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Dr. Ako Yap,  
 Chief Executive officer,

**RE: VISITING ORTHOPEDIC SURGEON, DR. PHILIPP STILLHARD - (7/04- 18/04/2018)**

I on behalf of surgical team in Nonga and Vunapope hospital, would like to offer word of thanks to you and your entire administration for your full support for the visit and allow such programmes to host in our hospital. We also extend our appreciation and word of thanks to Dr. Des Soares, Chair and the Coordinator for PIOA training programme and other team members for putting up their time and effort for the visit.

The usual purpose of visit is to assist affiliated orthopaedic trainees in providing orthopaedic surgical treatment, assess and recommend orthopaedic standard equipment and instrument. Assist instrument set up and encourage service improvement including all support services e.g. radiology, pathology department etc. Second most important component of visit is to provide teaching and mentorship to all participants. In this programme, the major beneficiaries are not only the trainees but also the patients at large, participants and hospital.

Dr. Philipp arrived on Saturday, 7<sup>th</sup> to the 16<sup>th</sup> April, 2018. We had ward rounds, hospital orientation and orthopaedic instrument checks on Sunday, 8/4/18. The clinics conducted for 2-3 hours on 9<sup>th</sup> and again on the 11<sup>th</sup> April. A total of 8 cases seen on the first clinic and 9 cases later. Patients from Vunapope also reviewed in between.

The team members involved,

- Surgical team Nonga and Dr. Felix Diaku from Vunapope
- Nursing and Anaesthetic team from Operation theatre.
- Nursing team from surgical ward.
- DMS and DCS together with catering services staff.

The cases operated.

<b>Date</b>	<b>No. of cases</b>	<b>diagnosis</b>	<b>procedures</b>	<b>Others activities</b>
9/4/201	-	-	See pts at clinic	Prepared patients and

8				instrument for the week
10/4/	3	# distal Radius/ulna, Pyoarthrosis + osteomyelitis	, Open reduction, Arthrotomy and sequestrumectomy	Teaching/review cases in morning
11/4	3	Delayed R/ulna fract and leg wound Post K nail	Plated ulna, leg wound debride and bone cover Debride,/exfix	Teach/ review cases - post operative
12/4	3	# R/ulna x2, post - sequestrum	MUA/pop, Plate screws sequestrumectomy	Teach/ review
13/4	3	# R/ulna and left forearm sarcoma	Plate and screw, tissue biopsy, secondary close	Teaching rounds/ grand round paediatric fractures
14/4	1	Knee dislocate with compartment syndrm	Above knee amputation	Teaching rounds each morning
15/4	-	-	-	5.00am walk up to mt Tarvurvur volcano. Rounds/ review cases
16/4	3	3 cases with fracture Radius ulna	All MUA / POP.	review
Total	17			

The important highlight of visit,

The visit was a first significant step toward orthopaedic surgery in this hospital since after the volcanic eruption in 1994. The orthopaedic service was not actively revamped due to many limitations such as manpower, equipment funding from health department etc.

We appointed only complicated cases we had and did not do any campaign to book many cases as usual because of our fear not having orthopaedic drill and other missing instrument eg. Drill bit. However, it was good news, the visit coincide with the arrival of the drill and all other instrument arranged in order with assistance also from Vunapope..

### **Orthopaedic surgeon**

Dr. Philipp is very senior experience orthopaedic and trauma surgeon. He was very keen and has a willing heart to assist and teach orthopaedics and strongly advocates trainees and participants to have hope in what limited resources we have to contribute meaningfully in the care of orthopaedic and trauma patients. We have learnt a lot from him during his supervisory visit.

### **In the clinics**

Discussed on complicated fractures, resulted in Non-union, Malunion and delayed union. The definition of each and management options for each type. Learnt from

each cases reviewed and plan of management discussed.

### **Ward rounds**

- Infection control in the ward. Re-emphasized on importance of having aseptic hand washer, hand gloves etc. when handling orthopaedic patients. He demonstrated by providing few containers of aseptic hand washer for our ward which we didn't have.
- Appropriate design of external fixators suited to provide stability. Demonstrated on a case of post ex -fix in ward.
- Most paediatric fractures can be more or less treated by reduction with POP cast and traction. Early reduction and reduction of fractures.
- Knee dislocation with compartment syndrome and supervening fasciitis, non-functional limb. Indication for amputation-
- Importance of bone cover on exposed bones.

### **Operation theatre- instrument and surgical procedures.**

The instrument set up from the fragment sets which none of the nurses and surgeons done before was demonstrated. All of us learnt from the beginning, when we all were taking through the operation and how to take stock if all is used up. A lecture on types of screw and plating techniques. The rotational effect of intramedullary K nail implants was also discussed. The key operations for new orthopaedic drill, particularly how to insert drill bit demonstrated and overall know how to operate.

The operative procedures- the approaches taken for humerus and forearm radio-ulna fractures. Indications for anterior and posterior arm approaches for a subject with fracture humerus. In the forearm, Henry's anterior, Thompson's posterior radial and ulna approaches. Very amazing to learn anterior arm approach in a case. In the process, techniques and importance of 2 eccentric screws for decompression demonstrated whilst applying practical plating on the cases.

### **Hospital Teaching.**

Friday Grand round presentation- Main types of paediatric fractures for overall hospital staff.

Fractures types, diagnosis, and investigation and treatment options.

### **Outdoor activities.**

- Watched rugby game between Rabaul Gurias and Kundiawa Warriors, 8/4/18, 3pm
- Morning walk and climbed Mt Tarvurur, volcano site, 15/04/18 at 5.00am.

Farewell Dinner at Rabaul Hotel- 16/04/2018. 7.00pm and leaves for other destination 17/042018.

### **Challenges**

- Malfunctioning x-ray machine
- Gauzes, crepe bandages, antiseptic hand washer and gloves ran out

#### Recommendation

- Purchase external fix implants, supply runs out.
- Imaging Intensifier (I.I) or C- Arm fluoroscopy.
- Microbiology services

#### Acknowledgement

- Dr. Des Soares and PIOA team
- Dr. Felix Diaku and Vunapope team,

CC: Dr. Kiromat Patrick, DMS

CC: Mr. Theodore Rau, DCS

CC: SR. Ekonja. Kurap, DNS