

# Orientation Guide for Anaesthetic Locums

## Lautoka Hospital, Lautoka, Fiji

### Authors

Dr Matthew Jenks (2022)

Updated Dr Katherine Shute (2024)

Updated Dr Matt Jenks (2025)

### Introduction

This guide is based on locums for the PSA (Pacific Society of Anaesthetists) conference from 2022-2025. It was created to help anaesthetists providing cover for the annual PSA conference so they know the operating theatre and anaesthetic set-up in Lautoka and can prepare themselves for the new environment.

### Arrival

Taxi drivers from the airport will often state a fixed fare to Lautoka (\$50-\$80). Ask them to use the meter and not a fixed fare. Ensure the meter is set to zero and in line of sight prior to starting off. They are legally required to use the meter, and this results in a lower fare, about \$40 FJD to Lautoka. In 2024 the hospital arranged for a driver to do some (not all) of the airport pickups. The yellow airport taxis are much more expensive than the “non-yellow” independent taxis if you can get one of these at the airport.

### Background

Lautoka Hospital is the second largest hospital in Fiji after Colonial War Memorial Hospital in Suva, which is the tertiary hospital for Fiji. It is in the city of Lautoka (situated in the Northwest of the island of Viti Levu. Lautoka is the second biggest city in Fiji. It is a short drive (approx. 30 min) from Nadi airport. It has approximately 300 beds. It serves over 300,000 people in its catchment, so it is a busy place.

In 2022, the running of the Hospital was taken over from the Fiji Ministry of Health by Aspen Medical. Aspen is a private health care management company and is operating the hospital under a private-public partnership contract with the Fiji Government. In general, there has been (at least this is the impression of the locums) a significant improvement in the physical facilities, organisation of hospital services and availability of modern equipment since Aspen took over.

Official languages in Fiji are Fijian, English and Fiji Hindi. Many patients or their relatives speak English - however, staff were mostly able to translate when needed. The quality of family translation is variable.

### Services

The surgical services provided include general, orthopaedic, ENT, obstetrics and gynaecology, dental/max fax and urology surgery (by a visiting specialist from Suva). A cardiac surgery theatre

and cath lab have recently been built. However, the team working in this theatre were totally separate from the rest of the theatre team, and we had no contact with them in 2024.

In 2023 and 2025 there was a visiting neurosurgeon from Suva. Both times, there was a VP shunt on a small and unwell child. In 2023, a visiting plastic surgeon came from Suva to perform cleft lip and palate surgery. It may be worth checking in advance to ensure the right skillset (e.g. paediatric anaesthetist) is present if any of these visiting teams are planned. It may be possible to postpone or change the case mix if done in advance.

## Cases

Paediatric cases are not uncommon, so it is ideal if one of the locums is comfortable anaesthetising children. Alternatively, pairing up with a locum colleague for small children is good practice or seeking help from a senior local anaesthetist. Over the years there has been a huge variety of cases, including elderly fractured neck of femur patients, awake tracheostomy under LA for glottic SCC, submandibular abscess in a child, thyroidectomy, craniotomy, shark bites, lots of c-sections, amputations, airway emergencies (Ludwigs angina) abscesses and other infections – often related to diabetes, laparotomies, urology cases and one thoracic case requiring a double lumen tube.

Both elective and acute work were expected of the locum. There was a huge variety of cases, often challenging given the unfamiliar equipment, staff and environment. One theatre is allocated to acutes, one to an elective list, one to Trauma/ortho and one is designated the “septic theatre”. The septic theatre does a huge volume of usually diabetes related sepsis cases. Typically these are done under spinal or regional block.

## Staffing during the Locum

In 2022/2023 there were three locum anaesthetists with a varying number of Fijian registrars. I think there was feedback that more staff were required, and in 2024 there were four consultants and one provisional fellow. In 2025 we had five consultants (including one paediatric expert). There are usually 1-2 registrars and 1-2 interns (junior doctors doing an anaesthetic attachment) allocated to work with the visiting consultants during the daytime. They are very good at navigating issues like IT systems, where to find things, etc. A Fijian consultant is usually allocated to ICU the whole week so there is no requirement for locums to cover ICU (but it would pay to check this prior to your visit). Most days (but not always), a local consultant acted as the “duty anaesthetist” although sometimes this was covered by a local registrar or by one of the locums. In general, there are very good levels of support from the local team. We provided cover during the daytimes from 07.45 theatre briefing until the end of the list, 1630-1730.

One of the Fijian consultants did the overnight call all week (2022 - 2025), so no on-call was required of the locums (however, it may pay to check this arrangement, as this may not be the case every year, and locum staffing levels will need to reflect call cover). Logistically, covering on call would be tricky from the hotel, as we were told taxis wouldn't be available in the middle of the night. Would also need a Fijian sim as the hospital switch couldn't call abroad. Knowledge of surgeons and their level of experience would also make on-call calls more complicated.

Having four SMOs works for the four operating theatres, but five was useful in 2025 as it allowed for flexibility, doubling up on difficult cases, covering duty anaesthetist if required and/or a rest day. If on call was required, then five would be the minimum.

## Operating Theatres

Four operating theatres. They are spacious and well appointed. Beware the emergency alarm buttons on the wall were not connected and functioning.

*Main operating theatre:* The previous (2022/2023) isolated 'septic theatre' is now one of the main four theatres.

## Drugs

Some of the drugs that make our lives so easy in our home departments, like remifentanyl, rocuronium and sugammadex, are not available. However, there is a ready supply of key anaesthetic drugs:

- **Opioids:** morphine and fentanyl
- **Propofol:** readily available
- **Ketamine:** readily available
- **Muscle relaxants:** Suxamethonium, atracurium
- **Reversal:** Neostigmine and atropine
- **Volatiles:** Isoflurane and sevoflurane
- **Vasopressors:** Adrenaline and ephedrine readily available. Noradrenaline also available. (mix up NORAD 4 or 8mg in 1000 ml and give (to give 4 or 8 mcg/ml) and 1-2 ml aliquots and infuse peripherally as needed. No phenylephrine or metaraminol. Peripheral noradrenaline can be run on the wards as long as below a certain limit.
- **Local anaesthetics:** lignocaine and bupivacaine

## Equipment

Anaesthetic drug trolley. Note IV fluid bottles used for dilutant. Note "SVM" antiseptic in the pump bottle is also used to soak cut-up swabs as an antiseptic wipe. Largely replaced in 2025 by individual alcoholic wipes

- **Anaesthetic machines** were GE Carestation (largely replaced the previous mindray machines). Routine checks are time well spent as they are often not set up (eg suction missing, or no ambu bag on machine). Monitoring included the essentials – pulsox, noninvasive BP, ECG, ETCO<sub>2</sub>, O<sub>2</sub> and agent analysis and in 2025 ready access to arterial line transducer.
- **Nerve Blocks:** block needles available in 2025, IV needles and cannula can be used in their place if not available (this was done in previous years). A couple of ultrasound machines with reasonable quality images were available. If you have access to a good quality portable USS (e.g. butterfly) this would be useful.
- **Oxygen for transfer:** This is not used in people who are otherwise well. It can be requested if needed. There was no routine transfer monitoring from OT to PARU.
- **CMAC videolaryngoscope:** available but not a full set of blades. Most laryngoscopies are done with a standard macintosh blade. It is worth practicing using these before you come to Lautoka if your routine practice is with a videolaryngoscope. Bougies were readily available.
- **FOB:** this was not available in September 2022, but some were present in 2023/2024/2025

- **Jet ventilation:** no equipment
- **Tubes:** There was only one Microlaryngoscopy ETTs (MLTs) available but the usual range of ETT tubes. No armored tubes or nasal tubes (a softened standard tube is used for nasal intubations). I did some prone back surgery using standard ETT and careful positioning. We did a small kid in 2025 and had no cuffed 3.5 tube – It may be worth bringing some cuffed paediatric tubes.
- **Syringe drivers:** These were available in 2024 and 2025 if requested - but infusions were not used regularly.
- **IV lines:** most patients come with IV lines, even children. There are venflons in theatre but only sometimes dressings (in 2025 there was ready access to good IV dressings in MOT). Most IV lines were taped in with a range of styles for doing this. Bringing your own IV dressings is useful.
- **Arterial line transducer:** available from 2024 onwards
- **LMA:** reasonable supply of all sizes
- **IV giving sets:** Some had plastic bungs that you had to inject into with a needle and some had Luer lock connectors. No anti reflux valves. Some of the giving sets had no injection ports at all.
- **IV fluids:** normal saline from a plastic bottle, readily available – changed to a standard IV fluid bags familiar to most of us in 2025
- **Blood bank:** reasonable access to core blood products - a little slow, so if you expect to need it, get units crossmatched and in theatre. In 2025, there were some issues with the supply of blood products, so it is always worth asking if you think you are going to need it.
- **Sterile set up:** Aseptic technique for CVL and spinals: usually done with sterile gloves and not a gown. No full back drape, and non-tinted antiseptic so need to be aware of hand position.
- **No epidural kits**
- **No temperature probes**

## Anaesthetic Assistants

They are called Anaesthetic Technicians in Fiji. There are not many of them – in 2024 and 2025 there were often 1-2 each day covering four theatres. They assisted with inductions when asked – e.g paed cases and were available when needing extra equipment. In 2024 and 2025, we found that having either a registrar or another consultant in theatre meant enough hands available for inductions and procedures. The registrars were used to doing the job of two (or more) people, including wheeling the patient to theatre and cleaning equipment at the end of a case.

The other staff in theatre are very helpful and can often assist where we may expect an anaesthetic tech to help at home. It is highly recommended to perform a level 3 machine check at the start of each case, as the level of experience of each Anaesthetic Technician is variable. Often you will be on your own with the registrar, so setting up all your equipment in advance to be self-sufficient is recommended.

## Post-operative care

All cases are managed in the Post Anaesthesia Recovery Unit (PARU). This was immediately adjacent to the operating theatres. Be careful leaving patients who need attention to airway (e.g. LMA left in situ or deep extubation patients), as the PARU nurses will often just wander off and don't have the awareness of the importance of close monitoring in these patients. Often best to wake patients in OT LMA or not, or hang with them in PARU.

## Patient notes

The anaesthetic forms are on paper, but most of the notes/labs etc are now done 'online'. In 2025, we often just had the registrars or interns log in for us to get information or borrowed login ID from one of them. Anaesthetic charts were paper- but if pre-assessed in advance often the anaesthetic notes were on the computer system. Often patient blood results were written in the paper notes. It may be worth asking in advance if generic locum logins can be generated for the visiting consultants.

## Accommodation

Tanoa Waterfront hotel is a very comfortable hotel. A 20-25-minute walk from the hospital and close to the city and local restaurants. All of us stayed here in 2024 and 2025.

## Meals

- **Breakfast:** Tanoa waterfront hotel does a complimentary buffet breakfast with lots of fresh local fruit
- **Lunch:** At the entrance to the hospital is a small kiosk which provides roti that are delicious and very cheap. This was our lunch every day in 2022. In 2023, 2024, 2025 a huge amount of food was provided each day by the hospital for us! This didn't cater to any dietary requirements so own food would be needed if vegetarian etc. It is a hassle to get out of the hospital to pick up lunch in the middle of the day, so it is best to pick up something on the way to work (e.g. the kiosk). Alternatively, there are a couple of supermarkets close to Tanoa Waterfront hotel
- **Dinner:** There are reasonable restaurants in Lautoka, and a food court at the mall. Most are in walking distance from Tanoa Waterfront hotel and are well priced. We got a taxi to a few further away recommended restaurants in the evenings.

## Other things to know

- **Scrubs:** There are no scrubs provided. The local staff bring their own. So please bring your own scrubs. Locums often donate their scrubs at the end. Bring a set of theatre shoes.
- **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 registration process has been coordinated in Fiji by a local PSA member. Please ensure you get the contact details of the local PSA member coordinating registration, as the usual process has been to complete all the forms and they submit the documents to the Fiji MDC and can check it is being processed in a timely manner. This has streamlined the process. The

NZSA Global Health Committee has a significant amount of institutional knowledge regarding indemnity insurance for pacific locums and the use of CME funds for this type of voluntary overseas work. Note you then need a certificate of good standing from the Fiji Medical Council for your NZ registration – request this early!

- **Out and about:** We were told by some locals that it is best not to walk the streets of Lautoka at night alone. I went for a run most mornings, which was a great way to start the day and explore the town. We did encounter a number of dogs, most were fine, but it pays to be a little careful of some of them. We did occasionally get aggressively confronted by a dog outside its property
- **Phone:** In 2024, we were told we needed a Fiji sim to be on call- when we were not on call we just used our own sims on roaming. We communicated using WhatsApp between the locums and the local staff who were helping us. Some of the local regs didn't have WhatsApp.
- **Equipment** you may consider bringing with you. However, best to get in touch with one of local anaesthetists before you leave to find out what they are short of, if anything, as was very well stocked in 2025.
  - IV cannula dressings
  - Gloves - Latex free gloves and/or size small (there are none available, if you have latex allergy you should take some, only medium gloves available)
  - Emergency response manual (no standardised manual available in theatres) either digital or physical copy.
  - LMA 3,4,5 (note the single use LMA's we brought would be re-sterilised by the helpful local sterile services staff. Turnaround time was really good if you need it in a hurry). – check for shortages as most were available in 2025
  - Roll of blank stickers or Marker pen: black – for labelling syringes – labels were available in 2025
  - 2 rolls of your favourite tape – hypafix or medipore really useful
  - Covered theatre footwear or Scrub hats
  - Scissors