

# BAOMS TRAVEL GRANT REPORT

*Joint P.A.G.E.S. of H.O.P.E. and The Face Charity*

Facial Reconstruction Mission

Tarlac City, Tarlac, Philippines

11<sup>th</sup> – 21<sup>st</sup> February 2016

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## **Background**

The Philippines is a remarkable country on the western Pacific rim composed of 7,107 islands with one of the largest coastlines of any country on the planet. Named after the Spanish King Philip II following its 'discovery' in 1542, the country has been through numerous challenges both social and economical since and has been a key strategic location for the United States since the turn of the last century with whom it continues to retain close ties. It is now one of the fastest growing economies on the planet having a large workforce however, inequality is increasing with a wealthy elite living alongside one quarter of the population who exist below the poverty line as evidenced by a Gini coefficient of 43.

To help address issues of health inequality and access to healthcare in the country the 'Philippine American Group of Educators and Surgeons' (PAGES) charity was established in 1990 with the aim of 'Helping Other People Excel' (HOPE). The charity is now in its 26<sup>th</sup> year and has been carrying out annual missions, predominantly for the correction of cleft lip and palate deformity, and more recently in association with the UK based 'The Face Charity'.

## **The Team**

The team was comprised of an international multidisciplinary team of 40 including paediatricians, nursing staff, surgeons and anaesthetists working alongside our Filipino colleagues. Countries represented included the UK, USA, China, Australia and expats from the Philippines. The diverse backgrounds and experiences of our team members was refreshing and also a great opportunity for us to appreciate and learn from the different approaches taken by our international colleagues that can be very hard to appreciate when training in a single country.

The charity was invited to the region by the local governor and warmly welcomed. The location of our mission was the Tarlac City Provincial Hospital, which has a 200 bed capacity. We were kindly offered use of the newly built intensive care unit to act as our theatres and

recovery (prior to its official opening) and to 3 wards for post-operative care and a clinic facility for patient screening.

All relevant equipment was brought by the team including anaesthetic and surgical instruments, sterile drapes, dressings, sterilising equipment and medication. There were 6 separate theatres running simultaneously each with a dedicated surgical team and rotating anaesthetic team.

## **Patients**

The arrival of our team to the hospital had been advertised locally and regionally via the press, radio and television and on social media by those members of the charity based in the Philippines. Therefore, our patient group represented a very diverse population with many having travelled a significant distance from remote villages to seek help. The majority of the caseload was paediatric. The largest group of those presenting had cleft lip and or palate deformities however, other pathologies included trauma, burns, facial clefts, frontonasal dysplasia and syndromic craniosynostosis.

The patient pathway included an initial assessment by our paediatrician including basic blood tests to ensure robustness for operation, anaemia and concurrent illness were the most frequent causes of cancellation at this stage. This was followed by surgical review and operation planning for which local translators were vital. Following anaesthetic review the patients were prepared for theatre and post-operatively cared for on the ward until fit for discharge.

In total almost 180 patients were assessed and 140 procedures were carried out. The patients age ranged from 6 weeks to 62 years of age. The majority were new patients though there was a significant minority of patients followed up from previous years.

## **Teaching & Training**

The education of local healthcare professionals is key to the aim of the charity. There was therefore significant involvement of local staff and students both nursing and medical in the running of the mission. This included teaching of scrub nurses from the start of the mission through to proficiency, involvement of medical student and practitioners in the patient assessment and surgery and, just as importantly, the education of our team by local anaesthetists who were invaluable resources especially when working in a region where resources are limited.

In addition to the 'on the job' training several of our surgeons were invited to teach at the Teaching Hospital in Manila on the management of cleft which was well received.

## **Project**

As part of our mission we were keen to understand our patients and families access to electronic forms of communication. From previous missions we were keen to improve our patients' access to follow up care which can prove difficult in the resource poor setting and the wide availability of mobile phones and the internet could help us towards this aim. The use of telemedicine has become more widespread in the 21<sup>st</sup> century and can be an invaluable resource. We therefore constructed a questionnaire to assess our cohort's access and affordability of various types of communication. The questionnaire was written in English and Filipino and data was collected by local nurses.

The results of this study are currently being written up with the aim of submission to a peer reviewed journal.

## Timetable

| Date |                                             | Date |                                          |
|------|---------------------------------------------|------|------------------------------------------|
| 11/2 | Setting up theatres<br>Patient assessment   | 16/2 | Patient assessment<br>Full day operating |
| 12/2 | Setting up theatres<br>Patient assessment   | 17/2 | Rest day                                 |
| 13/2 | Patient assessment<br>Half day of operating | 18/2 | Patient assessment<br>Full day operating |
| 14/2 | Patient assessment<br>Full day operating    | 19/2 | Half day operating<br>Closing theatres   |
| 15/2 | Patient assessment<br>Full day operating    | 20/2 | Final patient review<br>Leave to Manila  |

## Logbook

The mission was a fantastic opportunity for us to gain experience of working and operating in an international team on a variety of pathologies in a well supervised environment. Our logbooks reflect this as follows:

| Procedure                                           | Trainee 1 | Trainee 2 | Trainee 3 | Total |
|-----------------------------------------------------|-----------|-----------|-----------|-------|
| Primary Lip Repair                                  | 7         | 11#       | 9*        |       |
| Primary Palate Repair                               | 6         | 7         | 4**       |       |
| Palatal fistula repair                              | 2         | 2         | 1         |       |
| Cleft lip revision                                  | 1         | -         | 0         |       |
| Cleft palate re-repair                              | 1         | -         | 0         |       |
| Rhinoplasty with Costochondral Graft                | 2         | -         | 2         |       |
| Rib and cartilage harvest                           | 2         | 1         | 1         |       |
| Total Nose Reconstruction (forehead flaps)          | 1         | 1         | 2         |       |
| Upper blepharoplasty                                |           |           | 1         |       |
| Canthopexy                                          |           |           | 1         |       |
| Z-plasty for eyebrow alignment                      |           |           | 1         |       |
| Ectropion correction                                |           |           | 1         |       |
| Coloboma removal                                    |           |           | 1         |       |
| Multiple burns contracture releases and local flaps |           |           | 3         |       |
| Full thickness skin graft                           |           |           | 1         |       |
| Excision Biopsy                                     | -         | 1         | 1***      |       |
| Dental Extractions                                  | -         | 1         |           |       |
|                                                     | 22        | 24        | 29        |       |

\* 7 x UCL and 2 x BCL

\*\* including 2 x Vomer flaps

\*\*\* mucocele removal

# 10 x UCL and 1 x BCL