

ORTHOPAEDIC OUTREACH
SAMOA TRIP 2005

12/11/2005 – 26/11/2005

Richard Kjar – Stryker/Outreach Travelling Fellowship

Members:

Wayne Viglione	Orthopaedic Surgeon
Danny O'Keefe	Orthopaedic Surgeon
Rod Green	Anaesthetist
Richard Ibarra	Scrub Nurse
Richard Kjar	Orthopaedic Registrar
Robyn Kildey	Chief Organiser
Kathy O'Keefe	Nurse

Stats:

Saw 90 patients

Performed 28 operations

Trip Report:

The Orthopaedic Outreach trip to Samoa proved to be a learning experience for all those involved. Independent Samoa consists of 2 main islands, with a population of 177,000 people. Located approximately halfway between Melbourne and Los Angeles, it is just south of the equator. The capital, Apia, is the home for the National Hospital, and the destination for the Outreach team.

Half the team, (Danny, Kathy, Richard K and Robyn) arrived early Sunday morning. A sleep in and a tour of the Southern half of the island occupied the remainder of Sunday, a day Samoans dedicate to church and family.

Monday saw our arrival at the hospital and a harsh dose of reality. The Samoan medical staff had been on strike for the last 3 months (over pay and conditions. Very basic emergency services being maintained by 2 Chinese and 2 Indian doctors paid for by their respective governments as part of an ongoing aid program. Emergency orthopaedics was being performed by a local surgeon (with no specific orthopaedic training) for life or limb threatening injuries only.

With no Orthopaedic clinic for the last 8 weeks, things were in some disarray to begin with, but Robyn got the media whirlwind going, with appearances in the local paper and local TV within the first couple of days of our arrival. Battling our way through the first clinic, Danny and I saw an amazing array of pathology, including many conditions that neither of us had ever seen before. Difficulties with language were overcome with help from nursing and physiotherapy staff. We visited the ward and were confronted with a number of cases of gross osteomyelitis and various fractures.

Clinic continued the following day and late that evening the rest of the team arrived. The next day we commenced operating and came to realise the magnitude of the difficulties the staff there had to confront. After Rod, our anaesthetist, willed the Halothane vaporiser to work with a mallet, we commenced operating. As our equipment had not yet cleared customs, we used their equipment. The power drill from the hardware shop and a incomplete small fragment set that consisted entirely of recycled metalware opened our eyes.

Friday came and Wayne and Robyn went to American Samoa to visit the local orthoped there, to see if there was anything Outreach could offer them. We continued in the clinic and OR. The weekend saw us visiting the other island and enjoying a pleasant night in a beachside 'fale' (Samoan open sided shelter). We toured around and relaxed into the Samoan pace of life.

The following Monday saw us settling into a routine, with Danny in the clinic and the rest of us in theatre we started to get stuck into some cases. Rod performed admirably when the oxygen ran out, Richard I. worked tirelessly scrubbing, preparing equipment and teaching the local staff. Kathy helped endlessly around the theatre. 28 cases in total were performed. These included plating and grafting of humeral and forearm non-unions, MUA and plasters, arthroscopies, removal of infected metalware, some hand trauma, a SUFE and an amputation. Memorable cases including a chronic dislocation of the elbow in a 12 year old girl that we openly reduced, and a posttraumatic radio-ulnar synostosis in a 30 year old man that we took down and osteotomised.

Danny worked tirelessly in the clinic, screening patients, treating some conservatively with limited resources (and some intra-articular steroid) and organising some for operation. Unfortunately there were some that we could not help, given the resources available. Overall over 90 patients were seen in the clinic. Follow up was an issue as there was no end in sight to the doctors' dispute, but we organised a post op plan for all patients using the resources we had.

The nursing staff of the ward and especially the operating room worked tirelessly to assist us in doing the most we could. There are only 6 OR nurses (recovery and scrub/scout) in all of Samoa, working a 1 in 2 on call permanently. Still, they had time for us. There resources were highly stretched with person-power, equipment and money all lacking. By the time of our departure, the carpentry department, whom individually made crutches for the patients, had ran out wood and nails and had no funds to buy any more. The ward had no bandages to redress the wounds, except with the supplies we gave them.

Overall, Samoa was an amazing place to visit and both the learning and teaching opportunities were endless. I learnt a great deal of orthopaedics, medicine and how to working difficult and trying circumstances and limited resources. I hope to return in the near future with an Outreach team to continue our work there.

Many thanks to Stryker for providing me with financial assistance.