

***Draft report on visit to the Department of Surgery, National Referral Hospital, Honiara, Solomon Islands.*** November 20, 2018

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I have just spent a week visiting the Department of Surgery at the National Referral Hospital in Honiara. I am a Vascular Surgeon in Adelaide with a major interest in the management of the diabetic foot and was invited to participate in the DAISI program by Gary McKay.

Diabetes is the fastest-growing chronic disease in the world and certainly the incidence of diabetes is rapidly increasing in the Pacific Islands. In addition to this very high incidence of diabetes is the generally poor control of diabetes (largely related to the difficulty in testing blood sugar levels regularly in the community), resulting in severe neuropathy (ie lack of protective sensation in the foot). Wearing either no foot wear or wearing thongs, affected individuals are at high risk of injuring the foot, often leading to rapidly advancing infection. Emergency admission for antibiotics and often surgical drainage of the foot, all too frequently leads to major amputation. This is a devastating problem for the patient and the family of those affected.

Currently over 60% of the surgical beds at NRH are patients with diabetic foot problems, resulting in the surgical team not having the resources or beds to deal with other urgent or elective problems that they need to deal with.

I gave talks on diabetic foot assessment and management, management of venous disease and approaches to vascular trauma. I also participated in ward rounds and scrubbed in theatre.

The surgical team struggle with limited resources such as (what in Australia we would consider) standard wound dressings. There are also no podiatrists or orthotists in the Solomons (who are crucial for keeping pressure off the problem areas of the foot), and very limited rehabilitation facilities (including difficulty getting crutches and artificial limbs).

This problem is overwhelming the surgeons, hospital and community, so there is a need not just for resources for the surgeons, but also a multi-faceted approach covering primary care.

Many of the affected patients live long distances from the NRH in Honiara, so developing skills in outlying areas to both assess those who have "High risk feet" and be confident to continue management of patients once they can be discharged from NRH is a major priority.

I am happy to continue to work with Dr Rooney Jangilly in Honiara on possible solutions for these extremely challenging problems.

Rob Fitridge