

END OF TOUR REPORT - 55 FST

1. 55 Field Surgical Team has been stationed in Salalah in the Sultanate of Oman from 27 March 1972 to 31 July 1972.
2. During this period the team carried out medical and surgical duties in FST complex, the Salalah Hospital and at Um Al Gharwif, HQ Dhofar.
3. The overriding work of the team was dealing with war wounds, though part of each day was spent doing hearts and minds work in the Salalah Infirmary.
4. Due to the assistance of the station CO, the DOE and RE officers conditions-which though adequate initially would eventually proved to have been ~~fx~~ hazardous - ~~eventually~~ ~~improved~~ in the FST complex were improved beyond recognition. The improvements consisted of building a new Twynam Hut which under our directions was constructed to house a resuscitation ward leading to an operating theatre. Between the operating theatre and a 9 bed ward a changing room was built. X ray and Laboratory facilities though still in tentage (air portable) were moved so that they became adjacent to wards and theatre. Part II work services are in hand to make these two departments permanent and air conditioned. A new shower and toilet block is being added and is near completion at the end of the 9 bedded ward; our total bed holding strength is 13 beds, 4 of these belong to the SMC but come under this command.
5. The net result of these improvements are that teams have room to resuscitate and operate on patients in ~~relative~~ comfort without suffering the ill effects of heat and humidity as all are air conditioned.
6. A breakdown of the unit work load for the quarter is as follows:
 - Total number of operations performed - 284
 - Primary War wounds - 98
 - Delayed Primary sutures - 80
7. Extremity wounds were in greatest profusion and 74 patients had one or all limbs involved, usually the wounds were multiple and in many cases there were fractures of more than one bone. 10 Lap ~~pro~~tomies were carried out and resection of bowel or stomach, partial nephrectomy or liver repair had to be carried out on 60%. The other 40% were exploratory lap ~~pro~~tomies for severe lumbar wounds. Craniotomies numbered 6 with a 50% success rate. Plastic procedures which consisted of skin grafting, rotation flaps, ~~nervex~~ repairs and transposition numbered 22. 6 Thorac ~~o~~tomies and

chest wounds, 2 Tracheostomies and 1 Colostomy were also carried out.

8. The total ^{number of deaths in} ~~xxx~~ death rate of treated war wounds was 4. Three of these were bad gunshot wounds of head, the other a self inflicted GSW of chest. That the three head injuries should die was not unexpected but the death of the latter was puzzling.

9. The remaining operations consisted of work in the Salalah Hospital where apart from routine hernias, hydroceles and haemorrhoids the team carried out 3 Thyroidectomies, 4 Caesarean, 3 Hysterectomies, 1 Nephrectomy and 6 Cystoscopies.

10. Routine surgery was also carried out in the FST where local personnel and native troops had their appendices, sebaceous cysts, hernias and an assortment of abscess dealt with.

11. To cover these operations and admissions which in the FST wards amounted to 244 we had three Army nurses and one RAF SMC nurse who did day duty in the Medical Centre and nights when there was a large influx of patients. These nurses worked a total of 115 hours per 2 week period, that is doing night duty of a 12 hour shift one night in three, the other shifts were of 5 hours and 7 hours.

12. This means an admission rate of 1.9 patients per day with intensive care nursing before the patients were fit for transfer to Salalah Hospital or to Sick quarters at Um Al Gharwif, where we were still responsible for them and their nursing care until we trained available staff to doing things our way.

13. ANAESTHETIC REPORT

Patients

The patients ranged from neonates to the elderly. Anaesthesia was required for both war wounded soldiers and civilians, and cold surgery in soldiers and civilians.

Apparatus

Two anaesthetic machines were held; the EMO and the Haloxaire.

The Haloxaire was used exclusively. Two mechanical faults occurred in ^{the} apparatus during use. The reducing valve failed to function properly and the Wright respirometer was damaged. Neither of these failures rendered the machine inoperable.

Drugs

The only drugs used were the following:-

Thiopentone 2.5% Atropine Brevidil M Alloferrin Neostigmine Pethidine
Lethidrone Valium Lignocaine and Halothane.

Techniques

Spontaneous respiration was used whenever feasible and the situation allowed. This freed the anaesthetist for other work in the theatre or in the resuscitation ward adjacent to theatre. Relaxant anaesthesia with non-depolarizing relaxant was used when the situation demanded especially when many patients were being treated. Quick recovery helped the hard worked nurse in the ward.

X RAY REPORT

The following break down shows the work of the X ray department.

European Patients 120 (includes 16 BATT personnel)

Local inhabitants 240

Total patients Xrayed 374

Battle casualties (referred by FST) 152

Others (referred by station MO) 223

	<u>Battle Casualties</u>	<u>Others</u>	<u>TOTALS</u>
Chest	50✓	82✓	132✓
Abdomen	21✓	59✓	80✓
Pelvis	10✓	1✓	11✓
Spine	9✓	15✓	24✓
Skull	26✓	11✓	37✓
Upper Limb	79✓	59✓	138✓
Lower Limb	98✓	37✓	135✓
Intra Intravenous Pyelogram	2✓	18✓	10✓
Retrograde Pyelogram	-	1✓	1
*Barium Meal	-	5✓	5
Portable	1✓	-	1
Others	-	18✓	18
<u>TOTAL EXAMINATIONS</u>	296 3	296	591
Average number of films per patient	2.54	296	592
Diagnosed as Normal	- 172		
Diagnosed as Abnormal	- 202(62.3%)		

*Barium Meals were performed without screening facilities, employing standard radiographic techniques. Results were usually good enough for a definite diagnosis

to be made and they were therefor considered justified.

Equipment

The main equipment consisted of a Mobilex Series C, Xray set, a Solus couch with Potter Bucky and a portable darkroom tent with associated processing equipment, all situated in tented accommodation.

Comments

The following comments are made in respect of equipment.

The aged design of the Mobilex Series C, is not ~~conducive~~ conducive to the speedy and efficient management of the badly injured and restive patient. Its cumbersome nature and low power output imposes the burdens of slow operation and long exposure times. Despite these disadvantages however, good results were often obtained and the set proved to be reliable and robust.

The darkroom tent worked well in demanding circumstances, the only malfunction occurring with the entrance zip. It is now beyond local repair and a new darkroom is on order. Meanwhile we are having to 'manage' with the present one. Occasionally conditions ~~xx~~ inside the darkroom rise to "Turkish bath" proportions and will continue to do so whilst the Xray Department is housed in a tent.

The Xray films were easily affected by the adverse climatic conditions and particular care is needed with their use and storage.

All other equipment and chemicals functioned well.

15 LABORATORY REPORT

The work of this department is sporadic by design rather than choice but Sgt Barrow during his ~~quiet~~ quiet period helped Capt R Garnett RAMC in a nutritional project by doing haemoglobin, packed cell volumes and films for parasites. He also visited the hospital and discussed problems with the technician or helped him out with his difficulties. The work done on these projects are not included in the figures given below.

The work is divided into two spheres - Trauma and Clinical.

(a) Trauma

169 Donors were bled and 155 pints of blood were transfused. A reserve of 10 pints of blood kept in a fridge is being handed over to the incoming team. All of these donors were British Service personnel.

41 patients were transfused, 8 of whom were European and 33 local including enemy wounded and ill if treated by us.

Apart from dealing with 169 donors routine blood group of 126 other personnel were carried out, 60 of these were local SAF soldiers. This latter project was started with the idea of getting native soldiers to donate blood for their own wounded. This is going to be difficult but not impossible as blood required for civilian patients undergoing operation in the hospital is now taken from close relatives.

Clinical

Haematology - with the facilities available 108 FBC were carried out.

Blood for Malaria - 2, both P Falciparum

Faecal examination - 35

Urinalysis - 23

STC work - 4

Water analysis - 6

Sewage analysis - 2

Sputum microscopy - 1

Ascetic fluid - 1

Tissue to UK - 6

VDRL - 3

Seminal analysis for post vasectomy done in UK - 4

16. STATION MEDICAL OFFICERS DUTIES

These, with the increase in the size of the station and the number of local labour employed have taken on a greater significance as the work load is correspondingly increased. Allied to his other duties as resuscitation officer and unit work in the Hospital he has a very busy time.

The number of Service personnel seen and treated by him was 534

The number of Native patients seen and treated by him was 470

This gives a total of 1064 consultations and treatments. He had primary responsibility of the medical inpatients and treated a total of 60.

17. CONCLUSIONS

The unit as a whole functioned very well and after early teething troubles became very compact. The team was subdivided into smaller units with a Senior NCO

in charge.

~~as~~ OTTs were subdivided into two teams. This allowed some time off and relief during busy periods. The number is a good functioning number.

Nursing staff: From the amount of the work done by this unit and possibly other busy units it is very noticeable that the bulk of heavy work falls on three people, one of whom is from BMH Dhokelia, I would recommend that an extra nurse be added to the team.

Xray Dept: Recommendations are for, (a,) issue of a standby Xray machine, and (b,) mobile lead screen.

The present tentage accommodation is being replaced by a permanent air conditioned building, the Part II Works Service Order has been submitted for this.

Laboratory Dept: For complete job satisfaction and a more efficient survey of patients it is felt that the following items of equipment would help:

- a. EEL 37°C Incubator
- b. Portable(mains electric) autoclave
- c. Field service blood bank.

~~clearing~~
The clerk attached to the unit is an invaluable asset as apart from clerical duties he can also be used as general worker in the various departments during busy periods.

Anaesthetic Dept: The anaesthetist with this team has developed a very strong right wrist and his comments are as follows.

In one 30 hour period ~~twenty~~ 23 patients were anaesthetised, many of these required abdominal and thoracic surgery. The anaesthetists hand on the bellows performing IPPR was ready to drop off at the end of this time. Could a small electrically driven ventilator be provided for use in conjunction with the Haloxaire?

Humidifier
Back to 'A'
Throughout this tour all anaesthetic records have been kept on Nosworthy Punched Card Anaesthetic Record Forms which has greatly facilitated record keeping and analysis of work performed.

18 GENERAL

~~Wait for the film~~
While on 20 June a directive was issued for the provision of 8 rolls of Kodachrome High speed film these have not as yet arrived. Fortunately members of this team at their own expense have been keeping a record of the work done by them. Possibly the supply of this film could be speeded up for the next team.