

Report surgical mission Tentena, Sulawesi, Indonesia, September to October 2014

For the third time in six years visited a plastic surgery team Sinar Kasih hospital in Tentena, located at the Lake Poso in Central Sulawesi (formerly Celebes). The team members were from Twente, as in 2011: Janneke Schuijzeman, OK assistant, Ernst den Ouden, anesthesia assistant, Marten van Wijhe, anesthetist and Hans de Bruijn, a plastic surgeon. The initiative and the organization were in the hands of the Lake Poso Foundation.

Tentena project began in 2001 with the observation, by the originally in Delden Netherlands raised, but for years local resident Annelies van Hagen, that many patients with severe congenital or acquired abnormalities in the region had no access to reconstructive surgery. She took the initiative to get a Twente Plastic Surgical team at the local hospital.

The hospital is poorly equipped. It employs four local doctors and there are basic laboratory and X-ray facilities. The level of the hospital is comparable to the level 1940 in the Netherlands.

The OR (operating room or locally called Kamar Operasi) was made especially for us with sticky paint poison-turquoise. The OK lamp burned but three pits (in 2011 still 4).

The team had elementary anesthesia and surgical equipment included in two aluminum cases, as with previous missions. By also bringing along a good little bright head lamp and an operating coagulation device (blood clotting) with us we were in fact independent of local, simple infrastructure. With a pulse oximeter the size of a matchbox and infusion pump the size of a Magnum ice cream, acting on a mechanical spring, safe anesthesia was given, which in Europe require immense closets full of electronics.

Because of the publicity that was given to the arrival of the team, patients from far and wide arrived, many people even two days traveling from distant isolated valleys, came to Tentena for consultation. The intake took place in the auditorium of the hospital, in between operations and was translated by Annelies van Hagen. In total, 430 patients were seen and assessed.

Besides trivial innocent findings, we also encountered many patients with very serious defects. Here it occurred, for the lack of specific diagnostic capabilities, that we could not always establish a definitive diagnosis. In such cases the decision: has further diagnosis consequences or not. If no consequence, whatever it may be, means no further treatment. So it is not relevant to determine the exact cause of extremely far advanced cancers that we came up against, because it had no effect, except palliative pain relief. Also, X-ray examination, for example, creaking aching knee joints has no consequence because there are no follow up treatment options.

Of course it was possible for some patients, for example, to travel 17 hours to Makassar to get a ct scan, but by the time they would return we would be gone again, that is if they would be able to afford the travel expenses. For diagnosis of some tropical skin abnormalities photos were mailed to a Dutch dermatologist for advice.

Our highest priority was given to birth defects such as cleft palates and cleft lips , which entail major social impact and defects that impede daily functioning, such as severe burns contractures. Alongside were general surgical procedures such as inguinal hernias, water breaks and malignant tumors surgery.

In total, 85 patients were operated in two weeks time. A few patients were admitted only for palliative cancer treatment.

It was heartwarming to see again some of the patients who were operated on in 2008 and 2011. Luckily all were well. Some cleft palate patients were operated on for subsequent operations for the second or third time. All previous surgeries were found, despite the limited possibilities in this small hospital, good and healed properly.

We did have the belief we did something good for this mostly poor population.

Tentena, October 4, 2014,

Hans de Bruijn