

# Orientation Guide for Anaesthetic Locums Tuvalu

## Authors

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## The Hospital

- One operating theatre
- Two wards (male and female) and an isolation unit
- Obs and delivery ward
- ICU (?4 beds), doubles as PARU, no ICU nurses
- What operations are performed depends on what surgeons are present
  - locum gen surg and obs/gynae from Fiji while we were there (usually come for weeks-months long stints).
- The only permanent specialist was Toko, the anaesthetist. All others are fly in fly out locums: Gen surg, O+G, Paeds, Taiwanese ENT surgeon just doing clinics.
- Some visiting teams come in. Whilst we were there, an eye team came in for the week, mostly LA cataracts, one DCR.

## Communications

- No roaming, you can get a SIM at the airport on arrival, for data
- All done on FB messenger including handovers, calls for urgent surgery
- If you don't respond to a message, the driver will come and find you!

## Meetings

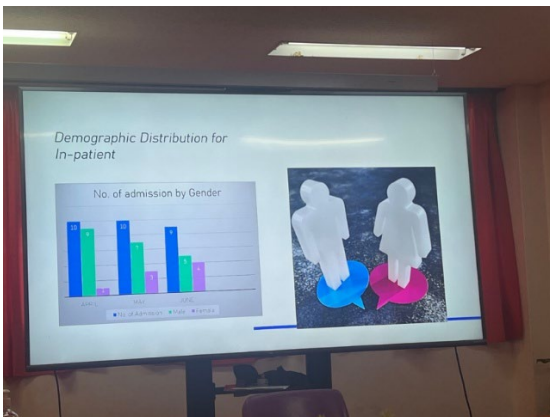
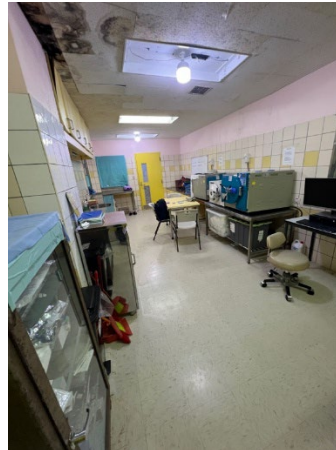
- Medical rounds Tuesday 1230-1330
- Education Friday 0830-0930
- Medical Board meeting (Wed 0900) - discuss and approve out-of-country patient care (we were invited to attend for interest's sake, but didn't go the second week).

## Case mix

- Majority of surgical admissions are sepsis (often delayed presentation) – particularly Diabetic foot sepsis (DFS), some trauma (burns, motorcycle accidents, dog bites)
- New Delhi Multidrug resistant organism present
- Cases we did
  - 2 LSCS – 1 urgent, one elective
  - 1 I+D carbuncle left shoulder, deep-seated infection, large incision, repeated 3 days later GA and LMA
  - 1 DFS under SAB
  - Toe amputation under ankle block,

- I+D breast abscess.
- 1 lady with difficult IV access and urosepsis – 3 requests to site an IV
- Note a real shortage of nurses whilst we were there. Discovered as we were about to start at LSCS that only one theatre nurse, the other one was away for a month.
- This was escalated, and the plan was for acute surgery only and LSCS
- A Taiwanese eye team arrived on the Monday of our second week, part of the Pacific Eye Institute.

## Theatre and SSD



Delivery

Month	Livebirth (CS)	CS Rates	PPH (Rate)	Other Complications
April	16 (1)	6.2%	1 (6.25%)	0 - 1 (6.25%)
May	22 (3)	13.6%	3 (13.6%)	0 - 3 (13.6%)
June	11 (2)	18.2%	2 (18.2%)	0 - 2 (18.2%)
Total	49 (6)	12%	6 (12%)	0 - 6 (12%)



## Anaesthesia

- Surgical consent only, no requirement for specific anaesthesia consent.
- If a paediatric case comes to OT, the expectation is that it will have an IV placed by the surgical team.
- All inductions are IV.
- ICU does not have any nursing staff, therefore Toko will not leave any patient intubated post operatively.

Things we learnt from our first case – em LSCS:

- No cleaning wipes made it hard to wipe down surfaces etc, use gauze with alcohol solution.
- All syringes are slip-lock.
- A bottle of NaCl is kept on the top of the trolley, this is for diluent.
- A bag of saline hangs from the side of the anaesthetic machine, this is used as a weight for LSCS.
- The theatre was quite well stocked, but pretty chaotic, adding to the cognitive load when preparing. We ended up tidying a few things away and putting them back out before we left.
- Vials/ampoules are split and carried over between cases.
- No infusion pumps.
- Sign in, time out completed.
- The machine does not have PSV.
- The only disposable gloves are large, and sterile gloves were limited to 7 and 8s.
- Sinks are scarce and hand towels non-existent, having some hand gel was essential.

## Anaesthesia provision

- Anaesthetic machine with Iso, no sevo/halo
  - No gas analysis (oxygen/VA) – may pop up sporadically for a short while
  - Circuit really short
  - Unable to complete a check, biomed came, plan for new Mindray machine sometime soon so no plan to fix.
- Airway Mx
  - Standard Mac blade with sizes 1-5
    - Only one handle working
  - ETT
    - Lots of ETTS
    - Shortage of 5.5
  - LMAs
    - Lots of classic LMAs, all sizes
    - Some iGels
    - Check well as many have perished
  - Masks
    - Wiped down and reused
  - The circuit tubing is very short

- No catheter mounts/flexiLMAs #5 – we did one DCR, this would have been useful to get circuit out the way



- No invasive monitoring.
- IV supplies
  - Lots of cannula (some insytes, venflons mainly)/dressings/bungs.
  - There was a fabric tourniquet and we brought a couple with us.
  - Do not use luer lock bungs as all syringes are slip lock.
- Drugs
  - Reasonable supply.
  - No pump for TIVA, not enough propofol either.
- IV fluids
  - Many of the giving sets do not have a needleless bung, there are some extensions that can be used to add one in.
  - We brought a couple of pressure bags with us, based on feedback from the previous group.
  - IV fluids on the ward are plugged into the IV line via a green needle pushed through the slip-lock bung.
  - No infusion pumps.
- Regional
  - Several sterile spinal kits (has a drape with a hole in) and 2 CVL sterile packs.
  - 1 USS that stays in OT/ICU/OT prep to stop it dying from change in temperature.
- Warming
  - Have a bear hugger, but no blankets.
  - No temperature monitoring.
- Suction
  - This is shared with the surgical unit so you have to attach your suction to this if you need it.
- Positioning
  - Very limited supports to hold patient in place.
  - Few pillows, but you can get them.
  - No gel pads to pad pressure areas.
  - Have a roller board for sliding.

## Recommended things to bring

- Umbrella – for sun and the downpours which can come in quickly.
- Sea shoes if you are keen to explore in the water.
- We joined a CME session; if we had known about this, we would have volunteered to present on a relevant topic. We suggest liaising with Toko in advance to arrange this.
- Supplies:
  - IV giving sets (with ports); note if have luer-lock ports will not be any use on the wards, but ok for in OT.
  - Cleaning wipes (although we got some simple kitchen wipes and used these with a mix of alcohol and water).
  - Epidural tape is gold! Bring extra for the nurses to use for dressing etc, the options they have are not very sticky.
  - Pressure gel pads if you can get hold of them, more for your comfort, as positioning and pressure areas did not seem too important for the rest of the theatre team.
  - Gloves (sterile and non-sterile) - only have large.
  - Hand gel – table top (for in OT) and pocket (for when elsewhere in hosp).



Theatre nurses – Salesa, Teleta and Loko



Dr Toko, the only permanent specialist at PMH



## Getting there

When we booked our flights (2025), they were somewhat limited, with only three flights per week. However, they have now added a Monday and Friday flight, so I suspect it will be a bit easier, although I doubt any of those options will avoid an overnigher to get there. We departed on a Wednesday, to arrive Thursday afternoon and departed on Thursday afternoon two weeks later, arriving back in Wellington Friday AM. I think in part so Toko could have some leave after the conference. To be fair, it was just a bit too long, and if I went there again, I would definitely shorten the stay.

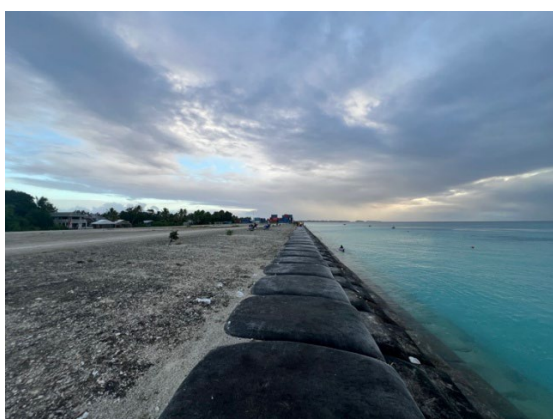
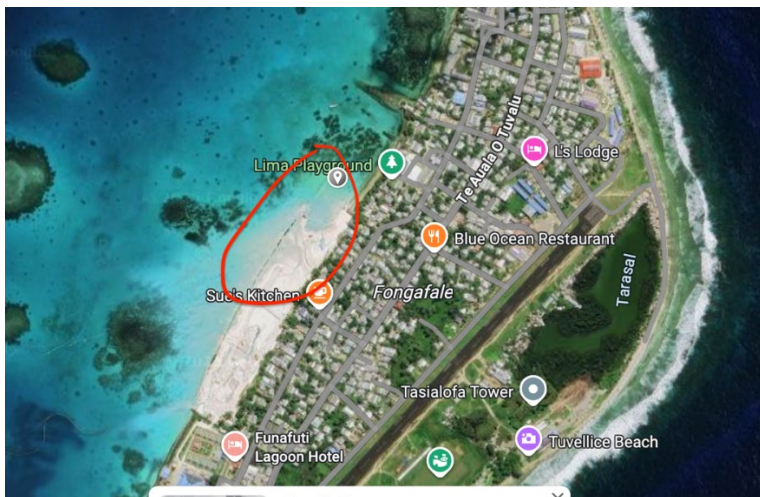
## The Island

Devotion time - Between 1845 and 1900 – no movement on the roads, the police enforce this. If you are out, you need to stay where you are. **All businesses are closed on Sundays.**

Power cuts happen intermittently. Whilst we were there the longest was a couple of hours. Generator backup.

The weather changes very quickly with dramatic rain clouds appearing over a short period of time. When it rains, it really rains!

The island is 12km long easy to walk from tip to tip. Despite its depiction, there are very few sandy beaches; most of the coastline is really rocky and covered with dead coral, which is sharp. If you want to go into the water, bring some sea shoes. Swimming off the reclaimed land, sand bags, was the best place and a popular spot for the locals!



Pictures from the same place on different days!

## Accommodation

There is not much accommodation on the island. We stayed at L's lodge. L's lodge has a communal kitchen and living area, so it's easy to cook for yourself. There are some communal supplies like oil, salt, and some spice powders. The Rooms have adequate air conditioning, which was definitely essential! The building is getting pretty tired. There's no hot water. It is relatively clean. There are two supermarkets a two-minute walk away.



### Other accommodation options

- Liu's lodge
- Funufati Lagoon Hotel – small cabins that apparently were very nice, but no self-catering facilities.
- Esfam – provided meals
- Filamona

None of these have a communal kitchen in which you can cook for yourself

### Food

There are many supermarkets across the island. The two closest to L's lodge sold most things we needed between them. There is not much fresh food. Whilst we were here, you could easily get:

- Apples
- Oranges
- Pears
- Grapes
- Potatoes

- Carrots
- Cabbage
- Carrots
- Garlic

The supermarkets sell a variety of beans/tomatoes/spaghetti in tins. You can find rice and pasta. Lots of snack food – crisps/biscuits, all UPF with lots of sugar!

There is a garden on the eastern side of the runway that opens on Tuesday and Sat at 0700. We were advised of a formal queuing system (go at 0545, put your name on the list, come back at 0700 and get access in that list order), but on the day we went, no such system. All milling around, they brought the vegetables out and then announced at around 0705 that we could start. That day, they had cucumbers and a cabbage thing that was a bit like kale/spinach. Quick boil to cook, was very nice.

### **Recommended eateries**

3Ts and Sue's kitchen were the only two recommended by Toko. We had grilled fish/rice at Funufati Hotel Lagoon Restaurant, which was good. We went back a few days later (Friday night), and it was a buffet. That was not so good, at the time of eating or the following morning!