

Solomon Islands Teaching Visit April 2014

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In keeping with our mission statement, education of nurses is one of our prime activities. So, when I was invited to participate in a trip to the Solomon Islands early in the year to be part of a team of doctors and nurses teaching the staff at the National Referral Hospital in Honiara, I readily accepted. The trip was delayed from the January schedule and began instead on March 31st. Dr Mark Norrie, a gastroenterologist who I work with at Logan Hospital in Australia, was also going on the trip; he had participated in a previous visit in 2013 and was able to advise me of the type of equipment donations that would be valuable for NRH. Mark and I arrived a



John Baillie, Mark Norrie, Eileen Natuzzi.

day before the doctors from the US, Eileen Natuzzi and John Baillie arrived. We took the opportunity and became tourists for the day, spending the morning scuba diving on some of the World War II ship wrecks that are located all around the islands and then the afternoon visiting a war museum which has gathered together a large number of wrecks of WWII fighter planes from around Guadalcanal. Both activities were a fascinating insight into the ferocity of the war in this part of the Pacific.

The format of the training followed the model of the training that I had previously been involved with in Fiji; the local doctors do the procedure and the local nurses assist those procedures. We, as the trainers instruct them and only assist when they require. This model provides a rapid transfer of skills with the skills remaining in the country, and has served well in the program established in Suva, Fiji and now

designated as a World Gastroenterology Organisation Training site. That site supports training for many island nations right across the Pacific Ocean.

Dr Baillie had organised donation of 2 Pentax 90 series gastroscopes and 2 colonoscopes, an EPK 1000 processor and a 26 inch high definition monitor.



It was to be my responsibility to assemble the system and integrate it with the other Olympus equipment already on site. As with other low resource countries, the unit staff were very grateful for any donated equipment or items. The bag of goodies which I had gathered survived the trip and



were much appreciated. After the greetings and unpacking we did some endoscopy procedures, one of which was a young man whose bowel prep was totally unsatisfactory. I had brought some PEG prep solution so with some interpreter assistance, I educated him as to how to prep his bowel successfully for a repeat procedure the following day, explaining the necessity of it to be really clean as we were looking for a source of bleeding in someone who had a family history of bowel cancer. The next morning, he proudly told me the medicine had worked very well! And indeed it had... a perfect prep! And his polyp was easily identified and safely removed. As that day wore on, we were experiencing intermittent power outages and it was raining very heavily. By late afternoon, it was clear that the weather situation was rapidly deteriorating and a cyclone alert had been issued. The hospital had 2 wards (including the paediatric ward) that needed evacuation due to water ingress from the sea crashing into the harbour wall. The hospital was placed on an emergency standing so all people who could be sent home were. That included us! We headed to a supermarket to purchase food to last us for 3 or 4 days in case the cyclone developed to the point of having to hole up in our apartments. As it turned out, the cyclone slipped to the south and headed to Australia so we escaped the devastation of the winds.



However, the overnight torrential rain created swollen rivers and streams and resulted in many homes and buildings in Honiara, and indeed on the rest of Guadalcanal, being swept away, with the resulting loss of 23 lives. Reports stated that 52000 people were affected by the disaster; in the first few days, power



and water were not functioning in Honiara and around 9000 people had to be accommodated in evacuation shelters. Across the Guadalcanal plains, the flood water and debris damaged hundreds of boreholes and water wells, leaving thousands of people without access to clean water and crops buried under mud. We were safe and secure in our accommodation which had its own power generator and water tank but our ventures out into the town revealed the widespread devastation. There was only one bridge left standing to provide access from one side of Honiara to the other – all others had been washed away.

The endoscopy unit is located in the operating theatre which was understandably dealing only with emergency cases so we used the time to do a stock take in the unit and to reorganise the procedure room set up to include the new Pentax system and optimise the working area.

The road conditions made driving anywhere a slow process. On the Sunday, we attended a church service along with around 1000 others at that one church and also spent some hours in the building where the paediatric ward was evacuated to.

I had taken some bubble blowing pipes which proved to be a big hit with the children.

We later visited the Good Samaritan Hospital out on the Guadalcanal plains.

This hospital provides general care plus is an important centre in the area for women for safe birthing. It is staffed by Peruvian nuns but supported by an Italian order.

Sister **????** told us of the loss of their ambulance which had been washed into the river by the floodwaters and expressed



her fears for how in the future they would evacuate mothers having complications in labour to the hospital. The hospital was a safe point in the area during the overnight flooding rain, with many people finding shelter there as their homes were washed away.

On our final day at NRH, we attended to urgent cases only, including placing a palliative oesophageal stent. We had been endoscopic this gentleman when the power had failed on the previous Thursday prior to the disaster. We did not have a paediatric gastroscope so used a bronchoscope to examine his obstructing carcinoma – improvisation is key to achieving outcomes when resources are limited. Mark managed to get the stricture dilated to a large enough size for John to then place the stent. The team were very interested in this procedure as there are many cases of advanced malignancy diagnosed.

The airport reopened the day we were scheduled to head home. Standing in the check in line, chatting to others, I spoke with a couple who had flown into Honiara on the afternoon the torrential rain began and who, along with 5 others, had been living at the airport for 5 days. The river between the airport and the town had covered the bridge and the only hotel on that side of the river had filled with people from the plane and there were 7 too many! The airport had no power and no water and pretty much no food for the majority of that time. Pretty tough conditions in the humidity and heat.

It was sad to return home, knowing that our trip had been largely unable to meet the goals we had enthusiastically set. However, the doctors and nurses at NRH will continue to develop their skills during the time until the next visit from the teaching team. I am in awe of their resilience



when working with conditions that are challenging on a good day. They warmly welcomed us and were keen to learn any new skills. I look forward to returning to

continue the teaching.

