A surgical nurse's experiences in Banda Ache

Bravo Team Tsunami 2004

Rhonda Cowderoy
RN, Operating Theatres
Nepean Hospital
Sydney


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It has been my privilege recently to be a member of a team of professionals who went to an area of mass destruction in north west Sumatra, caused by the earthquake and the tsunami on Boxing Day 2004.

We didn't receive much prior notice and most of us did not know each other. We came from QLD, NSW, Victoria and Western Australia and were all volunteers. Each and every one of us, due to our respective roles, will have a different perspective on what we saw and how we responded. I will endeavour to outline a little of what it was like from my perspective.

Answering the phone in the operating suite at night can be challenging at times, and on Tuesday, 29th December 2004, it was just that – challenging! The call came from Jane Gordon, our area health service HSFAC. Jane was seeking volunteers – experienced operating theatre staff with a current, valid passport, able to leave family at short notice to work with two surgical teams that would be going to Indonesia. Exactly where and what the working and living conditions would be like were unknown.

I happened to be in the unique position of being able to meet the criteria.

Looking back now, I'm sure she didn't mention the possibility of earth tremors, the extreme humidity and mosquitoes!

I remember the cryptic phone call to my husband at midnight asking if he would check my passport. "Why?" he asked. "Because I have volunteered to go to Indonesia". Those of you that are married can guess what the reaction would have been. "You are doing what?" he asked. Then he said "Ok, if you must!"

After numerous phone calls, deployment arrangements were completed and I had my instructions to present to Rozelle central ambulance quarters for briefing at 0800. I left my hospital at around 0130, having been issued with regulation green clothing and a hardhat. "Hardhat! What am I going to need a hard hat for?" I wondered. I was also clutching a large armful of blue scrubs given to me by caring theatre colleagues.

I headed home to pack. Needless to say, the packing required wasn't going to be quite like that for an annual holiday. There would be no need to pack the after-five dress!

The briefing at Rozelle consisted of meeting the team who would become known as Alpha and Bravo. This was followed by transportation to Richmond Airbase where we met the remainder of our team and were allocated our equipment and supplies for the mission.

Our time was filled updating our inoculations of typhoid, hepatitis A and tetanus and commencing our antimalarial tablets. Later, the daily catch cry was to become "have you had your doxy today and put on your Rid?" (for those of you who don't know, this is a mosquito repellent).

We left Richmond at approximately 1600 for Darwin (refuelling and further briefing) onboard a 707 Combi RAAF plane 33rd squadron. Darwin came and went as we headed off to Jakarta for what would turn out to be one luxurious night staying at the Four Seasons Hotel.

Thursday, after some last minute shopping (towels and some long sleeved shirts) we headed to the airfield where our plane awaited. Both Alpha and Bravo teams were to stay together. We would be flying in to Banda Ache, though not before we had completed some cargo handling! We unloaded some of our gear from the tail of the plane to remove the tow bar then repacked it. The novelty quickly disappeared when we realised that we had to unload the whole plane, moving 17 tonnes 3 or 4 times.

The flight from Jakarta to Banda Ache took three and a half hours. Our flight path over the coastline looked back at the land and we could see the extent of the tsunami. It was overwhelming and hard to imagine what it must have been like for the people; the utter terror they must have felt. First there was the earthquake, then the wave.

On landing at the airfield, we saw hundreds of refugees waiting to leave. They were very orderly and quiet, sitting or lying with what few possessions they owned – just waiting. We were told that they had been waiting 2 days. Flights out were minimal and infrequent. Most areas in Jakarta and Midan on the East Coast were clogged.

We then unloaded our plane on the side of the airfield, with a little help from a small forklift. We trudged off half a kilometre in the dark to our first night in a tent. Dawn on Friday morning found us awake and dismantling our tents. Thankfully a small forklift took them off and we again carried our packs back to the airfield to wait for transport into Banda Ache. It wasn't until afternoon that a truck

could be obtained to take our supplies and us into town; we had all our own food, water and supplies for the nine days.

The hospital where we were based had been a private orthopaedic trauma hospital, which had been requisitioned by the Indonesian government. Alpha team would be establishing the ward and using the established operating theatre in this hospital. The hospital had electricity but no portable water. Our generators came in very handy, as the electricity supply was unreliable.

The Alpha team began work on the evening we arrived, establishing the wards. There were patients already waiting for treatment and some minor surgery was performed.

Our living quarters were at the rear of the hospital in a two-storey building that had previously been the nursing school. It had two large rooms on each level. We carried our gear and equipment up to the 2nd floor under gentle instruction from out loadmaster – Ken Harrison "Yes put that there, no over there, sorry guys that should really go here". Our living quarters could have been described as cosy. Boys in one room (lots of them) and 7 girls and equipment and some boys in the other. We did have a division in our room; half of it was a work area during the day and the catering department complete with hot water urn and lots of tea and coffee the remainder of the time!

Our daily food pack consisted of: 1 packet of muesli cereal, 1 packet beef 2 minute noodles, 1 plastic packet of beef and vegetables or chicken and vegetables that could be reheated, 2 muesli bars, sultanas, a small tube of condensed milk and jam, tea, coffee and a range of powder sachets and of course the Sao biscuits and cheese spread. Not too bad really. A feast!

Our ration of water was 7 bottles of 300mls per day and that was to include bathing.

One of the most anxiety-producing elements of our stay was the after-shocks of the earthquake. On our second day, we were informed that the area had over 100 after-shocks. The small ones didn't seem to last long, but we also had some that were 5 or 6 on the Richter scale. These certainly gave me palpitations and made me consider my own mortality. We were usually on the 2nd level of our quarters during these after-shocks. The ground was a long way down! We discovered we had a little prior warning system to these happenings from the cats and dogs, which would start crying and howling before each tremor.

New Year's Eve came and went with little fanfare as we were all rather exhausted. The next day was our first real working day – Bravo team, of which I was a member, went to another hospital. This was previously a government/public one, which had been taken over by the Indonesian army and their medical staff. The original staff were no longer there; patients were looked after by relatives or other members of the community. Our primary role was to perform debridements on grossly infected wounds and some amputations. No sophisticated surgery was to be performed. Those patients who had been critically injured had not survived.

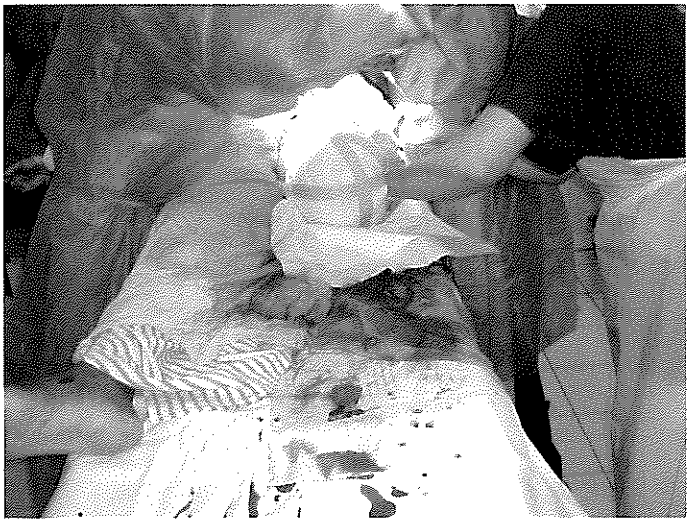
We arrived with boxes of surgical and anaesthetic supplies – this consisted of 20 mosquito artery forceps, 3 pairs of straight Mayo scissors, 2 needle holders, 1 pair of toothed forceps, 1 set Gigli saw handles and 3 Gigli saw blades (previously used).

Later we did manage to supplement this equipment through scrounging and adding 1 pair of large rake retractors, 2 Kocher artery forceps and 1 bone curette!

Our operating suite consisted of four rooms; the entrance served as both the pre and post operative area. There was one small theatre suitable for minor procedures and another slightly bigger room, furnished with 2 anaesthetic machines, 2 operating tables, and 2 overhead lights (only one of which turned out to work – no replacement bulbs were available). All these rooms and fittings showed signs of recent heavy usage.

The surgeons disappeared to assess our first patients and arrange for sessions to commence. Relatives sometimes accompanied the patients when we received them and, with the aid of an interpreter, verbal consent for the procedure was obtained. This was especially important for patients requiring amputations, as these people have very strong religious beliefs regarding body mutilation. We did have some who, with great dignity, declined surgical intervention. Though we all respected their beliefs, we tried hard to understand their views. At times this was very upsetting.

As good theatre nurses, our first task was cleaning. The rooms had white tiles floor-to-ceiling which was a bit daunting. We never really managed to get them to the state we are used to in Australia. Instrument tables were non-existent, so improvisation became the name of the game.



A typical operation included debridement or amputation

The pre and post-op patient assessment area.

My colleague and I found that we would be working with surgeons simultaneously, with no circulating nurse. Thus, we would need to open as much as we thought we would need beforehand. After managing in this fashion for two days, we were very relieved when we were joined by two additional Bravo team members, an emergency nurse and a paramedic. Though neither had any theatre experience, they adapted very well and became very proficient in their unexpected role as scout nurses!

Our scrub wash area consisted of one large sink with two running taps (no elbow or foot control) and, in between times, this doubled as an instrument washing area. We used Betadine as a scrub along with alcohol poured over our hands prior to gloving. Wounds were reworked with Betadine and washed out with copious amounts of saline.

At times we all found it difficult. The conditions under which we were operating were quite different to what we were accustomed to. There was little or no air conditioning and we were constantly trying to keep flies away from wound sites and surgical sets. All this, while being aware that the only part of us that was sterile was our gloves. There were no count sheets, floors were being mopped whilst the other team were still working and we shared the overhead light with short periods of darkness when the power went off. We also had to 'sterilise' our instruments in tubs with an alcohol solution.

Our drapes were the plastic from disposable dressing packs or the inside of glove packets. Sponges were made from linen that had been cut into squares and scrubs that had been sterilised but remained damp. We used a lot of ingenuity in the draping of our trolleys and wounds. Although we did have lots of IV fluid available, most patients also required blood – which sadly was not available.

On numerous occasions we would turn around from the operating table to become quite intimate with the world press, television cameras and visitors to the operating rooms.

As we made our way through the town to the hospital, we observed the cleanup of streets and other areas progressing a little further each day – though the task was massive. Each day there were gradually more people, cars, bikes and trucks around. Towards the end of our time there, small stalls were set up selling foodstuffs, eggs and fruit. The people were beginning to return to normal life.

It was heartening towards the end of our time to have patients return to us with clean wounds. I was able to go to a ward and recognise patients that we had operated on, looking much improved and able to smile.

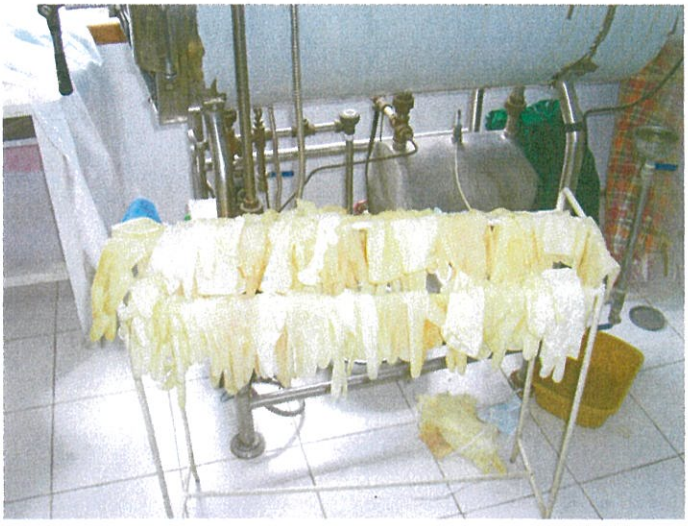
In the 6 days we spent at the hospital, we performed 57 procedures – most of which were debridements on grossly infected wounds that were left open and just dressed. There were also 16 amputations which were not closed either. The majority of the anaesthetics were intravenous Ketamine and Midazolam, six general anaesthetics, four spinal and three peripheral blocks. In total the Bravo and Alfa teams undertook 108 procedures and 17 amputations.

When the time to leave came around, we were all rather sad, wondering what would become of patients and what their lives would be like. We all gave our best and there would be others to carry on where we started.

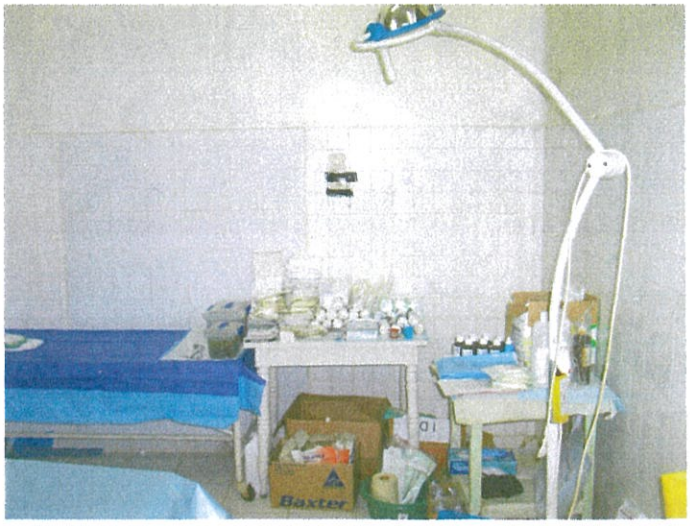
While, at the time, the challenges seemed insurmountable, I found the sight of our Aussie flag never failed to cheer me up as we passed it each day at the water purification plant at the river. It was the only source of clean water for the population for several weeks.

Our trip back to Jakarta was uneventful. Though we were rather squashed with refugees on board as well. I always wanted to ride in a Hercules – I shall think twice before making any further wishes – they might just come true! We had another luxurious night at the Four Seasons Hotel in Jakarta. The long bath and wonderful back massage, not to mention the ice cold drinks, was heaven!

I have learnt some things myself during this journey.
I can eat army rations and lose a little weight.
I can sleep on a camp cot and think it is a feather mattress when I am exhausted.
I can shower quite well with 300 mls of water in a bottle.
I am partial to a unique perfume – sun block and Rid
I am very proud to be Australian and a member of the nursing and health profession.



Nothing was wasted.



The operating room with supplies.