

# Orientation Guide for Anaesthetic Locums Colonial War Memorial Hospital (CWMH), Suva, Fiji

## Introduction

This Orientation Guide was compiled from a range of sources and reports from Locums who have worked at CWMH. The Anaesthesia HOD at CWMH and Dr Luke Nasendra have also kindly provided information about the current equipment availability. As a result, this information is correct to be best of our knowledge but is intended as a guide ONLY.

The NZSA and authors can take no responsibility for incorrect information due to the many changes that occur in the delivery of Anaesthesia and Critical Care across the Pacific region.

The guide was created to help Anaesthetists who are coming to Locum, so they can have an idea of what to expect, know the operating theatre and anaesthetic set-up in Fiji and prepare themselves for the new environment.

All the overseas Anaesthetists who have worked at CWM Hospital have admitted that it was a great experience and highly recommend it for those who are willing to experience anaesthesia in a developing country.

## The Hospital

CMWH is the biggest hospital in Fiji and is a tertiary referral and teaching hospital. Increasing subspecialist care has meant that CMWH is becoming a major referral centre for complex cases from across the Pacific region.

It has approximately 500 beds. It was initially built in 1923 and is therefore quite old in some parts, but with ongoing projects of rebuilding and renovation. The new part of the hospital was built in 1993. The hospital is divided into four wings as follows:

- East Wing – Emergency Department, Acute wards, ICU, CCU, Burns unit, Operating Theatres, Clinics, Radiology and Laboratory
- West Wing – step down medical and surgical wards, stress wards, Urology Hub, Dental, Physio and Catering
- North Wing – Maternity Unit and Lancaster (Gynae) Ward
- South Wing – Children’s hospital, PICU, NICU and Administration block

## Types of patients/ common conditions

Fijian patients often present late for a variety of reasons, and you may therefore see pathology that is much more advanced than you may be used to. This can present some interesting clinical challenges.

One third of people have diabetes, and it is often poorly controlled. This means that usually at least one theater is dedicated to treating sepsis including the very common Diabetic Foot Sepsis

(DFS). Spinal Anaesthesia is used frequently to manage focal sepsis, with other Regional Techniques being dependent upon the equipment available, as well as patient pathology.

The Paediatric and Obstetric workload is significant, and we would strongly advise all locums to be aware of this and plan accordingly.

## Operating Theatres

There are eight operating theatres. Four are relatively new and four are older. The newer ones are much more spacious.

There are all the surgical specialties you may expect from a major teaching hospital, except cardiac surgery (which is off-site). There are visiting specialist teams, including cardiac surgery, throughout the year.

The theatre schedule is as shown below. During the PSA meeting or when accommodating visiting teams, this will change to ensure acute demand is met.

OT schedules are given below.

	OR 1	OR 2	OR 3	OR 4	OR 5	OR 6	OR 7	OR 8
Mon	Endoscopy services	General	Neuro	Ortho & Trauma	Septic	Paeds	Obstetric Emergency	General Emergency
Tue		General	Neuro			Urology		
Wed		Gynae	Dental/ENT			General		
Thur		Gynae	Plastic			General		
Fri								

Departmental audit and CME occur on Friday morning. The rest of Friday is spent catching up with the acute workload.

## Anaesthesia Specific Information

The department head is Dr Ieli Fakraufon. He is very helpful and supportive. Should you have any questions before you go, he would be happy to assist. His email is ifakraufon@gmail.com.

## Theatre Layout

Each operating theatre has a slightly different machine and ventilator. Each anaesthetic trolley is set up differently. Different drugs are often packaged in a similar fashion. This can all be a challenge and so it is worthwhile making sure you double-check everything before starting a case.

## Drugs

There are drugs that are supplied by the Fiji government, and those that are donated.

### What's normally available?

- **Opioids:** morphine and fentanyl are freely available and must be requested from a central cupboard in the Post Anaesthetic Recovery Unit (PARU).
- **Propofol:** freely available.
- **Ketamine:** freely available and often combined with Propofol to make "ketofol".
- **Muscle relaxants:** Suxamethonium, atracurium and pancuronium are freely available. Rocuronium available if left by a visiting team.
- **Reversal:** Neostigmine and atropine freely available. Glycopyrolate not available.

- **Volatiles:** Isoflurane and halothane available. Sevoflurane has some vaporisers but the supply of sevoflurane seems to be the issue. There is no desflurane.
- **Vasopressors:** Adrenaline and ephedrine is readily available but metaraminol, phenylephrine and noradrenaline stocks depend on what has been left by visiting teams.

## Equipment

- **Anaesthetic machines** are predominantly the newer Mindray machines although there are some older Ulco systems still available.
  - You will need to do a careful Level 2 Machine check at the start of each day as each theatre has a different layout and equipment varies in style and location on individual machines. Routine checks are time well spent to familiarise yourself with all their idiosyncrasies!
  - The routine airway equipment you may expect to be freely available ON the Anaesthetic machine/close by may not be there - “MALES” check
- **Nerve Blocks:** typically done with an IV cannula needle (18G). Occasionally, we have some block needles – you might have to bring some if you are into regional blocks.
- **Oxygen for transfer:** This is not used in people who are otherwise well. It can be requested if needed. We normally do not have transfer monitoring from OT to PARU. If you need to, then the anaesthetic monitors are also portable.
- **Ultrasound machine:** There is a Mindray ultrasound scan machine available for regional anaesthesia and intravenous cannulation.
- **CMAC videolaryngoscope:** available.
- **Difficult airway cart:** there is a difficult airway cart, which includes an Ambuscope (reused until the battery gives up), complemented by the CMAC. An awake CMAC technique with topicalisation seems to be a common local technique.
- No jet ventilation equipment
- No Microlaryngoscopy ETTs (MLTs) available, but the usual range of ETT tubes and a range of armoured ETTs are available.
- No syringe drivers available, so if you need to run TIVA it can be done using a burette of propofol and a volumetric pump. There are no anti-reflux valves so you need to be aware of this.
- **IV lines:** most patients come with IV lines, even children. There are venflons in the theatre but no dressings.
- **Arterial line transducer:** There are some available but sometimes we couldn't find it, so you need to ask the technicians.
- ETTs are discarded while LMAs are cleaned/ sterilised and reused.

## Anaesthetic Assistants

They are called Anaesthetic Technicians in Fiji. There are not many of them, and one tech can cover two or three ORs. That means they will be available for inductions and spinals, but will not be there the whole time. Should you need them, one will be found, or you can always ask the nurses to help. The other staff in the theatre are very helpful and can often assist where we may expect an anaesthetic tech to help at home.

**Aseptic technique for CVL and spinals:** usually done with sterile gloves and not full gowning procedures; however the staff are happy to provide gowns on request

## **Students**

The fourth and sixth year students from Fiji National University rotate through the theatres. They have a logbook of tasks and topics they need to cover. Like students anywhere, they come with very variable skill sets.

They will be the people that you will teach during the PSA Conference as all the trainees and registrars will be away attending the conference.

## **Post-operative care**

All cases are managed in the Post Anaesthesia Recovery Unit (PARU), which has 16 bed spaces that are fully monitored. There are normally some new nurses in PARU, but otherwise, most of them are well experienced in handling the range of cases.

Patients can be observed a bit longer in PARU if there is a need because PARU also accommodates the spill overs from ICU. There is no dedicated HDU at CWM Hospital, and PARU is the unit that provides that level of care.

## **Intensive Care Unit**

There is a 15 bed ICU at CWM Hospital, which is run by the anaesthetic team with the support of Dr Lisa Bennett, who is an Australian Intensivist. The ICU seems to be quite busy.

## **Accommodation**

Depending on where you come from, some of your employers in your own country may pay for accommodation. This seems to be the case in those who come from New Zealand.

The most convenient and relatively cheap accommodation is at The Island Accommodation or The Island Apartments. Both are run by the same people and are on Extension Road, which is the same road as the hospital is on and is therefore just a few minutes' walk from the hospital. Both provide free breakfast and laundry. They may be easily booked online.

Accommodation is generally quite expensive in Suva. The hospital is just out of the central business district, where most of the hotels are. However, if you were to stay elsewhere, taxis are really cheap and readily available.

## **Meals**

**Lunch:** This is provided in the theatre tearoom. It's delicious. It usually seems to be vegetarian or have a vegetarian option. If you would like milk in your tea or coffee, please bring your own milk powder.

There is a good café downstairs that sells excellent samosas. Several roadside cafes opposite the hospital's main entrance also do a good midday meal.

**Dinner:** there are quite a few good restaurants in Suva. Most are about an \$4FJD taxi ride from the hospital.

## **Registration**

The hospital needs you to be registered with the Fiji medical council. It's easiest if you get the process done before you come. The website is [fijimdc.com](http://fijimdc.com). The contact details are [info@fijimdc.com](mailto:info@fijimdc.com) and telephone +6793303647. The form for registration and requirements is on

the website. **BEWARE:** the info@fijimdc.com email address is sometimes not used, so if you get no response, it is worth following up by phone or with your contact person in organising the locum.

## Other things to know

- **Scrubs:** There are no or very few scrubs provided. The local staff bring their own. So please bring your own scrubs. Locums often donate their scrubs at the end.
- **Toilet rolls:** these seem to run out very quickly, so I suggest bringing your own. There are back up supplies in the anaesthetic on call rooms if needed.
- Consider bringing/ buying a simple local phone with a local SIM card which is actually quite cheap
- Equipment or drugs you may consider bringing with you include:
  - Latex free glove: gloves are available but generally contain latex and are powdered
  - Vasopressors: the vasopressor you prefer especially if it's metaraminol or phenylephrine
  - Extension kits with one-way valves
  - Ultrasound probe covers
  - IV cannula dressings
  - Nerve block needles
  - Roll of blank stickers
  - Marker pen: black
  - 2 rolls of your favourite tape
  - Hand rub of your preference. The local hand rub seems to have a lot of alcohol in it and is therefore quite irritating.
  - Anything else you may think is important

## Valuables

There are a lot of people (doctors, nurses, medical and nursing students, orderlies, cleaners, patients and relatives) passing through the operating theatre, and some items do go missing even in the presence of security officers. We advise that you keep valuables with you in OT. Otherwise it can be kept in the Sisters' room.

## Staffing during the Locum

Since most anaesthetic staff will be away attending the conference the Locums will be covering the work in OT from 8am-5pm. Two registrars will start at 4pm to cover the OT after hours until 8am the next day. One Locum will be rostered on-call per day.

The tentative roster will be sent by email.

## Summary

Without locums from overseas it is often impossible for the local anaesthetists and anaesthetic registrars to attend the conference or do any other CME activity. As a locum you can make a huge difference for the local SMO and the rest of the theatre team by volunteering your time and expertise. This is usually a very different experience from the usual day-to-day work in NZ/Australia. CWMH is a great place to do a locum and most people really enjoy the experience that this opportunity has to offer.