

Report On Trip to Maubisse November 2022

I arrived on the Friday only to find my luggage had not arrived. This is a regular occurrence when travelling to Dili but everyone assured me it would arrive over the next few days. This reduced the days available from eight to six where I could do any work.

On the Saturday I met Dio and Lucas who travelled down from Maubisse to Dili. It is the wet season and it was too wet for them to take to their bikes on the Friday. I also met my translator Ano who will be a valued member of Solar Smiles Dental Charity (SSDC). He has a university degree in computers but runs a farm just south of Maubisse. A local!

Thank goodness the luggage arrived at three PM on the Sunday and then Mario, Ano and I did some shopping and Ano and I headed up to Maubisse. The road hasn't improved in the last few years and the rain was torrential at stages while other stages were bone dry but the dust was blinding.

I stayed at Sara's again but right up the top. After three flights of stairs this was the final climb.



Unfortunately, it was on the Saturday and Sunday that I planned to go through the store room, examine the equipment and do a stock take. We started this on the Monday but received a call from sister Henrietta that teachers from several schools were awaiting our presence at her school. We threw everything in the ute and charged over to see them.

I gave a short talk apologising for my absence due to the lockdowns but emphasised that we were back for more. The preventative part of the program with the toothpastes and AgF was explained and then Dio and Lucas (the guys) placed some AgF on my teeth to show what they would be doing

I asked for feedback and the issue of tooth aches came up and I had the idea of the schools could contact the guys when they had an emergency. We will develop this idea further when I

go back. While it subtracts from our central goal of caries reduction in the target group it is obviously a service that would be appreciated by the community.



It was then to work, or more accurately, the guys to work and me to charting, assisting, and teaching and demonstrating. SSDC requires full examinations and charting of all patients which is a legal requirement in Australia. As far as possible we will try to attain first world treatment standards. This idea was foreign to Lucas and Dio.



The guys need training and I will say they learnt a lot in the four days I was with them. I could spend hours explaining what I taught them but three examples should suffice to give the flavour of my instruction.

Example One: a patient opens her mouth and she has a badly decayed front tooth. The guys' eyes were immediately drawn to this pathology and they would ignore the rest of the mouth. This is not how it's done. You need to start your examinations in the same spot and go around the mouth in the same way every time. I always start on the lower left and thousands of times patients would indicate that they had no problems in that area and why was I looking there first. Dentists miss things and without routines you miss a lot. The guys appreciated this and immediately started to do it.

Example Two: This may be a bit gruesome for some, but it concerns the use of an elevator when extracting a tooth. It's a jemmy basically, but you first use it to 'peel' the gum from the tooth so when the tooth is removed, the gum will not tear. This reduces the incidence of post operative bleeding. You then use the elevator to push bone away from the tooth as it is the bone that holds the tooth in place. You do this on the outside of the tooth. We call this side the 'buccal'. This bone elevation makes the extraction easy, on all!

The guys were hesitant to use enough force to actually achieve any bone movement as they were concerned that they might slip and cut the patient's mouth away from the site. My response was firstly with good finger rests (a topic in itself) this rarely happens and even if it did the cut would be say 5 to 10 mm and have no width. The hole you make in the jaw when you remove the tooth is millions of times greater.

Example Three: Adjust the patient so you can see easily and not place unnecessary strain on your back and neck. Patients can throw their heads back, look to one side or the other or come up and down the chair.

On Thursday I was stepping away as they were working together.



Day one

Day Four I was nowhere to be seen (not really)



Early in the week I was charting and overseeing all treatments but they were developing routines and skills. They both started their examinations on the upper right, the patients were scrunching up their necks and backs while the guys were standing upright and they were pushing like buggery on elevators.

We did well over 5000 dollars' worth of dental treatment (in Australian dollar terms) in the four days but it was the improvement in the clinical skills of the guys that was most pleasing to me. We Rotarians emphasise education.

We have a few equipment problems. The chairs are starting to show their age as several of the plastic brackets that hold the bars together have given way. Hopefully we can buy replacement brackets. Other equipment I have brought back to Australia for servicing.

Our rechargeable batteries that power our head lights still recharge but not every much! One of the rechargers has given up the ghost.



Broken bracket.

I must say thanks to my colleague at work Sam Kevin Ruljancich, and my employer Jade. I took over a stack of anaesthetic which the supply company failed to deliver in time. These three supplied me with all I wanted. Some people say it's not what you know but who you know that matters. I think what matters is the quality of the people you know that matters.

Finally below is a photo of one of our schools. These people need our help.

