ABOUT HEALTH CARE OUTREACH

SYDNEY ADVENTIST HOSPITAL’S HEALTH CARE OUTREACH PROGRAM HAS NOW BEEN SUCCESSFULLY CONDUCTED IN CAMBODIA, CHINA, FUJI, MONGOLIA, MYANMAR, NEPAL, PAPUA NEW GUINEA, RWANDA, SOLOMON ISLANDS, TONGA, VANUATU AND VIETNAM.

The program started as ‘Operation Open Heart’ in the mid 1980’s to assist people dying of rheumatic heart disease in Tonga however it soon expanded as different medical needs in different countries were identified.

Accordingly, ‘Health Care Outreach’ was adopted as an umbrella name to cover all medical assistance programs that were organised as needs were identified.

Health Care Outreach is coordinated by Sydney Adventist Hospital. Sydney Adventist Hospital sources and co-ordinates volunteer medical, nursing and allied health professionals from all over Australia and New Zealand. To date approximately 1500 volunteers have assisted in over 90 programs and surgery has been performed on over 2600 patients.

Health Care Outreach could not operate without the volunteers who offer their expertise freely and contribute financially, the support of AusAID, through the Royal Australasian College of Surgeons, Adventist Development and Relief Agency, Rotary and other community service organisations, medical companies and other individual civic-minded sponsors.

Our thanks to all those who help the Sydney Adventist Hospital to help others.

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THE AIMS OF HEALTHCARE OUTREACH ARE:

- To assist local doctors with the diagnosis and treatment of patients
- To provide urgently needed surgical procedures
- To provide in-service training for local medical, nursing and allied health staff and to stimulate interest in improving levels of hospital patient care
- To improve equipment at the hospitals visited
- To contribute to the preventative health program in the country concerned
- To leave a legacy of medical independence to enable local medical teams to help their own people
“….It was really inspiring to work with the team leaders who went above and beyond… it was a great fun positive experience and we were helping people….but the highlight of Cambodia was definitely the children….the kids are gorgeous…you fall for them hook line and sinker… they’re tough little things….after everything they’ve been through they still give you a smile…”

GABBI SCARFE • PAEDIATRIC CARDIAC NURSE • CAMBODIA • OPERATION OPEN HEART 2008
TEAM MEMBER VOLUNTEER 10 TRIPS
The 2008 trip was Operation Open Heart’s 5th visit to Vietnam’s Cho Ray Hospital in Ho Chi Minh City.

The team observed the improvement in surgical ability, operating room practices and postoperative Intensive Care Unit management since their last visit and the team’s cardiac surgeons were particularly impressed with the complexity and quality of cardiac surgery being performed by the local teams.

With the development of its services Cho Ray Hospital is now acknowledged as one of the major public surgical and diagnostic cardiac centers in the city with the Vietnamese doctors and nurses displaying the enthusiasm critical for a successful cardiac program that results in improved cardiac patient outcomes.

The Vietnam Operation Open Heart Project has flourished due to the combined efforts of Mosman Rotary and Sydney Adventist Hospital supported by various community organisations, medical supply companies and the dedicated nurses, doctors, and technicians who volunteer their services.

AIMS OF PROJECT
- To establish a program for cardiac surgery within the State run public hospital system at Cho Ray Hospital
- Improve Cardiac Patient Outcomes
- Provide Educational Support and Training in:
  - Adult and Paediatric Cardiac Surgery Techniques
  - Cardiac Anaesthetics
  - Clinical Cardiac Perfusion
  - Post Operative Management of Cardiac Surgical Patients
  - Invasive Diagnostic and Interventional Cardiology
  - Physiotherapy Management Pre and Post Cardiac Surgery

PATIENT SCREENING
Prior to the visiting team’s arrival, preliminary screening was undertaken by the local Vietnamese cardiologists. On arrival the team met with the Vietnamese doctors and reviewed cases and assisted with developing management protocols for the patients.

Since the team’s last visit the cardiac catheter facility has been upgraded with the latest in interventionnal equipment. This enabled quality cardiac angiography films to be presented to cardiologists and surgeons for their assessments.

CARDIAC SURGERY
On the first operating day the Vietnamese surgical team had a patient in each cardiac theatre prepped, anaesthetised and ready to operate on when the visiting team arrived. The team surgeons and anaesthetist worked alongside the Vietnamese surgeons teaching and demonstrating new and improved
techniques. The Operation Open Heart medical staff were very impressed with the knowledge and surgical ability of the Vietnamese team.

POST - OPERATIVE MANAGEMENT

Cho Ray Hospital has a relatively new eight bed Cardiac Intensive Care Unit however its equipment varied in age, brand, quality, and reliability and was challenging for the Intensive Care nursing team. The postoperative medical support provided within the Intensive Care Unit had improved in comparison to the team’s last visit.

Despite difficulties in communication all team members were extremely committed to making the most of educational opportunities to share their skills and knowledge with the motivated nursing and medical staff.

The lack of experience in postoperative management and adequate equipment for the postoperative management of cardiac surgical patients remains the major challenge in the short term for the Vietnamese medical and nursing staff.

RECOMMENDATIONS

• Encourage Vietnamese doctors to
  - recognise the value of their nursing staff in the cardiac team
  - further develop their skills in the management of patients post-operatively
  - further develop their skills and knowledge in the specialty of Paediatric Cardiac Congenital Problems

• Assist sourcing necessary capital equipment

THANK YOU

The 2008 Vietnam Operation Open Heart Project was a great success due to the contribution and commitment of team members, Mosman Rotary and Sydney Adventist Hospital. Future visits by the Healthcare Outreach Team will continue to contribute to the development of Cho Ray Hospital’s Cardiac Surgical Program and greatly benefit the Vietnamese people.

Chris Waite
Project Leader
The 14th visit by the Nepal Reconstructive Surgery Team to Nepal took place in March 2008.

Co-ordinated by Sydney Adventist Hospital, the partners in the project were Adventist Development Relief Agency (ADRA) Nepal and the Scheer Memorial Hospital (SMH), in Banepa, Nepal.

AIMS OF PROJECT

• To provide burn reconstructive surgical services
• To collaborate with Scheer’s sister institution, ADRA Nepal
• To monitor the program and suggest improvements
• To transfer skills and knowledge to local doctors and nurses

PATIENT SCREENING

Prospective patients were assessed for the first time for the Reconstructive Surgery program by email long before the team arrived in Nepal. Several months earlier ADRA Field Worker Ram Timilisina photographed prospective patients and emailed the photos to Dr David Pennington in Australia for his medical assessment. This saved time and money and minimised the distress of patients.

Previously patients often travelled for days to the hospital to be assessed by the visiting team – for some this was a wasted visit as it was quickly obvious the minimal benefit of surgery did not justify the risks, or the surgery was only for cosmetic rather than corrective reasons and therefore not appropriate for the team to undertake.

SURGERY

Surgeries took place over nine days and averaged 8-10 cases each day in two operating rooms with two operating theatre tables. 45 burns scar contracture surgeries were completed on patients ranging in age from 2 to 56 years.

WARD MONITORING

Both Nepali and Australian Nurses worked together to provide the best pre-operative and post-operative care to the patients. Daily rounds were conducted to ensure that the needs of the patients were met and quality care was provided. Burn dressings and wound assessments were done by Nepali resident Dr Mathema Basant after the team left.

EDUCATION AND SKILL TRANSFER

A structured education program started this year formalising the previous casual bedside and in surgery training by team members.

The sessions were well attended and appreciated by nursing and medical staff and will become an integral part of further visits.

EXPENSES

All patient expenses related to the surgery, accommodation, living expenses and transportation were covered by the team’s fund raising.

John Sanburg
Project Leader
It was a wonderful learning experience for the Nepali nurses learning new techniques and less complicated ways of burn care. They have also seen and learned how proper organisation and delegation of responsibilities can make work easier and more fulfilling. Our Nepali staff benefited working with experienced and well skilled nurses from Australia.”

Scheer Memorial Hospital staff member
Operation Open Heart made its 17th visit to the Colonial War Memorial Hospital (CWMH) Suva Fiji from May 10th to 30th. Coordinated by Sydney Adventist Hospital it was supported by AusAID though the Royal Australasian College of Surgeons Pacific Islands Project, the Fiji Ministry of Health and various medical companies and volunteer team members.

AIMS OF PROJECT

- assist local doctors with the diagnosis and treatment of heart disease patients
- provide urgently needed cardiac surgery
- provide on-going education for medical, nursing and allied health staff

Pre-operative assessments were conducted on 173 patients.

31 surgical procedures were done on 29 patients aged 13 months to 50 years.

Patients were referred from the 3 main regional centres Suva, Lautoka and Labasa.

TRAINING ACTIVITIES

Education is a vital aspect of the program with fifteen formal lectures presented to medical, physiotherapy and nursing staff. Informal training was ongoing: to the ICU nursing staff about the care of the ventilated patients, chest drains, and documentation; to the Theatre nursing staff who scrubbed to assist the surgeons under the guidance of the team nurses; to Ward nurses about chest pain management, chest X-ray interpretation; and other topics as requested. The Fiji School of Medicine will be approached in the future to advise the sessions they would like presented during the visit.

THE FUTURE

At the end of the surgical commitments doctors discussed the future needs of the Hospital and identified and confirmed:

- Teaching local medical and nursing teams to be self sufficient is the long term aim of the project
- The CWMH needs to work towards establishing a cardiac unit
- Doctors interested in becoming cardiologists need to be encouraged
- Guidelines for patient selection need to be re-established
- Patients need to be treated at the earliest stage of their cardiac disease
- Improvements in nursing standards need to be made
- In the future cardiac screening will take place 6-8 weeks prior to the arrival of the surgical team in the regional centres of Suva, Lautoka and Labasa
- Clinical education should be coordinated with formal medical and nursing lectures
- Preliminary discussions have
been undertaken with local medical personnel to undertake research to evaluate the effectiveness of the cardiac surgery program

SUMMARY

Since the first Operation Open Heart Team visited Fiji in 1990, 510 patients have had cardiac surgery performed by the visiting team. The overall mortality rate for the perioperative period is within world-class benchmarks and equals less than 1%. The success of the project is a direct result of the contributions and commitment made by the team members and supporting organisations from Australia, the local Fijian community and the Ministry of Health.

A return trip to Fiji in 2009 will be planned subject to political stability and in consultation with the Fiji Ministry of Health and the Royal Australasian College of Surgeons.

Melanie Windus
Project Leader
2008 was the 14th trip by Operation Open Heart to Papua New Guinea (PNG) since 1993 to assist with the local screening program for cardiac conditions (predominantly rheumatic & congenital conditions), undertake open and closed cardiac surgeries, provide ongoing education of local staff, and improve plant and facilities.

AIMS OF PROJECT

• For local staff to undertake closed cardiac surgical repair of Patent Ductus Arteriosus prior to the arrival of the visiting Australian team

• To consolidate the previous achievements by the local staff with Blaylock Shunt procedures

• To upgrade the medical gases in 3 of the operating theatres

• To run two open heart theatres for open cardiac surgery with a local team running one

• To review, continue the education and training process, and improve the knowledge and skills of the post operative ward and other staff

• To increase local staff involvement in care of adults with cardiac disease

THE TEAM

49 team members came from 22 different hospitals and organisations around Australia.

The local PNG team was well prepared for the visit and had undertaken successful adult and paediatric screening in the remote regions with portable echo machines to identify appropriate patients. Patients then travelled from remote areas and were treated for ancillary conditions like pneumonia, malaria and anaemia before the arrival of the visiting heart surgery team. Community fundraising paid for the transport and accommodation costs of the patients.

EQUIPMENT

While Port Moresby General Hospital supplied equipment on site, 18 cubic metres and 4200 kilograms of equipment provided by Sydney Adventist Hospital and the Children’s Hospital Westmead was air freighted to Port Moresby with the assistance of TNT & Air Nugini.

SURGERY

60 children ultimately underwent heart surgery after initial screening of 400 children. 67 children were identified as having the best long term prognosis from a single procedure.

Since 1993 the Operation Open Heart team has operated on more than 456 children and 145 adults – 601 individuals’ lives have been transformed.

8 LONG-SERVING VOLUNTEERS OF THE PAPUA NEW GUINEA OPERATION OPEN HEART HAVE BEEN AWARDED THE PRESTIGIOUS PNG GOVERNMENT AWARD “THE ORDER OF LONGHU” DURING THE 2008 INDEPENDENCE DAY ANNIVERSARY HONOURS.

Bestowed for service to public health and the community through their participation in Operation Open Heart

the Orders of Papua New Guinea Member of the Order of Logohu (ML) were made to

• Dr Mathew Crawford
• Dr Richard Hawker
• Mr Russell Lee
• Dr Graham Nunn
• Dr Ian Nicholson
• Dr Darren Wolfers

The Cross of Medical Service Medal, (CMS) was awarded to both

• Ms Suzanne Bedford
• Ms Margaret Bresnhan

for their Distinguished Medical Service

This is a critical but often heart-wrenching consideration that needs to be made to ensure the most effective use of the visiting teams’ time and
resources. The types of lesions included: VSDs, ASDs, TPFs, TOF, CoA, MS (from Rheumatic valvular heart disease).

18 adults patients presented for surgery as a result of the chest Xrays and echocardiograms & ECG’s previously performed. Ultimately 9 were chosen and repeat echocardiography & ECG’s assessed by the visiting Surgeon and Anaesthetist determined their suitability. Conditions included MS (from Rheumatic valvular heart disease), VSD, ASD, MS (from Rheumatic valvular heart disease).

Intensive care, preoperative and postoperative patient facilities were cleared for use for the visiting team with other hospital patients’ elective surgeries performed before or after the teams visit. Emergency procedures were dealt with in another theatre or after hours.

One theatre was dedicated to open-heart procedures and another to a combination of both open and closed procedures. A total of 69 procedures - 38 open heart surgeries and 31 closed heart surgeries were performed over the two week visit.

OUTCOMES

• Excellent surgical results resulting in life changing and life transforming results for patients for their ongoing use after the departure of visiting teams.

• Increased specialist cardiac anaesthesia training

• Transfer of skills necessary for intensive and postoperative adult and paediatric care

FUNDING

The PNG project is coordinated by the Sydney Adventist Hospital and is assisted by the individual contributions of team members, AusAID through the Royal Australian College of Surgeons PNG Health Education and Clinical Services Project, the PNG Department of Health, various Rotary Clubs, TNT Air Cargo, Air Niugini, Ella Motors, National Heart Foundation, and the Red Cross.

FUTURE CONSIDERATIONS

The PNG Ministry of Health is considering improvements to the Port Moresby General Hospital including a Coronary Care Unit and an Oxygen Manufacturing plant. Overall costs of the program are rising due to increasing accommodation charges, medical disposables and increase in the numbers of team members necessary to meet cardiac needs of the local population.

Russell Lee
Project Leader

2008 STATS

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<td>Oldest Patient</td>
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<td>Mean age</td>
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71% of the patients were less than 12 years.

52% of the patients were female.

44.9% of the patients had closed heart surgery.

55.1% of the patients had open heart surgery.

OOH PROGRAM

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CLOSED HEART PROGRAM 11

OVERALL TOTAL 69

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CLOSED HEART PROGRAM 11

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Russell Lee
Project Leader
AIMS OF PROJECT
To further the work of the prior Orthopaedic Program Teams in developing hand surgery in Phnom Penh through teaching and skills transfer, while consulting and performing hand surgery for the poor and needy.

CAMBODIAN PARTNERS
• Ministry of Health Kingdom of Cambodia
• HOPE worldwide

Hospitals:
• Sihanouk Hospital Centre of HOPE
• Children’s Surgical Centre
• Kossamak Hospital

FINANCIAL SUPPORT
• AOA (Australian Orthopaedic Association through the Humanitarian Services Committee)
• Liverpool West Rotary Club for container packing and shipping to Phnom Penh
• Team members contributions

MATERIALS/DONORS
• Liverpool West Rotary
• Sydney Adventist Hospital
• Strathfield Private Hospital

KEY ACTIVITIES
• Daily patient evaluation, consultation and surgical planning
• Many operative procedures performed at three Phnom Penh hospitals
• Two afternoons of teaching in Upper Limb surgery at Kossamak Hospital
• Two afternoons of the first Hand Surgery Workshop held in Cambodia with attendance of 80 surgeons, trainees and nurses

Graham Gumley
Project Leader

“This was a very worthwhile, goodwill mission to Cambodia to teach and instruct the local surgeons and to deliver a service to an impoverished but incredibly appreciative long suffering people. We only touched the surface of the pathology present. There is enormous scope for brachial plexus reconstruction, reconstruction of congenital hand deformities, treatment of neglected severe burn contractures and the effects of hand and upper limb trauma due to unprotected and unsafe work places. This is all on a background of poorly nourished people with endemic tuberculosis and spreading HIV AIDS. I would strongly recommend return trips to Cambodia to follow up on the excellent work done in previous years …… particularly with regard to education and teaching rather than performing large numbers of surgical procedures.”

Dr Damian Ireland
After a feasibility visit in April 2008 an Operation Open Heart team visited Tonga in October 2008.

AIMS OF PROJECT

• The establishment of a Cardiac Task Force in Tonga

• Education for nursing staff at Vaiola Hospital

• Screening to identify potential surgical patients

PATIENT SCREENING

Tongan Paediatrician Dr Toa Fakakovi independently secured assistance for a screening program. As a result, 800 primary school children had echocardiography examinations in August and September 2008 and initial patient assessments were undertaken by doctors Toa Fakakovi and Sione Latu.

66 paediatric patients and 36 adult patients were screened after referrals from all over Tonga and local staff were included in selecting appropriate patients for surgery. Prioritisation occurred with patients being categorised for clinical priority and risk classification.

EDUCATION

19 local registered nurses received certificates of achievement after completing a four day nursing workshop conducted by two visiting nurse educators.

During the visit Dr Malcolm Richardson held education sessions on the Spectrum of Congenital Heart Disease and Rheumatic Heart Disease.

Informal education also occurred with medical, nursing and pathology staff throughout the visit. This was in the form of clinical case discussions for current and ongoing care of patients and advanced clinical practice skills for nursing.

Nursing staff working along side team members were encouraged to extend their clinical skills and were supervised with some clinical procedures including the removal of chest drains, pacing wires and basic ECG rhythms.

Nursing staff in the operating theatre scrubbed and performed very capably the role of Instrument Registered Nurses with the support of theatre team members.

This was the first trip back to Tonga by an Operation Open Heart Team since the inaugural Operation Open Heart visit in 1986.
The Tongan people are very appreciative of the Operation Open Heart team. It’s a good learning experience for our doctors and nurses and other hospital staff...and it’s great for our people...we hope the team comes back again.”
Ana Fotu Kavaefiatangi
Chief Nurse
Tonga

“I think it was really helpful as we usually take ECGs but don’t know how to interpret the readings. ...now we can interpret the readings and better understand the condition of the patient, ....it makes sense when you apply it to your practice thanks to the workshop. We also picked up a lot of information about drugs and their actions and indications, so we were then able to update the emergency drug store for ICU which hadn’t been done in years. I normally work in theatre, handling the instruments, but now I ... will be able to help the recovery nurses”
Mila Puloka
Tongan nurse

**EQUIPMENT**

Delays in the arrival of the heart lung machine, damage to a cardiac ultrasound, and the failure of ventilators in the hospital were issues that caused delays and challenges.

**SURGERY**

14 patients aged 3 years to 50 years underwent surgery. There was a 50:50 split of males to females. Two patients required a return to the operating theatre for post operative bleeding but made good recoveries.

Annette Baldwin  
Project Leader

**FUTURE RECOMMENDATIONS**

- Include more Anaesthetic and Intensive Care personnel
- Include a biomedical technician to ensure equipment maintenance can be undertaken
- Ensure essential drug supplies are available
- Investigate funding for a 2009 visit to undertake surgery on most of the remaining patients. Visits would then only be required every 2 – 3 years
This was the Health Care Outreach’s 2nd surgical visit to Angkor Hospital for Children (AHC) in Siem Reap in Cambodia.

AHC is a 50 bed not for profit hospital with one operating theatre established in 1997 by the charity group “Friends Without a Border” - founded by Japanese photographer Kenro Izu who was appalled at the plight of children injured by landmines.

Today the hospital has an excellent reputation locally and abroad and is a recognised medical and nursing teaching hospital of the Cambodia Ministry of Health. Its Emergency department treats 300 -500 children each day and cares for approximately 1000 HIV positive children.

Hundreds of children are also diagnosed at the hospital each year with congenital cardiac problems and are managed medically rather than surgically because it has no cardiac surgical services.

The 2007 visit by the Operation Open Heart team that successfully operated on sixteen children was inspired by discussions with AHC Paediatrician Dr Lyda and General Surgeon Dr Vuthy and the team and led to the 2008 visit.

The visit in 2008 was particularly successful for its skills sharing, with most of the 13 Patent Ductus Arteriosus Ligations performed by AHC general surgeon Dr Vuthy and his local team who all flourished with the supervision and encouragement from the visiting team.

As a result of the professional and social friendships that have developed, the Operation Open Heart team will return again in 2009 to perform open heart surgery.

**AIM OF PROJECT**

- Increase surgical skill level of general surgeons to perform PDAs
- Investigate the feasibility of performing open cardiac surgical procedures
- Provide Educational Support and Training in:
  - Paediatric Cardiac Surgery Techniques
  - Cardiac Anaesthetics
  - Post Operative Management of Cardiac Surgical Patients
  - Paediatric Diagnostic Cardiology
  - Physiotherapy Management Pre and Post Cardiac Surgery
PROCEDURES PERFORMED

Surgical:
13 Ligation Patent Ductus Arteriosus (Aged 6 months – 9 years)

Echocardiography:
57 Echocardiographies

THE TEAM

The team consisted of 13 volunteers Operating Theatre, Intensive and Coronary Care Nurses, a Paediatric Cardiac Surgeon, a Cardiologist, an Anaesthetist, a Physiotherapist and a Cardiac Sonographer. The team was extremely cohesive and worked well together.

EDUCATION

Education is a vital aspect of this program and despite difficulties in communication team members used every opportunity to share their skills and knowledge in the operating room and within the ward. Many team members repeated their lectures in the school of nursing/medicine and shared their knowledge with trainee nursing and medical students.

EQUIPMENT

Medical equipment and disposables were donated by a number of committed medical companies however there is still a huge need for general medical disposables and equipment including cardiac monitors in their emergency, recovery and post operative ward areas.

SUMMARY

The success of the trip is the direct result of the contribution and commitment displayed by each team member and supporting organisations (Mosman Rotary and Sydney Adventist Hospital) and the team at AHC who spent significant time and effort to ensure a successful visit and skill transfer between both teams occurred. Through ongoing visits the Healthcare Outreach Team looks forward to contributing further to the development of AHC’s Cardiac Surgical Program.

Chris Waite
Project Leader

“I was most impressed with the eagerness of the local staff to learn new skills... we were there mainly to educate local staff... not do the work for them. I was impressed how quickly they embraced new monitoring and pain control methods and how attentively they listened to our lectures...”

Ingrid Peppou
Cambodia 2008

RECOMMENDATIONS

• Plan a further cardiac surgical visit in 2009
• Provide on going training and educational support for the doctors and nurses at AHC
• Obtain capital equipment to ensure safe monitoring of patients post operatively
• In conjunction with AHC investigate the potential of performing open cardiac surgical cases in 2009
The 3rd surgical visit by Operation Open Heart to Rwanda took place in 2008 – a follow-up to the first trip during 2006’s “Hope Rwanda” global assistance program organised to help Rwanda on the 12th anniversary of the Genocide of over 1 million men, women and children.

AIMS OF PROJECT
• Assist local doctors diagnose and treat heart patients and do open and closed cardiac surgeries
• Share and transfer skills particularly in nursing and allied health
• Advise on use of hospital equipment.
• Provide surgical support to other visiting teams and encourage more teams from the USA and Israel
• Over 4-5 years, work towards the local team undertaking closed surgeries independently
• Improve local anaesthetic and intensive care skills and services, and encourage preventative care
• Upgrade blood bank facilities

PREPARATION
Preparatory work for the visit was co-ordinated locally by Dr Joseph Mucumbitsi (Senior Pediatrician), Mrs Clair Karibika (Director of Quality Assurance) and Joanne Fagan (Team Leader ICU). Preparations covered operating theatres, pathology, radiology, pharmacy, intensive care wards and medical gases.

Dr Joseph Mucumbitsi undertook local patient screening and patients were then reviewed by Dr Andrew Bullock and Dr Ian Nicolson via teleconference. On his early arrival Dr Bullock compiled a final short list of both congenital and rheumatic heart cases for later review by the surgical team.

THE TEAM
The 45 strong team came from 12 different hospitals and organisations Australia-wide.

CLINICAL MANAGEMENT
Patient (both adult and paediatric) selection and documentation was excellent.

The advance treatment of ancillary conditions like pneumonia, malaria and anaemia, and the appropriate selection of paediatric and adult patients suitable for a single procedure cure maximised the outcomes despite initial delays in starting surgery because of delays in the arrival of equipment.

RESULTS
• 17 open and 7 closed heart procedures on twenty children under 15 years and four adolescents over 15 years
• All patients did well post operatively
• Continued skills transfer
• Alliance building
• Improvement in facilities
FUNDING FOR THE VISIT
Team members contributed financially towards the visit and were supported by Australian businesses, philanthropic individuals and various community organisations. While in Rwanda financial support was provided by the Ministry of Health and the local budget of King Faisal Hospital.

CONSIDERATION FOR THE FUTURE
A portable echo needs to be sourced to enable local physicians to effectively screen their patients.

Dialogue with the American and Belgian teams should continue to strengthen the goal of assisting the local teams to become self sufficient and sustainable.

Russell Lee
Project Leader

“…we get to work with limited spare parts, on second-hand equipment, with no manuals to guide us, and have to rely on gut instinct and experience. Often we’re working on machines we’d never get to work on in Australia. All we’ll know about the machine is that it’s not doing what it’s supposed to be doing, and our job is to get it going – and all the while, keep everybody safe at the end of the day.”

David Watson
Biomedical Engineer

2008 STATS
Youngest Patient 15 mths
Oldest Patient 17 years
58% of patients were female.
70.8% of patients had Open Heart surgery.
Mean age of 6 years and 7mths

“…It is not unusual to do five or six heart surgeries in a day in Rwanda, whereas sometimes we’d only do two per day in Australia. Working in places like Rwanda is rewarding. We get more out of it than we ever put in. Part of why I do this is payback – the world has been good to me, and with that comes responsibilities to other people.”

Haydon Dando
Perfusionist
TEAM MEMBERS 2008

VIETNAM
Christopher Waite
Bruce Bastian
Bruce French
Alan Gale
Fiona Hyde
Ian Moore
Michael Morris
Natasha Quinn
Belinda Shearer
Chris Whight
Derelle Young

NEPAL
Coralie Batchelor
Kate Brown
Bronwyn Chalmers
Glenys Chapman
Jen Dixon
Harry Lam
Basnet Mathema
Alison O’Regan
David Pennington
Stephanie Phillips
John Sanburg
Jiro Sato
Neroli Seberry
Mark Staples
Kathy Stayt
Estelle Ulrich
Maurie Ulrich
Karen Vaux
Judith White
Wendy White

FUJI
Melanie Windus
Jane Adams
Lauren Allen
Mark Ambrose
David Baines
Helen Carter
Andrew Cochrane
Cathy Costa
Robert Costa
Hayden Dando
Himanshu Desai
John Dittmer
Helen Dodshon
Christine Dousset
Elise Dousset
Clement Fong
David Gattas
Lisa Heywood
Serena Hong
Julie Hulston
Lydia Hwang
Kathy Jays
Kate Johnson
Stephen Johnston
Vijay Kapadia
Ajay Kumar
Kerry Lewin
Chris Markey
Kiraka Nakazawa
Melissa Ng
Cathy Nolan
Killian O’Shaughnessy
Louise Pearsall
Peter Prager
Nazmeen Reddy
Greg Rice
Kerrie Richardson
Malcolm Richardson
Anna Rosendahl
Amy Sawyer
James Simpson
Nigel Tagg
Chloe Tetlow
Linda Thompson Magnall
Clarke Thuys
Kerry Touring
Rhoda Tuma
Mary Villanueva
Sally Wharton
Adam Williams
Mark Windus
SoonLing Wong
Simon Zirdar
CAMBODIA
ORTHOPAEDIC
Graham Gumley
Mark Allison
Desmond Bokor
Lindsay Gumley
Daman Ireland
Abay Sanderam

CAMBODIA
OPERATION OPEN
HEART
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Lorraine Flynn
Fiona Hyde
Mary Hegarty
Ramanie Jayaweera
Amanda Jenkins
Sharon Kay
Ingrid Peppou
Gabbie Scarfe
Kym Stuart
Kyra Thompson
Chris Whight
David Winlaw

PNG
Russell Lee
Lyndell Adato
Sarah Armarego
Amy Batson
Sue Bedford
Frances Beilby
Margaret Bresnahan
Peter Caperero
Michelle Chapman
Michael Clarke
Wendy Cokhill
Matthew Crawford
Hayden Dando
Jonathan Devasagayam
Susan Dunn
Simon Erickson
Jennifer Evans
Alison Handcock
Richard Hawker
Kate Henschell
Angela Holden
Christopher Holmes
Michael Holroyd
Sally Jenkins
Jennifer Joseph
Alison Kingsbury
Jia-Shee Lee
Kerrie Martin
Sam Mathews
Nicole McCloskey
Rishen Naidoo
Ian Nicholson
Kerry O’Neil
Lisa Perrett
Megan Pinfold
Kieron Potger
Joanne Sharpe
George Shortis
Jeanine Stewart
Derek Steyn
Rebecca Stone
Neil Street
Kym Stuart

TONGA
Annette Baldwin
Brett Aitken
Linzi Aitken
Noel Bayley
Andrew Cochrane
Jillian Dawson
Izzy Fietonu
Kelly Fowler
Fiona Hyde
Angela Hosea
Catherine Johnston
Chris Markey
Karen Moran
Kiraka Nakazawa
Erin Patterson
Peter Prager
Pamela Reid
Kerrie Richardson
Malcolm Richardson
Anna Rosendahl
Gabbie Scarfe
Natalie Selway
Nigel Slade
Ian Smith
Linda Thomson Mangnall
Renae Tranter
Bruce Treagus
Rhoda Tuma
Zoe Wainer
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Richard Bullock
Eugene Butkowski
Helen Carter
Sarah Cherry
Beth Chidlow
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Kuljeet Farrar
Alison Handcock
Leah Harvey
Stephanie Haven
Claudia Howe
Toni Ilich
Joanne James
Sally Jenkins
William Lyons
Samantha Mathews
Christine Murphy
Denise Murray
Ian Nicholson
Jessica O’Brien
Ashling O’Donnell
Celine O’Malley
Lisa Perrett
Ann Prendergast
George Shortis
Bradley Smith
Julie Smith
Rebecca Stone
Kym Stuart
David Watson
“The altruism of the volunteers in Sydney Adventist Hospital’s HealthCare Outreach Program who travel across the world to transform and save the lives of people they’ve never met, and to share their skills with local medical and nursing teams in the hope they can leave a legacy of self sufficiency, is inspiring – they are great ambassadors for Australia.”

DR BRENDAN NELSON MP
FEDERAL MEMBER FOR BRADFIELD