

Samoa Trip May 6-17 2009

Firstly I would like to thank Dr Wayne Viglione for doing such a sterling job organizing and leading this outreach trip, also Dr Kevin Woods for his wonderful guidance and expert tuition. This experience will prove without doubt to be a formative part of my training as an orthopaedic surgeon. I have done a modest amount of voluntary work in South-East Asia and India as a medical student and resident but my time in Samoa has reformulated a great deal of my thinking.

I arrived at approximately 1am on the 10th of May. As the plane touched down at Faleolo International Airport (35 km west of Apia) our welcoming Samoan hostess informed us that there would be some health procedures undertaken on account of the Swine Flu outbreak. As we disembarked we were shepherded toward medical staff who took our temperature to the dulcet tones of a Samoan band playing traditional Samoan tunes. The bus trip through a mist of monsoonal rain delivered me to the doorstep of Aggie Grays Hotel in central Apia. Aggies is an amalgam of well worn 1940's charm mixed with a 1970's resort in the vein of Hi-de-Hi.

Aggies proved a comfortable base from which we would launch ourselves into the wilds of the Samoan health system.

Numerous images are forged into my mind from that first morning, namely the throng of patients with makeshift dressings and splints camped outside the outpatients department, mothers squatting on the floor feeding their children in the corridors of the wards. These images are not unusual but rather are typical of an under-resourced and over-run health system.

The pertinent question is, what can we offer our pacific island neighbours and assuming we can help how we can we best execute this endeavour. Unfortunately I must disappoint by admitting I am unable to answer either of these gargantuan questions. I can however share with you what I learnt from undertaking this trip and from the people I met.

This was Dr Viglione's fifth expedition and his enthusiasm and passion for working towards the betterment of the Samoan orthopaedic service is totally disarming. He has a love for the people and their rich Polynesian culture and made great efforts to make us feel welcome and show the debutants the best Samoa had to offer. What I also learnt from watching his work is that such a trip cannot be successful unless you undertake a significant amount of planning and preparation with the local hospital and medical staff. The key to this is the relationships which have developed through the continuity of his return visits.

Dr Kevin Woods was a revelation to me and my only regret was that I did not have an extended opportunity to watch and learn from him further. He makes the surgically difficult look easy and was able to quickly adapt to the sometimes

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trying circumstances. His serenity in the face of adversity is something to which all trainees should undoubtedly aspire. He also taught me probably my most important lesson of the trip, namely making and sticking to a plan and not taking short cuts.

Our anaesthetist Dr Guy Orlay was indispensable to the team; he had been to Samoa in 2008 with a plastics team and aside from his consummate technical expertise, he provided both an intellectual critique and soundboard to what we were trying to achieve on this trip.

The underpinning quality which all of these doctors brought to this trip was the generosity of sharing their knowledge and expertise with firstly the local Samoan surgeons and trainees and also with myself and our resident Xiao Wu. Joan Carlson our theatre sister had the unenviable task of checking, unpacking and packing the huge array of surgical equipment that we brought over from Australia. She also patiently taught the Samoan theatre staff the intricacies of the equipment. To her great credit by the end of the trip the Samoan staff were as confident as most in preparing the arthroscopy and ACL equipment.

Finally with all due respect to my senior colleagues the greatest lessons were borne from my Samoan hosts. I met surgical trainees who had spent years in Fiji unpaid and away from their families to complete their surgical training. Most importantly I learnt that technology and technical ability are not synonymous. Local surgeons are usually the most appropriately skilled people to deal with their own patients in the prevailing conditions and clinical circumstances. As always, surgery is just a small part of the picture in these trips and the other factors, which we must never lose sight of, involve issues such as follow-up, rehabilitation and the ability of the health system to deal with the long term consequences of our surgical management decisions. In Samoa a great deal of this burden is shifted to the family as their society enjoys few of the social safety nets we take for granted.

In conclusion I would like to thank Stryker orthopaedics for their unfailing support for orthopaedic outreach and hope that this small account goes a small way in conveying the problems which face our Samoan neighbours.

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