The latest trip to East Timor by Mr Mark Moore has been a great success, following another excellent International Forum at this year's ASC

Days after acting as convenor of the International Forum at this year's Annual Scientific Congress, Plastic and Craniofacial surgeon Mr Mark Moore was back in theatre at the Children's Hospital in Adelaide treating an East Timorese child suffering from a fronto-ethmoidal meningo-encephalocle herniation between his eyes.

The local theatre team, led by Mr Moore with assistance from a neurosurgeon, worked for four hours to remove the herniation, repair the layers between the brain and face and rebuild the small boy's nose.

First assessed for surgery last year during a visit by a College' Overseas Specialist Surgical Association of Australia (OSSAA) team led by Mr Moore, the child now has only a small pattern of scars over the nose, is doing well and should be home within weeks with follow-up to occur during the next team visit.

With theatre staff and time donated by the hospital, visas and passports organised by College staff in Dili and transport and accommodation provided by the Children's First Foundation, the life-changing surgery was a testament to the power of strong networks, according to Mr Moore.

"This was a very nice example of how well international and inter-organisational networks can work if they are properly nurtured and respectfully sustained," Mr Moore said.

"This little boy was first seen by clinic staff in Maliana who assessed his condition and understood where assistance may be found given that he could not be treated in Dili. The College staff in Dili located the child's parents and facilitated the necessary paperwork, the Children First Foundation assisted in getting them to Australia and then we did our bit.

"This is all about building strong networks both from the bottom up, in that patients can be seen and assessed in remote locations, and from the top down where relationships exist between organisations to allow for treatment in sophisticated centres.

"I feel most fortunate, through my work with the College, OSSAA and the Australian Craniofacial Unit to experience both pathways, to work at the intersection of both systems.

"During team visits, we can assess such patients in their remote locations, we can refer them to Dili or to Indonesian clinics and surgeons, bring them to Australia or treat them during an Australian team visit.

"This depth of co-operation can only develop over time."

Mr Moore has headed OSSAA – originally established by Mr John Hargrave to provide assistance to the disadvantaged people of East Timor and Eastern Indonesia – for more than 10 years and in April conducted his 29th clinical visit.

It was, he said, one of the most successful team visits for many years after previous visits being marred by communication breakdowns and consequent confusion, limiting both



the number of patients seen by the team and training opportunities.

Working out of Hospital Nacional Guido Valadares in Dili and over just seven days, the team undertook 30 cleft lip repairs, four cleft palate repairs, four burn or burn contracture procedures, three tumour excisions and a significant nasal reconstruction utilising a costal cartilage graft.

All were done with the enthusiastic co-operation of Dili hospital staff, all provided opportunities for training to both theatre staff and trainee surgeons and all procedures were successful.

The Australian team included Mr Moore, anaesthetist Dr Andrew Beinssen and theatre nurse Sr Vanessa Dittmar while participating local staff included Dr Eric Vreede, RACS team leader in Dili, and fellow surgeons Dr Joao Ximenes, Dr Joao Pedro and Dr Raj Singh.

Significantly, 20 Timorese Nurse Anaesthetists and Instrument Nurses also participated.

"It is often said that following disappointment and failure, if properly managed with the appropriate changes instituted, great success will follow, and that's what this trip felt like," Mr Moore said.

"After the visit in November, where communication breakdowns meant that few people knew we were coming or the type of surgery we could offer, or the training we could provide, extensive discussions were held to see how we could make sure this was not repeated.

"The College staff in Dili were terrific and made sure TV and radio announcements were made while also going out to the regional centres to notify clinic staff of our date of arrival, scout for patients in need and assess those patients for surgery.

"Mr Sarmiento and Dr Ximenes went out on motorbike to different centres to assess patients not just for our team visit, but for surgery in

Dili or for treatment by other visiting teams later this year.

"All this meant that 126 patients turned up for treatment, with 40 wait-listed for future surgery.

"In addition, improved communication with the nursing staff within the hospital in Dili saw the best level of cooperation and interaction between the visiting team and local nursing staff for many years while the commencement of clinical attachment of Timor Leste Medical Students in the hospital added a further opportunity for teaching and training."

Mr Moore said that the increasing use of mobile phones in East Timor was now making it much easier to keep patients and their families informed of the team's arrival while a special effort had been made to better distribute posters explaining what conditions the team could treat.

More still to treat

Mr Moore said he believed, based on statistical and epidemiological evidence, that there remained a significant cohort of cleft lip and palate patients still untreated in East Timor and has designed a project to try to encourage such patients or their parents to seek treatment.

"We would expect in a population of one million people that there would be between 1,000 and 1,500 cleft patients," he said.

"We now have 750 on our data-base, which suggests there are still many people who either do not know that we can treat them, or who are afraid to seek treatment or cannot travel for surgery.

"I have suggested that with local medical students' help, we conduct a small study in a small village such as Same analysing the outcomes to patients and conducting a quality of life survey over five to ten years post-surgery to show both local people and funding agencies the difference this treatment can make.

"Even recently we treated a 17-year-old

girl with a cleft lip and palate who had been hidden away because of shame who had never been to school so she, and other individuals like her, become a burden to an economically struggling society rather than a contributor.

"We should make extensive use of photographs not only as a pictorial measure of outcomes but as a way of advertising our surgical services.

"The before and after pictures are a really graphic way to explain what we can do, to assuage people's fear of the unknown and demonstrate that the patients look beautiful after only a 30 or 40 minute operation."

Mr Moore said he was also extremely pleased with the advances being made by Dr Ximenes, a general surgeon undertaking training in reconstructive surgery who did his first solo cleft lip and palate repair last year.

"Because I go back to 2000 in East Timor, I feel greatly privileged to see the local medical staff flourishing and to see them establish their own systems from Year Zero."

Mr Moore said the main themes of the International Forum of this year's ASC included discussions relating to the transitioning of aid to developing nations to allow for self sufficiency and the problems and advantages confronting surgeons in the Pacific region.

The more controversial subject discussed, however, remains taking trainee surgeons and medical trainees on international aid visits.

"There is a great deal of work going into this now, with the AMA and other medical colleges working on protocols to guide the use of trainees in international work," he said.

"Of course there are ethical issues, as people from developing countries deserve the best care possible, but I believe that if we can come up with clearly defined guidelines, trainee participation could represent benefits for all, because it will be the young doctors of today who will be leading teams in the future."