

Challenges of Paediatric Anaesthesia In Timor Leste

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Since 2007 the author has taken the opportunity to work annually in East Timor in a Paediatric surgical team as part of the Australia Timor Leste Program of Assistance for Specialist Services (ATLASS). This is organized by Royal Australasian College of Surgeons (RACS) and funded largely by AusAID.

During three visits most of the surgery has been for congenital bowel malformations (imperforate anus and Hirschsprung's disease) [20 cases]. In addition, orchidopexy, surgery for hernia, bladder stones and hypospadias repair have been performed. [Total 29 cases]

Anaesthesia consists of predominantly a general anaesthetic with Halothane, in conjunction with a caudal block. Mechanical monitoring is limited to pulse oximetry, ECG, blood pressure and temperature. Challenges include communication difficulties, both pre and post op. The children are often malnourished and have minimal previous investigations. There is limited equipment including such basic things as bedding and padding to aid positioning, so innovation is crucial. The ATLASS trips aim to be self sufficient in terms of equipment so that the hospital's limited resources are not depleted. However, some equipment items are not easily conveyed, due to bulk and customs issues. Locally trained anaesthesia nurses provide assistance.

Maintaining continuity of personnel in the team during these three visits has resulted in significant improvements in efficiency and safety. Some patient follow up has been possible.

The work is highly rewarding. Patients and their families are very appreciative. A child being rid of a colostomy is a life changing event.