

# ENT Humanitarian project mini profiles

## Operation of Hope

Since 2003, Dr Travis Tollefson has travelled with Operation of Hope to lead a volunteer facial reconstructive surgical team to help patients suffering from facial deformities.

Operation of Hope's charitable outreach has included Mexico, Russia, Ecuador, Vietnam and Africa. In Zimbabwe, Dr Tollefson serves as Medical Director, focusing on underprivileged children with cleft lips and palates which have gone largely untreated in that region.

By nurturing relationships in Zimbabwe, a truly dynamic and long-standing cultural medical exchange has been created. The ultimate goal is to expand services beyond providing basic facial reconstructive surgery, and foster a multidisciplinary team of Zimbabwean professionals to address hearing and ear health, speech therapy, dental and orthodontic assistance, oral and plastic surgery, as well as paediatric support for associated potential syndromic features.

Operation of Hope enjoys breaking the old medical mission formula of 'get in and get out' to empower local talent through global collaboration. ■



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## Global Surgical Outreach (GSO)



GSO was founded to provide reconstructive surgery and high quality personal care to children and adults primarily for congenital and traumatic facial deformities. Education and co-operation with physicians, nurses and other medical staff are an important part of GSO missions. Being a small organisation with no administrative overhead, GSO is able to partner other organisations to leverage its experience and expertise. Current partners include Smile China and Seattle Anaesthesia Outreach (SAO). Smile China organises missions where the goal is to repair 100 cleft lip / palates per trip. A second



major partnership with SAO enables GSO surgeons to work with surgeons from the Black Lion Hospital, Ethiopia to perform procedures and also improve surgical services. A final current project is providing cleft lip palate repair to children in Kazakhstan's 'Baby Houses'; these reconstructions not only change the children's lives but make them adoptable. In addition GSO engages in research on the global burden of surgical disease. ■

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### CanHEAR Uganda



Established in 2003, by the University of British Columbia with the Uganda Hearing Project, CanHEAR Uganda is a not-for-profit organisation run by ENT teams from Ottawa, Vancouver and New York. Healthcare and allied professionals travel to Uganda annually to treat ENT and audiological disorders in collaboration with colleagues in Uganda.

W: [www.canhearuganda.com](http://www.canhearuganda.com)

## Cambodian Ear Care Project

Since 1999 a number of Australian and French ENT surgeons and audiologists have been working with Jesuit Services, Cambodia and Emergency Hospital in Battambang, Cambodia to provide assessment of ear disease, surgery as required and supply of hearing aids. There are five to six visits per year each of seven to 10 days' duration.

We have established clinics in Phnom Penh, Battambang and Siem Reap where we have trained local people to perform patient screening for ear disease or hearing problems.

Patients needing treatment are reviewed by our visiting teams and surgery performed (for example 10 myringoplasties and 10 cholesteatoma procedures per visit) and hearing aids provided where required.

The main reward has been to train the primary healthcare workers. It has been more difficult to access existing or potential ENT surgeons for training due to local employment conditions and demands on their time but this is a future aim of the project.

The initial team members are nearing retirement but fortunately several younger Australian otolaryngologists have become involved and are keen to continue the project. ■



Kevin Howell performs an ear procedure in the Emergency Hospital in Battambang, Cambodia.

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## Resource Exchange International

For 20 years, Resource Exchange International has been 'building people to build nations'. REI sends qualified, caring professionals to emerging nations to help nationals improve their nation themselves. REI's 60 staff and countless volunteers train local professionals in 20 countries in fields such as medicine, leadership, and business.

Since 1995, REI has served Vietnam's medical professionals. Specialists like Dr Byron Bailey (University of Texas, Galveston), Dr Brent Senior (University of North Carolina, Chapel Hill), Dr David Parsons (North Carolina), Dr Jack Hough (Oklahoma), and Hough Ear Institute President Dr Rick Kopke have volunteered with REI to teach Vietnamese doctors to perform advanced ENT surgeries. Today, these REI-trained Vietnamese doctors train their younger colleagues in Vietnam and across South East Asia. It is a joy for REI's volunteers to build relationships with their international colleagues and to help the Vietnamese improve their healthcare system.

REI accepts medical volunteers on yearly trips to Vietnam and Laos, REI's newest medical programme. ■



An REI volunteer operates in a Vietnamese hospital.

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### Children's Surgery International

Children's Surgery International is a non-profit organisation, whose volunteers carry out reconstructive surgery, especially cleft lip and cleft palate surgery for underprivileged children in developing countries who would otherwise have no access to medical care.

W: [www.childressurgeryintl.org](http://www.childressurgeryintl.org)



### Operation Smile UK

Since founding in 1982, Operation Smile now supports medical projects in 25 countries, with volunteers providing free surgery to children with facial deformities, while establishing sustainable healthcare systems.

W: [www.operationsmile.org.uk](http://www.operationsmile.org.uk)



### Smile Train

Smile Train aims to provide surgery for impoverished children with cleft lip and cleft palate in developing countries and to provide training for medical professionals in those countries.

W: [www.smiletrain.org.uk](http://www.smiletrain.org.uk)



# Oceania

## Timor Leste (East Timor)

Since 2001, the RACS has managed an AusAID funded health program to Timor Leste, one of the world's newest and poorest countries, with a population of about 1.1 million.

Local interest in ENT was recently spurred on by an audiology screening visit to Maliana province in 2009, which showed a 17% incidence of deafness amongst local schoolchildren.

Planning is underway to establish four service visits per year based on Dili (the capital) and Bacau. Team members (otolaryngologists, anaesthetists, OT nurses and audiologists) will all be volunteers, with travel expenses paid by AusAID. Again skills transfer and training are seen as paramount and we aim to train Ear Health Workers to



carry out simple ear treatment and assessment in six regional centres, based on our model in Solomon Islands. Both the Australian Society of Otolaryngology – Head & Neck Surgery and the Rotary Club of Balwyn, (Melbourne), have expressed interest in financially supporting this project.

A young Timorese doctor is currently training in ENT in Indonesia. ■



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## Papua New Guinea

With a population of about 7 million in a very diverse and rugged landscape, Papua New Guinea (PNG) has been dependent on Australian Aid, including healthcare, since independence. ENT services have been provided for over twenty years, largely by Brisbane-based otolaryngologists.

Although this has included teams rendering service visits to provincial centres, the main activity in recent years has been support for the training of indigenous ENT surgeons via Prof Dubey's unit, at the University of PNG, in Port Moresby. This has included teaching and examining and a number of local otolaryngologists have now been produced, such that many local centres now have an ENT service, although badly hampered by lack of equipment. The first Solomon Island ENT surgeon also recently graduated from here.

This is very pleasing although some continuing Australian involvement will still be necessary for the foreseeable future. ■

## The Pacific Island Project



In 1995 the Australian Government aid agency, AusAID, contracted the Royal Australasian College of Surgeons (RACS) to manage a programme of outreach surgical services to 10 (later 11) Pacific Island Countries (PICs): Fiji, Solomon Islands, Vanuatu, Samoa, Cook Islands, Federated States of Micronesia, Marshall Islands, Tuvalu, Kiribati, Tonga and Nauru.

ENT has always been one of the busiest and most requested services, delivering usually one two-week visit per year to most of the PICs, with populations varying from about 1 million to about 10,000. All

team members (an ENT surgeon, anaesthetist, OT nurse and audiologist) are volunteers, although flights and accommodation are paid by AusAID. There is always a heavy patient load but the prime focus of the project is training and skills transfer. There are very few local ENT surgeons in the region but nurses in Solomon Islands and Vanuatu have been trained to recognise ear disease, test hearing, carry out nonsurgical treatment and triage for the teams – a very successful model which we believe could be used in other countries. ■

More information on humanitarian projects can be found on the IFOS website for Developing World

W: [www.entdev.uct.ac.za](http://www.entdev.uct.ac.za)