

“Eyes on Tibet” — Yunnan

Following a presentation on my experiences in Banda Aceh earlier this year, one of the audience came to me with an interesting offer. Dr Greg O’Sullivan had been one of the anaesthetists for two previous missions to China to perform cataract surgery on the country’s indigent. Unfortunately he was unavailable for the third trip and asked me if I was interested. I was immediately intrigued and felt that such a trip would be interesting, exciting, and would go some way to healing some of the still fresh psychological scars from dealing with the tsunami in Aceh.

The mission was named “Eyes on Tibet” as this was the first destination; subsequent missions kept this name but travelled to different areas. The sponsoring organization is the Australian Council for the Promotion of Peaceful Reunification of China (ACPPRC). To be honest I don’t fully understand the politics, but they are a well-run and well-financed organization, and an absolute pleasure to work for. To me it was an opportunity to go somewhere unique and give to people whom I will probably never see again.



One of our young patients.

My other link to this was that one of the ophthalmologists I work with was also on the team. Dr Lisa Cottee has been on all three trips and was an absolute asset for information, guidance and advice, as well as correct etiquette!

The mission had two teams, ours with

three surgeons and one anaesthetist who were to go to Jin Ping (47 km from the Vietnam border) and the other team with six surgeons and one anaesthetist, Dr Fred Schebesta. They were to go to Weishan to the west of Kunming, the provincial capital.

We arrived in Kunming and had a sumptuous Chinese banquet (the first of many) and headed our separate ways the next morning. Jin Ping was described to us as a village — we later found out it has a population of 390,000! It is only 470 km from Kunming, but took 10 hours on a minibus to get there along some incredibly winding roads through amazingly picturesque countryside. Needless to say we were all happy to alight that bus!

After arrival — and the obligatory banquet — we went to the hospital and started to set up our equipment. We had time before going to bed to be set up so we could get right into the surgery straight away. We had a target of 100 cataracts and we had three days to do it, with the incentive that if we finished earlier we could do some sightseeing.

We brought our own microscopes and phaco machines, and drugs and needles



Teaching local doctor to perform eye block.



Locals awaiting surgery.

so we were fairly self-sufficient. I had an early breakfast and went to the hospital early to get ready for a busy day. We had no Honan's balloon, but improvised with sponge rubber and an elastic band — five minutes with this was just right! I had two beds set up: each patient was brought in, block performed, and sat out in a chair in the corridor to await surgery. Most of our patients were blind with dense bilateral cataracts so this didn't seem to bother them.

This system worked well as one of our surgeons (from China) was particularly adept. He could complete an extracapsular extraction and insertion of lens in eight minutes, and he could sustain this for hours! Much to our delight his results were outstanding as well. At the end of day one, what with official receptions and teething problems we had completed 34 procedures. That night we were a little concerned that we may not complete our numbers, and that the sightseeing was looking doubtful!

Next day another early start, and now we were running like a well-oiled machine. With what seemed to be no extra effort we start powering through the cases. I get a call from the pre-op clinic — the surgeons have a question for me! I arrive to find a young native lady who is blind — congenital cataracts, and on her back is her six-month old daughter, who sadly also has congenital cataracts. The surgeons tell me that this is a simple operation for the baby, takes three to five minutes! I'm not so sure myself! I have the child fasted while I go to investigate the possibilities of paediatric anaesthesia in Jin Ping! I find a relatively state-of-the-art anaesthesia machine, but the smallest endotracheal tube is a 5 mm. Maybe mask anaesthesia would be possible — the monitoring is all there (in Chinese), so I decide to seek

further information. "So tell me about this three-minute operation?" The surgeon's reply is not so encouraging. It's not quite as simple as it was first suggested. Fortunately three more children turn up for surgery — 8, 11 and 12 years old. I decide we need a paediatric operating list first thing tomorrow morning, then I can set up the machine, get suction working, drugs ready etc without disrupting our efficient flow of patients today. It also allows for more appropriate fasting and a thorough assessment of the children preoperatively. By the end of the day our count is up to 78, maybe we might get some sightseeing after all!

That night over dinner I become more concerned for the baby. What would this child receive if she were in Australia? Is it possible that we may be able to find that for her in China? Are we being unnecessarily heroic? After a long after dinner discussion with all the medical team and several phone calls we arrange for her and her mother to go to Kunming for her surgery where there is a new eye hospital, equipped to help her and her mother. The ACPPRC will foot the bill for it all! A great result — everybody is a winner!

Day three of operating starts as before, I do a couple of blocks and have now taught one of the local ophthalmologists to do peribulbar blocks. I leave her to keep the patients up to the surgeons while I 'pre-op' the children. Our medical interpreter is great: are you brave? Do you want to be able to see? Are you strong enough to lie still while you have the surgery? Each child says yes, they want the operation and they are brave because they want to see. I'm not so sure, but they seem convinced. We take them up to my anaesthetic room; they each climb up on the table and with nothing more than a hand being held (firmly) they allow me to block



Local countryside.



More locals.



Local nurse with her father.

them without so much as a whimper! I am truly impressed by their stoicism.

With the completion of the children I go down to postoperative care to see the results of our work. The look of joy and happiness at sight restored to these people is indescribable; it does me good to see this. People look at their hands like long lost friends. Everybody is happy. We complete our quota and then some by lunchtime. All told 107 operations completed, the host organization is very pleased with our work, and yes we can go sightseeing.

That night is filled with banquets, celebrations and toasting. The locally brewed rice wine is a very dangerous substance!

The next morning we somewhat bleary-eyed arrive at the hospital for our last postoperative round. The children have done well, hugs all round and koala souvenirs. Everyone else is happy. We leave drugs, instruments and a microscope for the local folk we have taught to continue the work. Back on the bus for another ten gruelling hours. After Kunming the rest is sightseeing and banquets, and being treated like royalty by our hosts.

I volunteered for this mission in the hope that I could put some of the memories from Banda Aceh behind me, and I'm sure it worked. Will I go back and do some more? You bet I will — if they will have me!

DAVID SCOTT



Another young patient after successful surgery.



Part of the team and some local talent.