


A young boy with dark hair and a slight smile is sitting in a blue wooden boat on a body of water. He is wearing a light-colored shirt and dark shorts. He is holding a long wooden oar. The background shows a blue sky with some clouds and buildings in the distance. In the top left corner, there is a large, stylized blue circular graphic with white brushstrokes.

orthopaedic  
**outreach**

**2015 Annual Report**





# Orthopaedic Outreach is an Australia-wide organisation of volunteer surgeons, anaesthetists, nurses and allied health personnel, that is recognised by the Australian Orthopaedic Association (AOA) as its humanitarian arm.

## **Orthopaedic Outreach. A surgeon-led organisation.**

Orthopaedic Outreach supports volunteer surgeons, anaesthetists, nurses and physiotherapists who provide surgical and teaching services in areas of need, throughout South East Asia and the Pacific Islands. Our work is done with the full support and involvement of local key community leaders. This year we supported 27 separate visits to 12 countries.

We treat patients suffering as a result of trauma (accident and injury), infection, tumour or debilitating congenital conditions such as club-foot. Outreach surgeons fully engage with the local medical personnel and place a strong emphasis on teaching and training, so that local doctors have the opportunity to improve their knowledge and skills. In many instances, local doctors are able to safely and effectively perform much needed procedures on their own after Outreach teams have returned home.

Long running Outreach programs in Indonesia, Cambodia and Vietnam have seen a very significant shift in the skills of local surgeons who are now competent and able to pass these skills on to their in-country colleagues. Such programs demonstrate that the model of donated support we employ, focused on training, is increasingly effective over the long term.

The impact of Outreach goes well beyond the obvious benefit provided to any one individual patient. Our care frequently enables patients to have their function restored, which in turn enables them to support their families and reduce the burden otherwise born by local communities and governments.

Funds we receive through memberships and donations are used to cover equipment, surgical supplies, anaesthetic equipment, and the most basic expenses of medical staff who voluntarily give their time and skills to do this work.

We have no shortage of surgeons willing to do this vital work, but are always in need of funds to support them. A donation to Outreach is truly the gift of a lifetime to those less fortunate in the world.

Orthopaedic Outreach is registered as a Charity with the Australian Charities and Not-for-profits Commission (ACNC), and is endorsed by the Australian Taxation Office as a Deductible Gift Recipient (DGR). All donations to Orthopaedic Outreach are tax-deductible.

**Thank you for your support.**

Associate Professor Graham Gumley  
Chairman



## Chairman's report **Dr. Graham Gumley**

We remain grateful to our many volunteers and supporters who have given so much to see Orthopaedic care and education progress again this year.

Despite ongoing financial constraints there has been no reduction in volunteer team activity, with more of our Outreach volunteers shouldering the financial burden of their service programs in order to maintain continuity and care.

A membership focus at the AOA ASM resulted in a significant increase in membership, which not only helps provide financial support to our programs, but engages many more in the activity and successes of our programs.

A glance in this document at the activity schedule will surprise many with the number, diversity and geographic spread of programs undertaken this year. A number are relatively new initiatives, while others, such as the surgical mission and training courses undertaken in Hue, central Vietnam, are now mature programs and are a major part of the surgical education landscape of the country.

Senior AOA leadership continues to lead by example, Andreas Loeffler has completed his 24th service trip to Labasa, Fiji and John Batten continuing his involvement with Vanuatu.

Perhaps one of the most pleasing things is the value provided by Outreach education programs. For as little as \$5000 we can train 15 local medical staff the Ponsetti technique for managing club foot presentations. The ongoing benefit being the implementation of these newly learnt skills throughout the year, restoring function and sparing later deformity and disability.

Although a number of Outreach members have been serving for many years and continue to do so, we are pleased that most teams involve a spread of ages and disciplines. With support from Stryker a growing number of registrars are able to join suitable teams and will, like many of us, be back in years to come to serve those in need.

We remain grateful to the Board of the AOA for their encouragement and support and to our members whose enthusiasm, volunteer spirit and encouragement allow Outreach to continue to have a strong role in raising the standard to orthopaedic patient care in our wider region.



# Chief Operations Manager's Report

## Graham Hextell

Natural disasters' seemed to dominate the landscape for the first half of 2015. Australian Orthopaedic surgeons rallied strongly behind their colleagues in Nepal following an initial earthquake near Kathmandu with rolling aftershocks creating chaos throughout villages and towns. Formal communication channels and supply chains were established in coordinating an effort into the Tribhuvan University Teaching Hospital in Kathmandu.

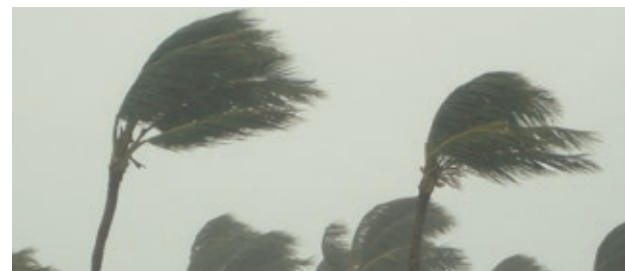
Outreach surgeons were also quick to volunteer their services to support our Pacific neighbours when Cyclone Pam unleashed winds of up to 235 kph causing widespread damage in Vanuatu. Our surgeons provided a coordinated approach in identifying the most appropriate provision of assistance following what has been described as one of the worst disasters to ever hit the Pacific region.

These two events in such short succession demonstrated the need for Outreach surgical teams to continue their efforts with regular visits to the developing nations of our region. It is through the guidance and support of Outreach surgeons, that sees their local surgeon counterparts develop an increasing skills set, to allow them to become self-sustainable both in general day-to-day activities, but also in situations of emergency and disaster.

It was pleasing to see particular industry partners come to the fore during these unique times meeting requests of equipment and supplies with the due care and social responsibility required.



**Dr Nick Smith guiding local Cambodia surgeon through complex hand surgery**



**Winds recorded as high as 235kmh as Cyclone Pam hits Vanuatu**



**A/Prof Joe Ghabrial receiving the Sultan Hasanuddin Award for services to the Indonesian people**

# Outreach activities for 2014 – 2015

| Places visited   | Purpose  | Outreach Volunteers  | Local coordinators  |
|--|--|--|---|
| <b>CAMBODIA</b>  |  |  |   |
| <b>PHNOM PENH &amp; BATTAMBANG</b><br>07/08–16/08/2014 | Delivery formal training through upper limb surgery & basic microsurgery workshop.   | Orthopaedic surgeons: Prof Graham Gumley, Dr Des Bokor, Dr Damien Ryan, Dr Nicholas Smith, Dr David Stewart, Dr Nigel Symons, Prof Neil Jones; Prof Ranjan Gupta; Hand therapist: Dr Anne Wajon. Cathy Merry; Registrar Dr Ben East. | Dr Chhoeurn Vuthy.  |
| <b>PHNOM PENH</b><br>12/11–28/11/2014                  | Education delivery through semi-formal presentations; guidance on patient assessment through outpatient clinics. Review of THR program patients.   | Orthopaedic surgeon: Dr Tim Keenan.  | Dr Sina Ry.   |
| <b>PHNOM PENH</b><br>20/11–22/11/2014                  | Attendance at the Cambodian Society for Surgery / Traumatology Annual Meeting.   | Orthopaedic surgeon: Dr Tim Keenan.  | Dr Chhoeurn Vuthy.  |
| <b>PHNOM PENH</b><br>15/11/2014                        | Delivery of Annual Orthopaedic Nurse Meeting.  | Orthopaedic surgeon: Dr Tim Keenan.  | Dr Dalton Boot:<br>World Orthopaedic Concern.                 |
| <b>PHNOM PENH</b><br>02/02–21/02/2015                  | Oversee continuation of orthopaedic surgical service development, in particular the THR program at the Khmer Soviet Friendship Hospital.   | Orthopaedic surgeon: Dr Tim Keenan.  | Dr Chhoeurn Vuthy;<br>Dr Sina Ry.                             |
| <b>FIJI</b>  |  |  |   |
| <b>LAUTOKA &amp; SUVA</b><br>14/07–19/07/2014          | Orthopaedic surgical service provision; provide guidance and support for local trainees.   | Orthopaedic surgeons: Michael McAuliffe, Peter Brazel; Dotdash representative: John Dash.  | Dr Vaigalo McCaig.  |
| <b>SUVA</b><br>13/11–16/11/2014                        | Perioperative Nursing: Education delivery through semi-formal settings and clinical skills workshops.  | Perioperative Nurses: Marriane McGhee, Julie Holmans.  | Sr Sofaia Waqaniburotu;<br>Dr Alipate Navunisaravi.           |
| <b>SUVA</b><br>13/11–06/11/2014                        | Principles of Fracture Management course: Education delivery to surgical trainees from Fiji School of Medicine.  | Orthopaedic surgeons: Dr Matt Wilkinson, Dr Kevin Tetsworth; Dotdash representative: Martin Richardson.  | Dr Vaigalo McCaig;<br>Dr Jemesa Tudravu;<br>Dr Jasprit Singh. |
| <b>LABASA</b><br>24/11–28/11/2014                      | Orthopaedic surgical service delivery; provide guidance & support to local trainees.   | Orthopaedic surgeon: Dr Andreas Loeffler, Perioperative nurse: Amy Coghill (DePuy Synthes).  | Dr Jaoji Vulibeci.  |
| <b>LABASA &amp; SUVA</b><br>20/04–24/04/2015           | Orthopaedic surgical service delivery; support of local surgical trainees.   | Orthopaedic surgeon: Dr Andreas Loeffler, DePuy Synthes representative: Casey Duggan.  | Dr Madhukar,<br>Dr Alipate Navunisaravi.                      |
| <b>LAUTOKA</b><br>25/04–01/05/2015                     | Orthopaedic surgical service delivery with specific focus on hand & wrist; Clinical skills sessions for physiotherapists on plaster & splinting techniques; x-ray meetings and patient clinical review; Patient follow up from previous team visit in June 2014. | Orthopaedic surgeon: Dr Stuart Myers; Anaesthetist: Dr David Goodie; Fellow: Dr Paul Della Torre; Resident: Dr Xuan Ye; Physiotherapists: Emilie Myers, Karen Lee; Sonographer: Lucy Collins, Perioperative nurse: Victoria Perez.   | Dr Jemesa Tudravu;<br>Dr Luisa Citamakana;<br>Dr Arun Murani. |
| <b>INDIA</b>   |  |  |   |
| <b>CHALSA</b><br>26/12–08/01/2015                      | Paediatric specific orthopaedic team with a particular focus on the correction of club feet and Ponseti training.  | Orthopaedic surgeon: Dr Matthias Axt; Perioperative Nurse: Hanan Kaleeny.  | Daliya Didi;<br>Dr O. Prasad.                                 |
| <b>INDONESIA</b>                                       |  |  |   |
| <b>BALI</b><br>05/07–06/07/2014                        | Convene Bali Musculoskeletal Tumour Symposium held at Sanglah Hospital, Bali.  | Orthopaedic surgeons: Dr Ian Dickinson, Dr Des Soares, Radiologist Trevor Watkins.   | Prof Putu Astawa.   |
| <b>BALI</b><br>15/08–24/08/2014                        | Invited external examiners in the Indonesian National Orthopaedic Board exams in Makassar; Attend Indonesian ASM in Yogyakarta.  | Orthopaedic surgeons: Prof Bill Cumming, Prof Joe Ghabrial.  | Prof Mohamad Hidayat.   |

# Outreach activities for 2014 – 2015

| Places visited                                 | Purpose   | Outreach Volunteers  | Local coordinators                         |
|--|---|--|--|
| <b>INDONESIA</b>                               |   |  |  |
| <b>BALI &amp; MAKASSAR</b><br>19/01–26/01/2015 | Deliver pre-exam course for local final year trainees in Bali; Oversee Orthopaedic exams in Makassar.   | Prof Joe Ghabrial, Prof Bill Cumming.  | Prof Mohamad Hidayat;<br>Prof Putu Astawa. |
| <b>BALI</b><br>06/03–07/03/2015                | Contribute as presenters at the 5 <sup>th</sup> Trauma Symposium on lower extremity trauma.   | Orthopaedic Surgeon: Dr Ben Jeffcote & Dr Simon Wall;<br>Registrar Dr Grant Kingston.  | Prof Putu Astawa.                          |
| <b>SURABAYA</b><br>19/04–22/04/2015            | Deliver examiner training course for local Indonesian examiners; specialty workshop for senior trainees.  | Prof Graham Gumley; Dr Kevin Woods.  | Prof Mohamad Hidayat.                      |
| <b>SURABAYA</b><br>19/04–25/04/2015            | Indonesian Continuing Orthopaedic Education program: Deliver structured training workshops for medical staff & therapists on casting & splinting.                         | Orthopaedic surgeons: Prof Bill Cumming, Prof Joe Ghabrial;<br>Hand therapist: Susan Shaw  | Prof Mohamad Hidayat.                      |
| <b>KIRIBATI</b>                                |   |  |  |
| <b>TARAWA</b><br>26/04–08/05/2015              | Accompany RACS funded team visit led by Drs Rob Genat & Sheanna Maine. Conduct basic fracture management.   | Orthopaedic surgeon: Dr Andrew Mayo  | Dr Bwabwa Oten.                            |
| <b>PAPUA NEW GUINEA</b>                        |   |  |  |
| <b>RABAUL</b><br>27/12/2014 –<br>03/01/2015    | Annual team visit to support the local community at St Mary's Hospital, Vunapope.   | Orthopaedic surgeon: Dr Rob Sharp.   |  |
| <b>SAMOA</b>                                   |   |  |  |
| <b>APIA</b><br>28/03–06/04/2015                | Provide orthopaedic surgical coverage in the absence of orthopaedic registrars (attending PIOA Training Module).  | Orthopaedic surgeons: Dr Paul Hitchen, Dr Stephen Quain;<br>Physiotherapist: Susan Hitchen.  | Dr Aleki Faumaono.                         |
| <b>SOLOMON ISLANDS</b>                         |   |  |  |
| <b>HONIARA</b><br>28/09–05/10/2014             | Provide guidance and support to local orthopaedic trainee surgeons; patient clinical review in clinics and ward rounds; provide orthopaedic surgical service as required. | Orthopaedic surgeon: Dr Paul Hitchen.  | Dr Patrick Houasia.                        |
| <b>TONGA</b>                                   |   |  |  |
| <b>NUKU'ALOFA</b><br>18/07–26/07/2014          | Orthopaedic surgical service provision.   | Orthopaedic surgeons: Dr Mark Ridhalgh, Dr David Maxwell;<br>Anaesthetist: Dr Rod Green; Perioperative Nurse: Marrianna McGhee.  | Lord Viliami Tangi;<br>Dr Saia Piukala.    |
| <b>NUKU'ALOFA</b><br>02/10–06/10/2014          | Continue to build on previous years with surgical service provision specifically focused on treatment of equinovarus talipes (club foot).                                 | Orthopaedic surgeons: Dr Andrew Leicester, Dr Angus Gray;<br>Anaesthetist: Dr Hugh Seaton; Therapist: Rebecca Snowden.   | Lord Viliami Tangi;<br>Dr Saia Piukala.    |
| <b>NUKU'ALOFA</b><br>15/06–23/06/2015          | Orthopaedic surgical service provision.   | Orthopaedic surgeons: Dr Mark Ridhalgh, Dr Geoffrey Rosenberg;<br>Anaesthetist: Dr Rod Green; Registrar: Dr Francis Connon;<br>Perioperative Nurse: Graham Hextell.    | Lord Viliami Tangi;<br>Dr Saia Piukala.    |
| <b>VANUATU</b>                                 |   |  |  |
| <b>PORT VILA</b><br>24/03–30/03/2015           | Solomon Islands based team supported with surgical equipment to deliver surgical support post Cyclone Pam.  | Surgeon: Dr Stephen Kodovaru; Perioperative Nurse: Mary Siriai<br>Manepora'a.  | Dr Richard Leone;<br>Dr Basil Leodoro.     |
| <b>VIETNAM</b>                                 |   |  |  |
| <b>HUE</b><br>02/11–07/11/2014                 | Conduct formal paediatric hand & wrist microsurgery workshop at Hue Central Hospital, Hue City; attended by 40 Vietnamese surgeons.                                       | Orthopaedic surgeons: Dr Peter Scougall, Dr Richard Lawson,<br>Dr Damien Ryan, Dr Tim Heath; Hand Therapist: Rosemary Prosser;<br>Perioperative Nurse: Graham Hextell. | Dr Pham Dang Nat.                          |

# Team visits 2014 – 2015

## Cambodia

Much of the focus of Outreach programs in Cambodia has been on advancing surgical and nursing education, while maintaining involvement in clinical patient care.

Michael Wren from Perth conducted a well attended workshop concentrating on management of what has become a very common injury: distal radius fractures. Local surgeons demonstrated their increasing confidence and expertise with significant presentations at the annual SOCOT meeting, including a presentation by Dr. Sina on the use of free flaps in Cambodia.

The introduction of total hip arthroplasty has been undertaken with due care and instruction from experienced international surgeons. So far it had been managed satisfactorily, in particular with no infection. Forward planning includes the development of a trauma centre at the Russian Hospital as a centre for regional training and excellence.

In August the 10 member Outreach-supported Upper Limb Team carried out more than 100 patients evaluations at the National Paediatric Hospital, Children's Surgical Center, Sihanouk Hospital Center of HOPE, Kossamak Hospital and the Preah Ket Milea (Military) Hospital. 35 operations were carried out, ranging from relatively simple finger releases, through uncorrected congenital deformities to a successful free tissue transfer for a patient who had already had a number of failed advanced surgeries.

The team provided two afternoons of lectures at the University of Health Sciences (UHS), teaching the national cohort of surgeons in training while Senior Hand Therapists, Dr. Anne Wajon PhD, and Cathy Merry engaged the local therapists in their technical development. Additional training in administration and HR evaluation was carried out at one of the partner hospitals (SHCH) and a site evaluation visit to a facility in Kampot where future mission trip may also be engaged. More than 500 hours of active volunteer time commitment contributed to the success of the program.





# Fiji



## Labasa

One success of the efforts of Dr Andreas Loeffler has been local surgeon Dr Alipati Navunisaravi. Dr Alipate has benefited from the two visits Dr Loeffler makes annually to Labasa for many years, receiving guidance and support in managing the daily orthopaedic load; the unfortunate success of this has seen Dr Alipate now relocated from the small island of Vanua Levu to be the senior leader of the Orthopaedic surgical department at the Colonial War Memorial Hospital in Suva. Here Dr Alipate can have an impact on a greater population volume, and oversee his junior colleagues. Dr Loeffler was supported by Ms Amy Coghil (DePuy Synthes) in November 2014, and Ms Casey Duggan (DePuy Synthes) in May 2015. It was disappointing to learn that the local hospital has not received replacement implants for some years limiting the capacity to treat the local community.

## Lautoka

Dr Paul Della Torre joined a multidisciplinary team led by Dr Stuart Myers into Lautoka, acknowledging that for optimum patient outcomes related to complex hand surgery, the input of specialised hand therapists is essential. Three therapists joined the team this year, providing valuable training to local staff around the post operating care & management of hand surgery patients. The team also visited nearby Ba Hospital physiotherapy department. The use of ultrasound assistance in determining the extend of internal damage with hand trauma cases, as well as providing ultrasound guidance for nerve blocks became an advantage.

## Suva

Predominately the objective for teams heading into Suva is to concentrate on orthopaedic education, with a particular focus on trauma and infection. Dotdash Australia supported multiple Orthopaedic Outreach teams into Suva during this period.

Fiji National University in Suva hosts the surgical training program for the majority of the Pacific Islands. Our teams engage regularly with both those coordinating delivery and the participants of the training program supporting the sound orthopaedic clinical concepts included. Future training will include the management of the most common fractures and a thorough understanding of the treatment of open trauma together with the principles of preventing sepsis or dealing with it as it arises.

The expansion of the operating theatre suite in Suva has seen an increase in inexperienced staff into the environment. Perioperative Nursing Education has become a significant component of the services and support Orthopaedic Outreach offers; Marrienne McGhee and Julie Holmans used this opportunity to work closely with local nursing staff ensuring sound principles of asepsis were followed and providing supporting instructional guidance regarding key orthopaedic instrumentation and equipment.



# Team visits



**Bilateral Talipes Equinovarus or 'club foot'**

## India

Dr Matthias Axt from the Children's Hospital Westmead led a team of volunteers into Chalsa, India, with a focus on paediatric club foot treatment. The team collaborates with clinical staff supported by Pro-Interplast in Germany to provide care in a small non-government run hospital throughout a two week stay. A total of 57 children were operated on, including 78 procedures, 63 clubfoot corrections, 14 of which were complex soft tissue and bony procedures. As always our physiotherapists were extremely busy applying plasters for either post op casting, serial casting or for wound checks post operatively.

This was Dr Axt's 11th visit into Chalsa, and with it brought the opportunity to review 30 children from previous surgical trips. Some had their operations completed up to 9 years ago and proudly showed their feet. This allows first hand visual evaluation of the function restored through the initial surgery but also the commitment to long term care provided through local services.

The region generates a regular demand for club foot corrective surgery with the local communities having developed a trust in care provided by the visiting Orthopaedic team.





# Indonesia

A number of activities have taken place in Indonesia with assistance in the areas of Orthopaedic Nursing, Orthopaedic teaching and Examination development.

In July 2014 a musculo-skeletal tumour workshop was held at Sanglah Hospital, Denpasar, Bali as part of a regular twice yearly series of workshops.

The workshop was characterised by an informal spirit which led to excellent learning outcomes for the registrars present. There were registrars from Bali as well as a number from the Makassar, Malang, Surabaya and Jakarta training programs run by the Indonesian Orthopaedic Association. One highlight was the use of "short quiz" presentations that encouraged registrar participation and ensured that they remained intensely focused on the talks.

In January Bill Cumming and Joe Ghabrial arrived in Bali to teach a 3 day pre-exam course for trainees. John Owen, Kevin Woods, Dick Beaver and Colin Whitewood assisted in the last day of the course which was well organised and successful from the candidates point of view.

In Bali high level diplomatic, University and organisational contacts were made and strengthened.

A course in orthopaedic surgery was provided to the University Department of Orthopaedics and trainees and followed by the 3 day National Boards Examinations over the next 3 days prior to returning to Australia.

The Orthopaedic Nurse Training Program in Bali, developed by Professor Di Brown, continues. In 2013 and 2014 two orthopaedic courses were conducted jointly by staff from both Sanglah General Hospital and Royal Darwin Hospital with a target audience from hospitals across Bali. One of the recommendations from the workshop attendees was that more courses like this need to be run across Bali and the region.



# Team visits

## Kiribati

The Kiribati Ministry of Health prioritised Orthopaedic Trauma training and education for the team in 2015. Dr Andrew Mayo joined the experienced team of Dr Rob Genat, Dr Sheanna Maine, anaesthetist Jon Christie, and perioperative nurses Cherie Genat & Jo Steele to deliver specific education sessions focusing on the fracture management, both conservative as well as operative treatments. Of note during this team visit was a concerning presentation of either missed or untreated elbow trauma, highlighting the need for improvement in patient assessment and management of acute injuries. These patients were predominantly young men with a disabling limitation in their function secondary to trauma. Non operative management was recommended in all cases in the context of the resources available. With appropriate equipment available, it would have been possible to manage these patients with a greater degree of certainty that their outcomes would be improved. Factors identified as contributing to these late presentations include the community perceptions of the role of the traditional massage healers; the access to the local emergency department; and the limited resources available for adequate treatment once presenting to the Tungaru Hospital.

Club foot management has been identified previously however only 6 children presented this visit compared with 13 in 2014. Unfortunately none of the previous year's patients returned for follow up which while disappointing is also indicative of the geographical challenges of access to the Tungaru Hospital from the outer islands.

The commitment shown by local staff is pleasing. Dr Kabiri is an extremely dedicated doctor and the only surgeon in Kiribati with an interest in pursuing orthopaedic training. Dr Kabiri is currently undertaking the Pacific Islands Orthopaedic Association training program and will be presenting a paper at the AOA ASM: Traditional bone setters in Kiribati: friend or foe?



## Papua New Guinea

In December 2014 Dr. Rob Sharp travelled to Rabaul, PNG for the second time in the year to follow up on an earlier trip where opportunities were limited by limitations in time and materials. Due to the need for urgent renovations at the St. Mary's Hospital where care had previously been provided, Dr. Sharpe has needed to move his focus to the Nongo General Hospital within the region where extensive renovations have been recently carried out, providing a suitable theatre complex, but without the necessary equipment to undertake complex orthopaedic surgery as yet. This will be yet another site that will utilise the Orthopaedic surgical kits provided by Outreach in order to provide much needed surgical care.

# Team visits



## Solomon Islands

Orthopaedic Outreach surgeon Dr Paul Hitchen, has been visiting the Solomon islands for a number of years. The primary focus of each visit may vary, however always maintains the capacity to provide clinical teaching, guidance and deliver with practical surgical skills.

Currently there are three surgical registrars progressing through their orthopaedic surgical training as part of the Pacific Islands Orthopaedic Association (PIOA) training program. This means that for the duration of training modules, clinical coverage is reduced. Outreach surgeons have been able to provide that surgical coverage, and in doing so, are supporting those enrolled in their training program, providing relief to the Head of Orthopaedic Surgery, Dr Patrick Houasia, as well as directly influencing the junior medical staff through sound clinical assessment and guidance.

As usual within the clinic there are cases of osteomyelitis, mal-unions, fractures at various stages of healing and presentation, back pain, knee injuries, lumps and bumps, and old tendon or nerve injuries. Seasoned clinical judgment is required in the management of some children's fractures when they arrive a week or 4 post injury with callus formation. Despite our visits and the potential to help from a practical perspective this is not always achievable.

Whilst the PIOA can teach theory, sound operative skills are acquired by regular supervision and teaching with continual self-appraisal and asking what could have been done better. From my time reviewing patients in the fracture clinic it is evident there still is a tendency to accept fracture mal-reduction or poor implant position as being reasonable.

Some may be explained by delayed presentation and the difficulties of reducing a fracture thereafter, and some by lack of use of an image intensifier to check reduction and implant position. At times the hard question needs be asked: was the patient any better off for their treatment? We will continue to encourage sound clinical reasoning, safe surgical exposure and proficiency in use of fixation devices. The use of image intensifier accepted as standard in Australia is no longer viable as now the 3rd one donated in the last 6 years has broken not to be replaced. As such stepping back and taking regular on table x-rays of implants is the next step. More liberal use of external fixation and plating is also appropriate. Orthopaedic Outreach, through surgeons such as Dr Hitchen, acknowledge the importance of providing ongoing operative and clinical support in reinforcing these goals.



## Tonga

Vaiola Hospital in Nuku'alofa receives a minimum of two annual orthopaedic team visits. These ensure that both general adult orthopaedic services are provided as well as the paediatric team with a focus on the management of children presenting with club feet. Clinical teaching occurs daily in combination with daily ward rounds and outpatient clinics with team members providing guidance in clinical assessment and treatment pathways. An increasing incidence of sporting-related trauma, together with motor vehicle accidents remain as the country's primary trends of orthopaedic related patient presentations. In general the high incidence of obesity, diabetes and osteoarthritis remain a concern for both the community and the Tongan health system. Late presentations of trauma linked to cultural preferences pose challenges, with local staff working towards improving the connection between traditional healers and modern medicine. Local surgeon Dr Kolini Vaea conducted excellent pre-screening prior to the team's arrival.

A degree of disorganisation exists at times with a wide variety of unregulated implant donations adding to the confusion of those in regular use. Key instrumentation becomes either damaged or missing, limiting the value of sets previously donated. Orthopaedic Outreach teams are working with local staff to create solutions for inventory management, and encouraging an increased vetting of prospective donors which will see a significant difference.

The facilities within the Vaiola Hospital site are raising a standard in their provision of health care, with recent additions being a clinical services block incorporating a new Emergency Department and Outpatient Clinics, new conference rooms and meeting facilities, as well as a revitalised Queen Salote School of Nursing including simulation rooms.

## Vanuatu

March 13, 2015 saw category five Cyclone Pam create havoc and devastation throughout Vanuatu with winds recorded in excess of 250km/hr. The destruction of property including that of the still yet to be completed new hospital meant that stable shelter for the provincial communities was limited. Around 75000 people were left in need of emergency shelter.

Orthopaedic Outreach worked in collaboration with the Pacific Islands Orthopaedic Association to support orthopaedic registrar Stephen Kodovaru and experienced perioperative and fracture clinic nurse Mary Sirai travel from Honiara to Port Vila and administer surgical perioperative nursing support.

Majority of cases admitted included limb infections predominantly related to chronic diabetes; acute abdomen, prostate, malignancy, and trauma. From the lessons learnt from previous international disaster management, those presenting with orthopaedic trauma were managed conservatively through closed reduction, external fixation where necessary, splinting and/or casting for immobilisation.

This was a successful example of the efforts in educating the locals in-country in order to be able to become self-sufficient; seeing the Pacific Island nations support each other in times of need, requiring limited guidance of their senior international colleagues in Australia. The ongoing delivery of problem-based instructional skill straining such as those focusing on Fracture Management will remain in important feature.







# Vietnam



**Dr Richard Lawson**



**Dr Tim Heath upon completion of complex paediatric hand surgery**



**Participants & faculty of the 11th Vietnamese / Australian Hand Surgery Seminar at Hue Central Hospital**



**Dr Peter Scougall teaching tendon repair techniques**

A one week hand surgery course attended by 84 Vietnamese Orthopaedic surgeons, at varying levels of hand surgery training and experience November 3 – 7, 2014. This continued a 20 year Mosman Rotary sponsored combined Vietnamese/ Australian hand surgery development program with the 21st team visit and 11th course. The team included: Tim Heath, Richard Lawson, Tim Peltz, Damian Ryan, Peter Scougall, Hand Therapist, Rosemary Prosser and Orthopaedic Outreach co-ordinator: Graham Hextell.

The week's activities focused heavily on the provision of education, whether through guided surgery with key local surgeons, clinical skill workshops based on problem based learning, or semi formal presentations to large groups. Rosemary Prosser attended outpatients clinics, working with hand therapists and contributing to the tendon & wrist surgery workshops, while Graham Hextell presented a nursing seminar on primary patient assessment with orthopaedic trauma patients to one hundred of the hospitals' nurses.

Technical skills have improved dramatically over the years and focus will move more to assessment, indications and overall patient care, including post-operative care.

A combined hand and knee surgery course is planned for next year, with the hand program including both operative and non-operative solutions for standard and complex fracture management.

NB: Dr Peter Scougall & Prof Bruce Conolly both received the "Medal for Contribution to Vietnamese People", awarded by the Vietnamese Ministry of Health for their ongoing commitment to providing health education at Hue Central Hospital over a 20 year period.

# Financial Information – 2015

## **INCOME STATEMENT**

|   | 2015           | 2014           |
|---|----------------|----------------|
|   | \$             | \$             |
| <b>REVENUE</b>                          |                |                |
| Grants                                  |                |                |
| Australian Orthopaedic Association      | 125,000        | 125,000        |
| Donations                               | 187,845        | 99,806         |
| Reimbursements and other income         | 204            | 37,164         |
| Member subscriptions                    | 13,181         | 30,062         |
| <b>Total Revenue</b>                    | <b>326,230</b> | <b>292,032</b> |
| <b>EXPENSES</b>                         |                |                |
| Overseas Programs                       |                |                |
| Pacific Islands and PNG*                | 73,551         | 82,633         |
| Asia and other regions*                 | 21,262         | 35,649         |
| Medical equipment, storage and freight  | 20,506         | 38,010         |
| Domestic programs                       | 14,891         | 11,251         |
| Promotion and fundraising               | 16,503         | 14,586         |
| Administration and accountability       | 77,280         | 67,375         |
| <b>Total Expenses</b>                   | <b>223,993</b> | <b>249,504</b> |
| <b>EXCESS (DEFICIT) FROM OPERATIONS</b> | <b>102,237</b> | <b>42,528</b>  |

\*Expenditure under these items represents the funds contributed by Outreach towards the total cost of volunteer team visits. The level of contribution is intended to cover economy airfares and reasonable accommodation, but in the case of surgeons and anaesthetists is further limited to a maximum per person dependent on the level of funds available.

All surgeons, anaesthetists, nurses and allied health professional who make up the volunteer teams give their time on a pro bono basis. The value of their time is not represented in the financial accounts.

# Financial Information – 2015

## BALANCE SHEET

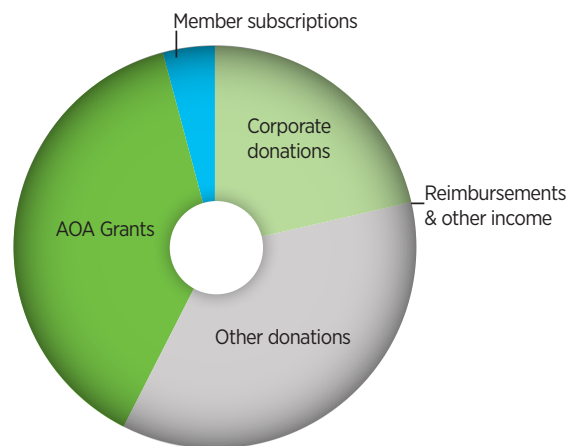
|                                  | 2015           | 2014           |
|----------------------------------|----------------|----------------|
|                                  | \$             | \$             |
| <b>ASSETS</b>                    |                |                |
| <b>Current Assets</b>            |                |                |
| Cash and current equivalents     | 264,487        | 217,583        |
| Trade and other receivables      | 65,805         | 12,397         |
| <b>Total Current Assets</b>      | <b>330,292</b> | <b>229,980</b> |
| <b>Non-Current Assets</b>        |                |                |
| Property, plant and equipment    | 1,022          | 1,565          |
| <b>Total Non-Current Assets</b>  | <b>1,022</b>   | <b>1,565</b>   |
| <b>TOTAL ASSETS</b>              | <b>331,314</b> | <b>231,545</b> |
| <b>LIABILITIES</b>               |                |                |
| <b>Current Liabilities</b>       |                |                |
| GST payable                      | 1,363          | 2,989          |
| Credit card                      | 1,057          | 1,900          |
| <b>Total Current Liabilities</b> | <b>2,420</b>   | <b>4,889</b>   |
| <b>TOTAL LIABILITIES</b>         | <b>2,420</b>   | <b>4,889</b>   |
| <b>NET ASSETS</b>                | <b>328,894</b> | <b>226,656</b> |
| <b>EQUITY</b>                    |                |                |
| Retained earnings                | 328,894        | 226,656        |
| <b>TOTAL EQUITY</b>              | <b>328,894</b> | <b>226,656</b> |

The financial information provided in this report is a summarised version of the audited Financial Report for the year ended 30th June 2015. A copy of the full 2015 audited financial report can be found at [www.orthoreach.org.au](http://www.orthoreach.org.au) or by contacting [admin@orthoreach.org.au](mailto:admin@orthoreach.org.au)

# Financial Information – 2015

## IN SUMMARY

|   | \$             |
|---|----------------|
| <b>WHERE OUR FUNDS CAME FROM</b>          |                |
| Australian Orthopaedic Association grants | 125,000        |
| Corporate donations                       | 70,000         |
| Other donations                           | 117,845        |
| Reimbursements and other income           | 204            |
| Member subscriptions                      | 13,181         |
| <b>TOTAL MONETARY SUPPORT</b>             | <b>326,230</b> |



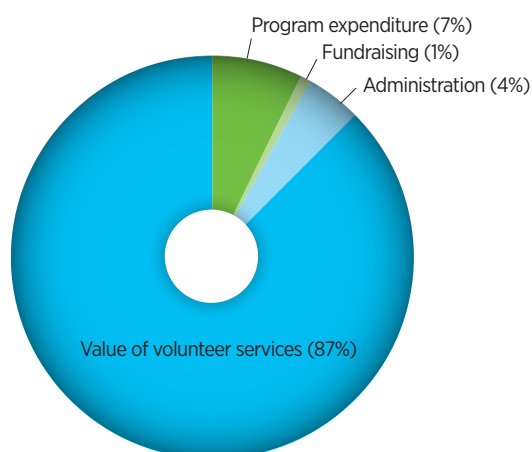
## HOW OUR FUNDS WERE DISTRIBUTED

|                             |                |
|-----------------------------|----------------|
| Overseas Programs           | 115,319        |
| Domestic Programs           | 14,891         |
| Fundraising costs           | 16,503         |
| Administration              | 77,280         |
| <b>TOTAL FUNDS EXPENDED</b> | <b>223,993</b> |

## OUR VOLUNTEERS ADD 'REAL VALUE'

Orthopaedic Outreach could not operate without our volunteers, who all provide their services on a pro bono basis. Not only the volunteer surgeons, nurses and allied health professionals who make up the visiting humanitarian and educational teams, but also other volunteers who play significant roles in providing management and organisational support and in-kind donations. The value of these services is not included in the Outreach financial accounts. Set out below is an assessment of the value of these services, which is considered to appropriately reflect the 'real value' of the significant contribution made by our volunteers to Orthopaedic Outreach and towards the 'real cost' of Outreach operations.

|   | \$               |
|---|------------------|
| <b>Surgeons and anaesthetists</b>                   |                  |
| 50 volunteers for a total of 535 days               | 1,337,500        |
| <b>Nurses, allied health &amp; other volunteers</b> |                  |
| 22 volunteers for a total of 210 days               | 131,250          |
| <b>In-kind Donations</b>                            |                  |
| Consumables and freight                             | 85,000           |
| <b>TOTAL VALUE OF VOLUNTEER SERVICES</b>            | <b>1,553,750</b> |



|  | \$               |
|--|------------------|
| <b>DISTRIBUTION OF 'REAL COSTS' OF OPERATION</b> |                  |
| Value of volunteer services                      | 1,553,750        |
| Program expenditure                              | 130,210          |
| Fundraising                                      | 16,503           |
| Administration                                   | 77,280           |
| <b>TOTAL 'REAL COSTS' OF OPERATIONS</b>          | <b>1,777,743</b> |

# Auditors Report – 2015



## MartinCo Chartered Accountants

A.B.N. 30 362 701 760

Level 1, 4 Cross Street, Hurstville NSW 2220 - P.O. Box 3052 Blakehurst NSW 2221  
T: (02) 9570 6699 F: (02) 9670 6690 E: info@martinco.com.au W: www.martinco.com.au

### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ORTHOPAEDIC OUTREACH FUND INC ABN 68 910 058 787

#### Report on the Financial Report

I have audited the accompanying financial report, being a special purpose financial report, of Orthopaedic Outreach Fund Inc, which comprises the balance sheet as at 30 June 2015, and the income statement, a summary of significant accounting policies and the statement by members of the management committee.

#### Committees' Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act and are appropriate to meet the needs of the members. The committee's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting under the Associations Incorporation Act. I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

#### Independence

In conducting my audit, I have complied with the independence requirements of Australian professional ethical pronouncements.

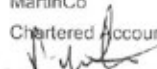
#### Auditor's Opinion

In my opinion, the financial report of Orthopaedic Outreach Fund Inc presents fairly, in all material respects the financial position of Orthopaedic Outreach Fund Inc as of 30 June 2015 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Name of Firm:

  
MartinCo  
Chartered Accountants

Name of Principal:

  
Peter Martin

Address:

Hurstville

Dated this

28

Day of

September

2015

Liability limited by a Scheme approved  
under Professional Standards Legislation

# Supporters of Outreach

## Thank you





## Charitable Status

Orthopaedic Outreach Fund Incorporated (Orthopaedic Outreach, ABN 68 910 058 787) is an incorporated association registered as a Charity with the Australian Charities and Not-for-profits Commission (ACNC). The association is endorsed by the Australian Taxation Office to access tax concessions relating to GST, FBT rebate and income tax exemption, and is further endorsed as a Deductible Gift Recipient (DGR). All donations to Orthopaedic Outreach are tax-deductible.

## Structure

Responsibility for the control and management of the affairs of Orthopaedic Outreach lies with the Committee of Management. The Committee is made up of nine (9) members, inclusive of office-bearers. Three (3) members are orthopaedic surgeons elected by Outreach members; three (3) members are orthopaedic surgeons nominated by the Australian Orthopaedic Association (AOA); one (1) member is nominated by the Royal Australasian College of Surgeons (RACS); one member is nominated by the President of the Rotary Club of Kogarah; one (1) member is a nursing representative nominated by the Committee itself. Office-bearers are elected by the Committee members. Membership of the Committee is for a period of two (2) years, with positions being declared vacant on a rotational basis. The Committee meets quarterly.

## Committee of Management

|   |                  |                             |                        |
|---|------------------|-----------------------------|------------------------|
| <b>Chairman</b>                           | Graham Gumley    | Orthopaedic Surgeon (NSW)   |                        |
| <b>Honorary Secretary &amp; Treasurer</b> | John Bennett     | Civil Engineer (ret.) (NSW) | Kogarah Rotary Nominee |
|   | John Batten      | Orthopaedic Surgeon (TAS)   | RACS Nominee           |
|   | Peter Brazel     | Orthopaedic Surgeon (QLD)   | AOA Nominee            |
|   | Peter Cundy      | Orthopaedic Surgeon (SA)    | AOA Nominee            |
|   | Kathy Hill       | Registered Nurse (ACT)      | Nursing Representative |
|   | Paul Hitchen     | Orthopaedic Surgeon (NSW)   |                        |
|   | Anthony Jeffries | Orthopaedic Surgeon (WA)    |                        |
|   | Kevin Woods      | Orthopaedic Surgeon (ACT)   | AOA Nominee            |

## Administration

**Chief Operational Manager** Graham Hextell Nurse Consultant (NSW)



Level 12, 45 Clarence Street Sydney  
NSW 2000 Australia. ABN 68 910 058 787  
T +612 8071 8091 F +612 8071 8002

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[www.orthoreach.org.au](http://www.orthoreach.org.au)

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