



orthopaedic  
**outreach**

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Annual  
Report  
**2014**

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## Orthopaedic Outreach

Orthopaedic Outreach is the humanitarian arm of the Australian Orthopaedic Association (AOA). Our members are volunteer surgeons, anaesthetists, nurses and allied health personnel.



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# 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 29 separate visits to 11 countries.

We treat patients suffering as a result of trauma (accident and injury), infection, tumor 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 a registered international charity. Donations are endorsed as a tax-deductible Gift Receipt (DGR) enabling access GST / FBT concessions and income tax exemption.

### **Thank you for your support.**

Associate Professor Graham Gumley  
Deputy Chairman



*Vietnam: Tendon repair workshop*

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# Chairmans report

Dr. Stephen Quain



## Some changes and continuing challenges in the landscape

Orthopaedic Outreach activity remains at a high level to all our traditional areas of support throughout the Pacific, Timor, Indonesia and other areas of South-East Asia.

With the proposed incorporation of AusAid into the Department of Foreign Affairs and Trade (DFAT), Outreach will need to ensure that we can obtain recognition as a worthy recipient of future aid fund allocations.



## **Finances**

The continued financial support from the Australian Orthopaedic Association (AOA) is greatly appreciated, particularly in light of the reduced funding received from the orthopaedic industry in recent times.

Whilst our financial situation remains sound, this year the Board of Management decided to place a limit on the financial support provided for each surgeon, and established that first time volunteers self-fund. This is consistent with other Australian humanitarian organisations. However the policy of full financial support to nurse volunteers continues.

A drive for extending surgeon membership of Outreach proved successful and resulted in well over \$20,000 in additional subscriptions and member donations. This, combined with private donations, some of which were quite significant, has prevented any surgical visits being curtailed.

## **Projects**

Fiji continues to experience changes in the delivery of medical education through the School of Medicine within the Fiji National University, providing uncertainty and major challenges in the provision of service to the local populations. As the primary medical education facility in the Pacific, this is of great concern.

Skills-based workshops held in Cambodia led by Associate Professor Graham Gumley, and the hand microsurgery workshops in Vietnam coordinated by Dr Peter Scougall with the assistance of Australian Hand Society members continue to be outstanding successes.

Professor Bill Cumming amongst other Australian delegates met with Professor Mohammed Hidayat, Chairman of the Indonesian College of Orthopaedics and Trauma and Dr Putu Astawa, Dean of Medicine at Sanglah University in Bali noting that the original 10 year agreement had come to a conclusion.

Whilst no formal written agreement has been reached it was clear that our Indonesian colleagues wish to continue the strong relationship with a particular focus on education and examining. This is further consolidated through the influence of nursing Professor Di Brown, continuing to foster the relationship between Royal Darwin and Sanglah Hospitals.

The Pacific Island Training program in the Solomons, led by Dr Des Soares has completed its 5th module, and will be reported on at the AOA Annual Scientific Meeting. Whilst funded independently from Switzerland, Outreach members actively participate.



*I acknowledge all my colleagues who donate their time and expertise repeatedly to help achieve the ideals of Orthopaedic Outreach. I also acknowledge the support Outreach receives from the AOA Board. With two long term active members of Outreach in the AOA Presidential line, I feel sure that this relationship can only continue and strengthen.*



*Vietnam: Dr Richard Lawson performs digital separation surgery*

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# Chief Operations Manager Report

Graham Hextell



## **2013 – 2014 increasingly saw the benefit of a multidisciplinary approach towards both service and educational team visits.**

The inclusion of physiotherapists, particularly in association with the complex hand surgical teams, provides immediate local direction to the post operative rehabilitation process with a focus on return of function, timely discharge from hospital, and return to normal activity. As a direct response to this we see many areas within the Pacific beginning to prioritise patient rehabilitation and physiotherapy training.

Nursing education remained in demand across the Pacific, both perioperative and surgical ward training. Tonga received a four day program outlining wound management, traction, plaster care, and general orthopaedic surgical nursing training directed toward rehabilitation, while the perioperative nursing program included sessions targeting safe surgical outcomes in line with the World Health Organisation recommendations.

The importance of Orthopaedic Outreach team visits remains high. The majority of surgeons in training throughout the Pacific are doing so through the Fiji National University School of Medicine. Orthopaedic Outreach has maintained multiple visits throughout the various centres in Fiji, as well as the annual Principles of Fracture Management program. While the surgical training program at FSM is currently on hold, this problem-based, case scenario style training activity engages local trainees in case discussions, skills demonstrations, and practical skills stations using sawbone workshops.



In a highlight of the year and in recognition for their long-standing contributions, Associate Professors Bill Cumming & Joe Ghabrial received the Sultan Hasanuddin Award, the highest award available through the combined universities of Indonesia for services to the Indonesian nation. Nominated by Dr Idrus Paturusi, Chief of Orthopaedics and Rector of Hasanuddin University, Makassar, the significance of this award is magnified knowing that it requires authorisation from the Indonesian President Susilo Bambang Yudhoyono. This certainly emphasises the high regard in which they are held by the Indonesian Medical Association and specifically the Indonesian Orthopaedic Association.



The inaugural combined Continuing Orthopaedic Education meeting between the IOA & the AOA was hosted in Nusa Dua in April 2014.

# Outreach activities for 2013 – 2014

## CAMBODIA

Places visited	Purpose	Outreach Volunteers	Local coordinators
Phnom Penh & Battambang 29/06 – 06/07/2013	Delivery formal training through upper limb surgery and basic microsurgery workshop	Orthopaedic surgeons: Prof Graham Gumley, Dr Des Bokor, Dr Nicholas Smith, Dr David Stewart, Dr Nigel Symons, Prof Neil Jones; Hand therapist: Dr Anne Wajon	Dr Chhoeurn Vuthy
Phnom Penh 12/07 – 28/07/2013	Education delivery through semi-formal presentations; guidance on patient assessment through outpatient clinics	Orthopaedic surgeon: Dr Tim Keenan	Dr Sina Ry
Phnom Penh 20/11 – 22/11/2013	Attendance at the Cambodian Society for Surgery / Traumatology Annual Meeting	Orthopaedic surgeons: Dr Stephen Quain, Dr Tim Keenan	Dr Chhoeurn Vuthy
Phnom Penh 15/11/2013	Delivery of Annual Orthopaedic Nurse Meeting	Orthopaedic surgeon: Dr Tim Keenan	Dr Dalton Boot: World Orthopaedic Concern
Phnom Penh 02/2014	Oversee continuation of orthopaedic surgical service development	Orthopaedic surgeon: Dr Tim Keenan	Dr Chhoeurn Vuthy; Dr Sina Ry

## FIJI

Lautoka & Suva 15/07 – 19/07/2013	Orthopaedic surgical service provision; provide guidance and support for local trainees	Orthopaedic surgeons: Dr Michael McAuliffe, Dr Peter Brazel; Anaesthetist: Dr Andrew Cairncross; Dotdash representative: John Dash, Mark Coman	Dr Vaigolo McCaig
Suva 07/10 – 01/10/2013	Orthopaedic surgical service provision	Orthopaedic surgeon: Dr Doron Sher, Perioperative nurse: Amanda Linsley	Dr Jemesa Tudravu; Mr Isoa Bakani
Suva 11/11 – 14/11/2013	Introductory Perioperative Nursing Program: Education delivery through semi-formal settings and clinical skills workshops. (Funded jointly by Orthopaedic Outreach and RACS)	Perioperative Nurses: Graham Hextell, Margaret Troy, Lee Mayo, Sandra Leathwick	SSCSiP advisor: Mabel Taoi
Suva 15/10 – 06/11/2013	Principles of Fracture Management course: Education delivery to surgical trainees from Fiji School of Medicine	Orthopaedic surgeons: Dr Matt Wilkinson, Dr Ashish Gupta, Dotdash representatives: John Dash, Robert McDonald; Registrar: Dr David Drynan	Dr Eddie McCaig; Dr Jasprit Singh; Mr Isoa Bakani
Labasa 03/11 – 13/11/2013	Orthopaedic surgical service delivery; provide guidance & support to local trainees	Orthopaedic surgeon: Dr Andreas Loeffler, Perioperative nurse: Angela Grein	Dr Jaoji Vulibeci
Labasa & Taveuni 05/05 – 12/05/2014	Orthopaedic surgical service delivery; support of local surgical trainees	Orthopaedic surgeon: Dr Andreas Loeffler, Perioperative nurse: Angela Grein	Dr Jaoji Vulibeci
Lautoka & Suva 09/06 – 13/06/2014	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 2013	Orthopaedic surgeons: Dr Stuart Myers, Dr Tanya Burgess, Anaesthetist: Dr Sudeep Apana; Registrar: Dr Sarah Yong; Resident: Dr Xuan Ye; Physiotherapists: Emilie Myers, Clare Maple-Brown, Perioperative nurse: Victoria Perez; Anaesthetic technician: Mark Jollow	Dr Jemesa Tudravu; Dr Luisa Citamakana; Dr Arun Murani

## INDONESIA

Bali 21/07 – 02/07/2013	Convene Bali Hand Surgery Symposium held at Sanglah Hospital, Bali	Orthopaedic surgeons: Prof Bruce Conolly, Dr Des Soares	Dr Bramantaya Karna
Bali 19/11 – 25/11/2013	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	
Malang 30/01 – 3/02/2014	Deliver structured training workshops for medical staff & therapists on casting & splinting	Hand therapist: Susan Shaw	Dr Thomas Erwin; Dr Bramantya Karna.
Malang 22/02 – 23/02/2014	Contribute as presenters at the 4 <sup>th</sup> Trauma Symposium held at Makassar	Orthopaedic surgeons: Dr Ben Jeffcote, Dr Karl Stoffel	Dr Thomas Erwin; Dr Bramantya Karna
Bali 23/04/2014	Deliver pre-exam course for local final year trainees	Prof Joe Ghabrial, Prof Bill Cumming	Prof Mohamad Hidayat; Prof Putu Astawa
Bali 24/04 – 26/04/2014	Attendance at the Combined IOA & AOA COE meeting	Dr Stephen Quain	Prof Mohamad Hidayat; Prof Putu Astawa



# Outreach activities for 2013 – 2014



	Places visited	Purpose	Outreach Volunteers	Local coordinators
KIRIBATI	Tarawa <b>26/04 – 8/05/2014</b>	Accompany RACS funded team visit led by Drs John Tuffley & Rob Genat. Conduct clinics, including paediatric for Ponsetti correction of Talipes Equinovarus.	Orthopaedic surgeon: Dr Sheanna Maine	Dr Bwabwa Oten
PAPUA NEW GUINEA	Rabaul <b>31/10 – 15/11/2013</b>	Annual team visit to support the local community at St Mary's Hospital, Vunapope	Orthopaedic surgeon: Dr Rob Sharp; Anaesthetist: Dr Simon Ford, Dr Diane Ford; Perioperative nurses: Christine Hughes, David Kerrigan, Anne Larson.	
SAMOA	Apia <b>11/09 – 22/09/2013</b>	Accompany RACS funded team visit led by Dr Phong Tran. Orthopaedic surgical service delivery; provide guidance & support to local trainees.	Registrars: Dr Amy Gibbens & Dr Lucas Annabell	Dr Shaun Mauiliu
SOLOMON ISLANDS	Honiara <b>01/06 – 10/06/2013</b>	Deliver Ponsetti refresher training;	Orthopaedic surgeons: Peter Cundy; Nicole Williams, Kate Stannage; Maxime Cote	Dr Patrick Houasia; Dr Stephen Kodovaru
	Honiara <b>15/07 – 20/07/2013</b>	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, Registrar: Dr Ralph Gunkleman	Dr Silent Tovosia; Dr Patrick Housasia
TIMOR LESTE	Dili & Bacau <b>10/05 – 17/05/2014</b>	Conduct outpatient clinics for patient review; provide guidance & support for local surgeon; provision of orthopaedic surgical service.	Orthopaedic surgeon: Dr Tony Jefferies, Anaesthetist: Dr Elizabeth Mackson, Perioperative nurse: Paula Boyle	Dr Eric Vreede; Dr Saturnino Saldanha
TONGA	Nuku'alofa <b>10/07 – 18/07/2013</b>	Introductory Perioperative Nursing Program: Education delivery through semi-formal settings and clinical skills workshops	Perioperative nurses: Julie Walters, Marriane McGhee, Patricia Keating, Angela Zupan	Sr Sela Paasi; Dr Amelia Afuha'amango; Sr Sulia Nonu
	Nuku'alofa <b>14/07 – 21/07/2013</b>	Orthopaedic surgical service provision	Orthopaedic surgeons: Dr Mark Ridhalgh, Dr Geoffrey Rosenberg; Anaesthetist: Dr Paul Ferris; Perioperative Nurse: Graham Hextell	Lord Viliami Tangi; Dr Paula Vivilli
	Nuku'alofa <b>04/10 – 07/10/2013</b>	Continue to build on previous years with surgical service provision specifically focused on treatment of Equinovarus Talipes (club foot)	Orthopaedic surgeon: Dr Andrew Leicester, Anaesthetist: Dr Hugh Seaton	Dr Paula Vivilli
VANUATU	Espiritu Santo <b>03/03 – 10/03/2014</b>	Multidisciplinary team providing specialised surgical delivery; support for local hospital staff through clinical review	Orthopaedic surgeons: Dr Donald Pitchford, Dr Matthew Hope, Dr Brian Martin; Anaesthetist: Dr Nick Hogan; Registrar: Tim Matthews; Perioperative nurses: Narelle Hurworth, Fiona Strachan; Physio: Tony Juarez	Dr Hensley Garaeliu; Dr Thomas Sala; Dr Richard Leone
VIETNAM	Hue <b>09/09 – 13/09/2013</b>	Conduct formal paediatric hand & wrist microsurgery workshop at Hue Central Hospital, Hue City; attended by 40 Vietnamese surgeons	Orthopaedic surgeons: Dr Peter Scougall, Prof Graham Gumley, Dr Richard Lawson, Dr Damien Ryan, Dr Sean Nicklin; Hand Therapist: Rosemary Prosser	Dr Pham Dang Nat



*Cambodia: Professor Neil Jones, Upper Limb Surgeon*

# Cambodia

## Team Visits



Orthopaedic Outreach has long provided support in Cambodia, largely through the works of Dr Tim Keenan & Assoc. Prof. Graham Gumley. Dr Keenan, together with UK-based members of World Orthopaedic Concern visit Cambodia up to four times annually, providing clinical guidance, and delivering structured training workshops to the local orthopaedic surgeons, as well as supporting the established Annual Meeting for the Cambodian Society for Surgery & Traumatology.

Trauma and the lasting effects of trauma contributes to the majority of surgical presentations in Cambodia. The management and treatment of road trauma in particular requires significant resources, which developing countries such as Cambodia do not have.



*Cambodia: Associate Professor Graham Gumley performs hand surgery*

The development of an annual Orthopaedic Nursing seminar is encouraging as nursing staff continue to seek opportunities to further their knowledge on assessment and treatment management plans for the care of the orthopaedic patient. These seminars see a combination of presentations from local staff as well as contributions from Orthopaedic Outreach members and are well supported by local surgeons Dr Sina Ry and Dr Chhoeurn Vuthy.

Assoc. Prof Gumley led a team of 8 volunteer surgeons with the express intention of building on the groundwork of previous mission trips. This team targeted further training and advancing patient care in Phnom Penh, and further afield. One component of this was the strategy to collaborate with the Royal University of Phnom Penh in providing a five day lecture program for surgical trainees. A two day Advanced Basic Surgical Skills Course focusing on surgical management of upper limb trauma and deformities was also delivered. Dr Anne Wajon, a hand therapist from Sydney's Macquarie University Hospital completes these training programs in working side-by-side with the local allied health teams, ensuring practical post-operative care is provided for patients.

With an increasing international influence, local surgeons are now exploring the prospect of joint replacement surgery in Phnom Penh. This has certainly raised our concerns given lack of infrastructure to support existing orthopaedic surgical load, without introducing a whole new level of demands. Orthopaedic Outreach remain committed to supporting the progression of Orthopaedics in Cambodia, however not to the detriment of patient outcomes. We look to work closely with local key stakeholders in establishing a structured framework for what joint replacement surgery would look like, incorporating logistics, surgical technique, infection control and post operative rehabilitation.



*Cambodia: A busy operating list for Outreach surgeons*

### Labasa

Dr Andreas Loeffler made two visits to Labasa, Fiji. He was accompanied by Ms Michelle Glynn (DePuy Synthes) in November 2013, and by Ms Angela Grein (Prince of Wales Private Hospital) in May 2014.

Some positive changes were noted during these visits including: a greater awareness of hand hygiene, with gloves and handwash now available in the wards; additional equipment including a CT scanner and an increase in the number of available computers. Unfortunately, poorly prioritised health spending and staff cuts have negatively impacted on staff morale. However, residents and interns still showed a great interest in lectures provided by the Outreach team, which focussed on reinforcing basic principles.

### Lautoka

Dr Tanya Burgess accompanied Dr Stuart Myers in June 2014 to Lautoka Hospital, Fiji. The overall impression was that Lautoka Hospital is quite a well-run and effective facility and registrars have excellent textbook knowledge, they have limited opportunity to progress due to a lack of adequately trained staff to guide and supervise and guide them.



### Suva

Dr Doron Sher has maintained a regular presence in Suva's Colonial War Memorial Hospital, having been a regular visitor for Orthopaedic Outreach for many years. Doron has managed to work closely with local surgeons in Suva to build their capacity to assess and treat the increasing number of shoulder and knee injuries, many of which are sports related.

Drs Michael McAuliffe & Peter Brazel continued to make valuable contributions to the support of local Fijian medical staff, visiting both Lautoka and Suva. As has been evident from previous visits to Fiji the predominance of orthopaedic problems centre around trauma particularly those related to road and industrial accidents, complications related to sepsis (both primary and hospital acquired) and the enormous burden of diabetes and its systemic problems.

Apart from resource limitations, surgery at times remains a cultural challenge in Fiji, with strong influence from village communities for traditional 'massage' therapies. These result in mixed outcomes, and combined with late presenting trauma contribute to areas requiring immediate attention.

### Education: Suva

Four specialist perioperative nurses who were supported by Orthopaedic Outreach, worked with local Fijian operating theatre nurses providing an educational program based on best clinical practice principles. Topics have a patient safety focus including aseptic technique, management of orthopaedic trauma, airway management and electrosurgery safety.

Following on from the perioperative nurse training, a separate training program on Fracture Management designed for medical staff in the surgical training program. The young surgeons experienced two days of problem-based learning led by Drs Matthew Wilkinson & Ashish Gupta with associated support from Dotdash Australia, providing the opportunity to practice skills in a simulated setting on sawbones.

### Hand Therapy Training

Two separate hand therapy workshops were delivered in Malang to medical and allied health staff by experienced hand therapist Susan Shaw. The workshops were each formatted to include formal lecture presentations followed by practical skills sessions based on plastering techniques for immobilisation and thermoplastic splinting.

It was encouraging to see local therapist, Ipunk Made, presenting a lecture and acting as a tutor during the practical sessions. This is a great example of local staff demonstrating their capabilities as teachers and becoming leaders in an emerging field of therapy in regional Indonesia.

### Orthopaedic Examinations

The Indonesian Orthopaedic Association regularly invites International Orthopaedic Examiners to assist with the delivery of their end of training examinations. For many years Profs Bill Cumming and Joe Ghabrial have been the backbone of the program, with assistance of Prof David Sonnabend.

This year, Assoc Prof G J Gumley and Dr K R Woods took an active part in the examinations and were invited to contribute to the further development of their program.

### Combined AOA/IOA COE Meeting

The inaugural combined Continuing Orthopaedic Education meeting between the IOA and AOA drew 500 Indonesian registrants and 90 Australians. This meeting was held in Nusa Dua and was the result of many years collaboration between Prof Joe Ghabrial, Bill Cumming and senior Indonesian Orthopaedic surgeons, with the Australian Knee Society providing valuable faculty support.

In recognition of their long standing contributions, Prof Ghabrial & Cumming received the Sultan Hasanuddin Award – the highest award available through the combined universities of Indonesia for services to the Indonesian nation.



*Indonesia: Professor Bill Cumming with local doctors*

## Kiribati

The visit to Kiribati this year was a collaborative effort between Orthopaedic Outreach and the Royal Australasian College of Surgeons, and was a highly valuable and rewarding experience for all concerned. The team consisted of 3 orthopaedic surgeons (Drs Rob Genat, John Tuffley and Sheanna Maine), 1 anaesthetist (Dr Jon Christie), 2 perioperative nurses (Cherie Genat and Jo Steele) and a medical student (Charlie Tuffley), working with local surgeon Dr Kabiri Itaka. It is estimated that in excess of 250 patients presented to outpatient clinics and approximately 40 operations were performed. The addition of clubfoot presentations would have placed the total number of consults at around 320 episodes of care.

The most time consuming element of treatment was the management of the paediatric clubfoot patients which presented challenges both in the clinical time constraints as well as the communication required to adequately explain the treatment. A key has been developing the trust of the parents that would allow them to gain the knowledge base required for successful outcomes.

Paediatric Clubfoot has not been a major component of the orthopaedic burden of disease in Kiribati on previous Outreach visits despite this incidence of Clubfoot in the Pacific Islands being known to be one the highest in the world. We were informed by the local Hospital Administration that prior to our arrival, radio advertisements were placed across the islands to inform the locals of our visit and encourage presentation to us with any paediatric clubfoot deformity. This resulted in a record number of patients presenting with clubfoot deformities, both new and relapse cases in both the paediatric and adult populations.

## Samoa

Australian Orthopaedic registrars Amy Gibbons & Lucas Annabell introduced the use of social media as an effective and efficient method of communication to their Samoan counterparts in the lead up to visiting the National Hospital in Apia. Using WhatsApp, Amy & Lucas communicated regularly with Dr Shaun Mauiliu in Samoa: the result was a brilliantly aligned outpatient clinic, with patients appropriately prioritised over a two day period prior to the following week of operating. This allowed priority cases to be assessed by the team early and establish safe and manageable surgical plans.

The majority of the 27 operative cases were completed with the express intention of teaching local surgeons, resulting in an increased confidence and skill level at completion of the visit. The learning was certainly shared as the Australian registrars gained valuable learning and clinical experiences. They learnt great deal about third world medicine and orthopaedics, as well as how to manage difficult conditions with limited resources, and have established a strong bond with their Pacific Island colleagues as a result.



### Solomon Islands

The profile of Orthopaedic Surgery in the Solomon Islands is growing and a fourth registrar has been added to the Orthopaedic Department in Honiara. Orthopaedic outpatient clinics see up to 45 patients daily in addition to the paediatric club foot clinic where local registrars have adopted the Ponseti technique taught by Drs Peter Cundy, Nicole Williams and Kate Stannage on previous visits. The recent commencement of the alternate Orthopaedic training pathway through the Pacific Islands Orthopaedic Association is encouraging, with trainees now able to remain in the Solomons. Orthopaedic Outreach visits are vital to supplement the theoretical knowledge of the PIOA with practical instruction and example.

The management of traumatic amputations resulting from the mining and forestry industry remain a concern, since with no plastic surgery in-country, management of these patients is undertaken by the orthopaedic team alone. Future priorities also include a focus on increased collaboration between the surgical and physiotherapy departments to emphasise sound immobilisation and stabilisation techniques for trauma management.



*Timor Leste family*

### Timor Leste

The team visited the regional centres of Bacau, Los Palos & Viqueque conducting outpatient clinics as well as focusing on services within the capital city Dili. A total of 74 patients were seen with 7 progressing to planned surgical procedures. These numbers are less than previous years, with a significant tendency to seek treatment from traditional healers rather than conventional orthopaedics. The regional centres have little or no equipment for operative treatment of fractures and no apparent expertise, relying heavily on transfer to Dili for detailed assessment and surgery.

Local surgeons Dr Saturnino and Dr Alito are enthusiastic about any teaching opportunity through the clinics and the operating lists. Several opportunities arose for the team to demonstrate open reduction and internal fixation of distal radial fractures. Informal training was also provided to the operating theatre and ward nursing staff, with Anaesthetist Dr Mackson emphasising post-operative pain assessment and management techniques.

Orthopaedic treatment continues at a basic level in Timor Leste and the management of trauma will remain a focus. Dr Saturnino & Dr Alito are encouraged to seek advice and share case scenarios electronically in between Orthopaedic Outreach team visits.



### Tonga

Australian Orthopaedic Surgeons have travelled to Tonga to treat Congenital Club Foot (Talipes Equinovarus) for nearly 20 years. This condition is more prevalent in the Pacific Islands than elsewhere in the world. The current program is led by Dr Andrew Leicester and includes a physiotherapy component that has grown with the introduction of the Ponseti Method. This method of management involves applying a series of casts and a percutaneous Achilles tenotomy to correct the components of the deformity. This year 32 children were assessed and treated, with 25 progressing to the planned surgical intervention.

In addition to the Club Foot program, Dr. Geoffrey Rosenberg and Dr. Mark Ridhalgh lead a general orthopaedic surgical team to Tonga. This year, the team undertook a daily clinical review of all patients in collaboration with local medical staff. 94 patients were evaluated leading to 32 operative cases. Most cases involved late presenting trauma, with non-unions or malunions. The team actively encouraged local staff to scrub & assist surgically, discussing surgical techniques and approaches throughout each case.

Immediately prior to the surgical team visit, an Introductory 4-day Perioperative Nursing Program, with a strong orthopaedic focus, was attended by 23 nurses with varied experience. This allowed a train-the-trainer style delivery utilising local senior staff to assist in the facilitation of sessions. This built confidence, established sound education principles and emphasised consistent standards of practice. The post course evaluation returned overwhelmingly positive results. The surgical team visit immediately following the workshop ensured that the local nurses were fresh in their knowledge and clinical skills.



Tonga: Vaiola Hospital

### Vanuatu

Trauma and other orthopaedic conditions continue to play a large role in a number of inpatient admissions and outpatient presentations to the Northern Provincial Hospital in Santo. In the absence of appropriate training and experience, there is little specialist trauma care in Vanuatu outside of Port Vila; the local medical staff are understandably reluctant to treat fractures with anything other than closed reduction and immobilisation. The Outreach team therefore focused predominantly on primary patient assessment and immobilisation of fractures, together with identification of those potentially suitable for transfer to Port Vila for further orthopaedic surgical management. The majority of our surgical work involved the treatment of mal-united or partially united fractures in poor position after delayed presentations.

A total of 12 patients progressed for surgery, some of which became quite complex given the time lapse since original injury. A further 17 required non-operative treatment including closed reduction of fractures and immobilisation through the application of plaster casts. Consideration for ongoing staff education includes: digital information sessions on practical topics such as plastering, manipulation techniques, wound care, post operative pain assessment and analgesia, and infection control aspects of sterilisation techniques.



Vanuatu: A young patient after successful club-foot surgery



## **Vietnam**

Team visits to Vietnam led by Dr. Peter Scougall are now in their 19th year of teaching and training. This year saw the tenth week-long practical hand surgery course for 30 Vietnamese orthopaedic surgeons at varying levels of training.

This incorporated another successful microsurgery workshop with each participant being given a pair of x3.5 magnification loupes and a set of microsurgery instruments.

In addition to the course 40 patients were evaluated and 22 surgical procedures were undertaken, including 9 operations for brachial plexus and peripheral nerve injuries. A number of lectures were delivered, with topics including: The early management of complex hand injuries; soft tissue cover in hand injuries; hand and digit amputations, replantation and nerve surgery.

Hand Therapy input from Rosemary Prosser remains an essential part of the program, not only to assist with non-operative and post-operative care, but to reinforce the importance of early post-operative rehabilitation.

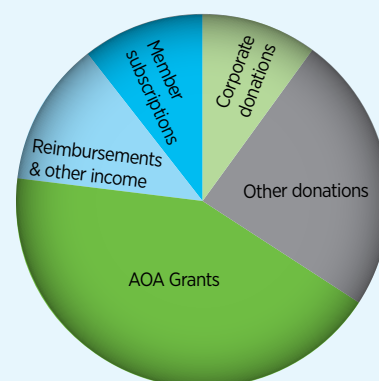
The Hue Central Hospital Upper Limb Surgery Department continues to grow and ward nursing is improving. Dr Pham Dang Nhat and his staff are performing more sophisticated surgical techniques, including microsurgery, free flaps and brachial plexus surgery. The population of Vietnam is 89 million with only 1,400 Orthopaedic Surgeons. Fortunately surgery in Vietnam is advancing quickly and it is a pleasure to be able to contribute to that process.



# Financial Information – 2014

## IN SUMMARY

	\$	%
<b>WHERE OUR FUNDS CAME FROM</b>		
Grants from AOA		
Australian Orthopaedic Association	125,000	43
Corporate donations	30,000	10
Other donations	69,806	24
Reimbursements and other income	37,164	13
Member subscriptions	30,062	10
<b>TOTAL MONETARY SUPPORT</b>	<b>292,032</b>	<b>100</b>



<b>HOW OUR FUNDS WERE DISTRIBUTED</b>		
Overseas Programs	156,292	62
Domestic Programs	11,251	5
Fundraising costs	14,586	6
Administration	67,375	27
<b>TOTAL FUNDS EXPENDED</b>	<b>249,504</b>	<b>100</b>



## OUR VOLUNTEERS ADD 'REAL' VALUE

### VALUE OF VOLUNTEER SERVICES

Orthopaedic Outreach could not operate without our volunteers, who all provide their services on a pro bono basis. The value of these services is not included in the Outreach financial accounts. Set out below is a calculation of the value of these services, which is considered to reflect appropriately the significant contribution made by our volunteers to Outreach operations.

#### Surgeons and anaesthetists

56 volunteers for a total of 365 days 876,000

#### Nurses, allied health & other volunteers

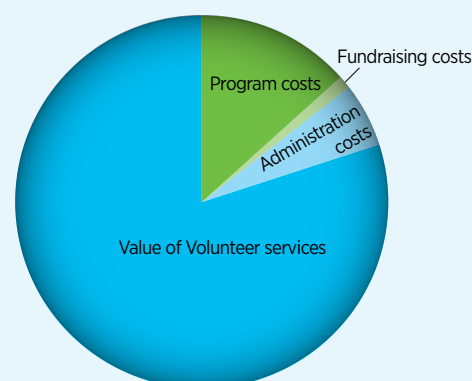
30 volunteers for a total of 234 days 117,000

**TOTAL VALUE OF VOLUNTEER SERVICES 993,000**

### DISTRIBUTION OF REAL OPERATION COSTS

(including value of volunteer services)

Value of volunteer services	993,000	80
Overseas and domestic program costs	167,543	14
Fundraising costs	14,586	1
Administration	67,375	5
<b>REAL COST OF OPERATIONS</b>	<b>1,242,504</b>	<b>100</b>



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# Financial Information – 2014

## INCOME STATEMENT

	2014	2013
	\$	\$
<b>REVENUE</b>		
Grants		
Australian Orthopaedic Association	125,000	125,000
Donations	99,806	103,454
Reimbursements		
Royal Australasian College of Surgeons	20,106	20,160
World Orthopaedic concern	10,241	
Stratton fund	17,054	15,163
Member subscriptions	30,062	10,442
Interest	4	14
<b>Total Revenue</b>	<b>292,032</b>	<b>284,474</b>
<b>EXPENSES</b>		
Overseas Programs		
Pacific Islands and PNG*	82,633	119,341
Asia and other regions*	35,649	39,921
Medical equipment, storage and freight	38,010	31,671
Domestic programs	11,251	37,109
Promotion and fundraising	14,586	533
Administration and accountability	67,375	72,577
<b>Total Expenses</b>	<b>249,504</b>	<b>301,152</b>
<b>EXCESS (DEFICIT) FROM OPERATIONS</b>	<b>42,528</b>	<b>(16,678)</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 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.

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# Financial Information – 2014

## BALANCE SHEET

	2014	2013
	\$	\$
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and current equivalents	217,583	171,900
Trade and other receivables	12,397	18,842
<b>Total Current Assets</b>	<b>229,980</b>	<b>190,742</b>
<b>Non-Current Assets</b>		
Property, plant and equipment	1,565	279
<b>Total Non-Current Assets</b>	<b>1,565</b>	<b>279</b>
<b>TOTAL ASSETS</b>	<b>231,545</b>	<b>191,021</b>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Other Creditors		
GST payable	2,989	2,157
Credit card	1,900	4,735
<b>Total Current Liabilities</b>	<b>4,889</b>	<b>6,892</b>
<b>TOTAL LIABILITIES</b>	<b>4,889</b>	<b>6,892</b>
<b>NET ASSETS</b>	<b>226,656</b>	<b>184,129</b>
<b>EQUITY</b>		
Retained earnings	226,656	184,129
<b>TOTAL EQUITY</b>	<b>226,656</b>	<b>184,129</b>

The financial information provided in this report is a summarised version of the audited Financial Report for the year ended 30th June 2014. A copy of the full 2014 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)

# Auditors Report – 2014



## 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

Telephone: (02) 9570 6699 Facsimile: (02) 9570 6690 Email: info@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 2014, 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 2014 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*  
MartinCo  
Chartered Accountants

Name of Principal:

*Peter Martin*  
Peter Martin

Address:

Hurstville

Dated this

3

Day of

*October*

2014

Liability limited by a Scheme approved  
under Professional Standards Legislation

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# Supporters of Outreach

*Thank you to our supporters*



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AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION



**DePuy Synthes**  
*People inspired™*



**stryker®**

**dotdash Australia**



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## Donations

Orthopaedic Outreach, ABN 68 910 058 787, is a registered international charity. Donations are tax deductible. Donations are endorsed as a Deductible Gift Recipient (DGR) and also endorsed by the Australian Taxation Office to access GST and FBT concessions and income tax exemption.

## Administration

### Chief Operational Manager

Graham Hextell Nurse Consultant (NSW)

## Structure

Orthopaedic Outreach is made up of ordinary, associate, corporate, honorary and life members.

Responsibility for the overall management and decision-making related to Orthopaedic Outreach activities and finance lies with the Committee of Management, which consists of nine members, inclusive of office-bearers, one member nominated by Royal Australasian College of Surgeons, one by Rotary Club of Kogarah, one member is a nursing representative nominated by the Committee itself, three members are elected by the Australian Orthopaedic Association and three members are elected by the Outreach membership. Membership of the Committee is for a period of two years, with positions declared vacant on a rotational basis. Office-bearers are elected by the committee members. The Committee of Management meets quarterly.

## Committee of Management

<b>Chairman</b>	Stephen Quain	Orthopaedic Surgeon (NSW)	
<b>Deputy 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
	Kathy Hill	Registered Nurse (ACT)	Nursing Representative
	Peter Cundy	Orthopaedic Surgeon (SA)	AOA Nominee
	Peter Brazel	Orthopaedic Surgeon (QLD)	AOA Nominee
	Doron Sher	Orthopaedic Surgeon (NSW)	AOA Nominee
	Anthony Jeffries	Orthopaedic Surgeon (WA)	



orthopaedic  
**outreach**

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

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