

Rotary Oceania Medical Aid for Children

Mission

ROMAC provides surgical treatment for children in Australia and New Zealand from developing countries from our Pacific Region in the form of Life Giving and/or dignity restoring surgery not accessible to them in their home country.

2015-16 Annual Report:

“We have witnessed the successful treatment of the 400th child in total and the 100th from Timor Leste.”

Funding

In 2016 Rotary Clubs donated \$488,429 (compared with \$559,713 in 2015). 198 out of a possible 1112 Rotary clubs in Australia donated (18%). ROMAC also receives donations from individual Rotarians and ROMAC supporters, and bequests from estates. In 2015-16 New Zealand successfully applied for two Global Grants from Rotary International that relieved pressure on local ROMAC funds. South Korea has become a significant contributor to ROMAC.

“Regional donations over the past year would support treatment of about three or four children, whereas we normally see up to ten children treated each year – we need to do better!” (Richard Woodburn, Eastern Region Chair).

In Eastern Region (NSW and ACT), D9700 donated \$78,778.86 in the three years 2013/14 to 2015/16. In that period D9675 (Sydney) had the highest level of donations (\$189,850.50), but D9700 had the highest engagement with 51% of 41 clubs donating in the three year period. Well done!

Referrals to ROMAC

Royal College of Surgeons (Interplast: a Program of the Plastic and Reconstructive Surgery Division); overseas medical practitioners; travelling Rotarians; website; word of mouth.

Sponsoring a child

Sponsoring a child has meant meeting the child and their guardian at an airport, getting the child to hospital, visiting the child regularly, and sometimes home hosting the guardian and the child between hospital stays. That might be possible for clubs in D9700 clubs in Bathurst and Orange, but not most other D9700 clubs.

A new proposal is that clubs sponsor a child without the usual meeting, visiting and hosting. A club would need to enter in the minutes of a board meeting that they will sponsor a child nominated by ROMAC:

“Prior to arrival of the ROMAC patient, the sponsor club will need to minute the fact of their sponsorship in their Board minutes with the following details (provided to the club by ROMAC):

- Name of Patient
- Nationality
- Hospital
- Nature of Surgery
- Expected Date of Arrival
- Expected date of Departure
- Visa expiry date
- Guardian
- Patient Date of Birth
- Host Family/arrangements

and advise the District Insurance Officer, the District Governor and the ROMAC District and Regional Chairs accordingly. The next step is the requirement for the District Insurance Officer to then notify our insurance brokers at AON accordingly.”

ROMAC will provide the information and compulsory financial commitment: ZERO.

That's it. **We can do that** and become involved through getting to know one child helped by ROMAC!

Our miracle Timorese baby

October 20, 2015



A happy David Croaker, Sandra Mahlberg with a healthier Baby Santa and mother Maria

When doctors at Canberra Hospital first saw four-day-old Santa from East Timor, her belly was covered with glad wrap in an attempt to keep her intestines from spilling out of her body.

Baby Santa was born with gastroschisis, a birth defect in which organs protrude from the body through a defect on one side of the umbilical cord. In Australia, more than 95% of babies born with gastroschisis survive, but in East Timor her mother, Maria, was told that her baby would have a very small chance of surviving.

The baby was admitted to the Neonatal ward in Dili and seen by specialists.

Australian paediatrician Ingrid Bucens, working in Dili, suggested that there was a possibility that treatment in Australia could give her baby the best possible chance of survival.

Paediatric surgeon Assoc/Professor David Croaker accepted care and The Canberra Hospital agreed to treat the little girl under a partnership agreement with ROMAC which helps children from developing countries afflicted with severe medical conditions. Time was a critical factor, with the risk of infection growing every minute.

Immigration officials rushed through a visa very quickly, allowing mother and daughter to fly to Darwin and onto Canberra for the life-saving surgery.

Professor Croaker said more than 100cm of the little girl's intestines plus one ovary were outside the abdominal cavity. Santa was rushed to theatre where a silo was inserted in the cavity sealing off the bowel to prevent any further infection from the protruding bowel.

Santa had much bigger problems though; she now had an infection that the intensivists told us she had little chance of survival even with triple antibiotics. Santa was baptised that same evening. The first 24 hours of the best medical care and prayer was crucial.

The next 48 hours followed, Santa remained very sick but was holding her own. Each day was a blessing and a good day. Once the imminent emergency was over the doctors then began to reduce the silo with a gentle squeeze of the bowel back into the abdomen each day. After two weeks the bowel was reduced sufficiently to actually operate and close the abdominal wall.

Santa was extubated, breathing on her own with oxygen therapy only. Central lines remained feeding her nutrients, blood products, antibiotics and fluids. Gradually the bowel started to work. Santa was now 4 weeks old and remained in NICCU the whole time.

She was then transferred to the high dependency paediatric ward with the slow introduction to expressed breast milk, Santa continually vomited afterwards. A change to formula bottle feeds was necessary with a gradual increase in volume and a reduction of parental feeding.

Santa gained weight and was over 3.5kgs (arriving 2.2kgs) a bouncy baby, demanding cuddles and feeds. Maria is so thrilled to know her baby will survive and should be going home soon after Christmas.

The support for Maria from the Timor Leste Embassy was wonderful. A network of 4 families provided interpreting services, meals, emotional support and friendship at a much needed and scary time for Maria.

To be a part of a great team to save baby Santa is a wonderful experience. So many involved, so many who have cared for one little special baby.