A Letter from Dr Hodgkinson

Operation Restore Hope’s long but valuable road

Operation Restore Hope is proud to announce that it is to celebrate its 20th year in the Philippines in Cebu this October. On September 10th 1994 a small team of surgeons headed by Dr Darryl Hodgkinson and Dr Ann Collins, supported by local anaesthetists and by local surgeons, Dr Wyben Briones and general co-ordinator Mr Graeme Mackinnon held their first mission at Cebu City Medical Centre where 17 operations mainly for the repair of cleft lip and palate were carried out.

From this early mission we persisted with our efforts, realizing the great need there was for charity surgery as well as the great need to co-ordinate with our fellow surgeons and physicians in the Philippines to support these unfortunate poor young children who had cleft lip and palate.

NAM Project moves forward
broader collaboration enables treatment of more difficult cases requiring continuity of care

Our partnership with Dr Taps Gurango and her team at the Philippine Children’s Medical Centre (PCMC) in Quezon City in northern Manila has continued.

Dr Hodgkinson and Dr Gurango will expand their collaboration when Dr Gurango joins the mission team in Cebu in October this year to heighten coordination between our teams, follow up programs and look at broadening the scope of our collaboration.

Costs kept to a minimum
In each individual surgical case, the funding is assessed, costs kept to a minimum and where funds are available these children are included under the banner of Operation Restore Hope. This collaboration allows us not only to carry out work throughout the year but to take on difficult cases which require regular check-ups such as the children in the NAM project.

The NAM Project – Naso-Aveolar Moulding

The NAM project, which we began in association with Dr Gurango three years ago in 2011, has continued for children born with very wide clefts which could not be properly treated in a mission environment. It was formerly very sad for us that the babies with exceptionally wide clefts of the lip (both unilateral and bilateral) and palate who needed help the most (continued on page 3 column 1)

Koko soon after birth before the NAM procedure, and later after the NAM stage of his treatment had finished.
Responding to Disaster

2013 – An earthquake and a typhoon hit Cebu in less than one month

Last year was our 20th year of operating in the Philippines, having commenced in Cebu in 1994, but sadly it was disrupted by two back-to-back tragic natural disasters: a 7.2 magnitude earthquake hit Cebu on 15 October 2013 only to be followed on 8 November 2013 by the deadliest typhoon on record in the country. It was known as Haiyan in Australia but as Typhoon Yolanda in the Philippines.

These disasters whilst focused on the Visayas where two of our missions are held every year affected the entirety of the Philippines and of course Operation Restore Hope. Both the October mission and February mission needed to be cancelled.

Heavy burden of relief efforts

So much infrastructure was heavily damaged in the earthquake including the H W Miller hospital where the February mission was scheduled to be held that even less affected hospitals like Lapu Lapu where the October mission was scheduled were heavily burdened with the relief efforts of caring for people with injuries from the disasters and illnesses springing from the lack of sanitation and facilities. The need for elective surgery was pushed aside and our focus was shifted.

New focus necessary

Operation Restore Hope’s focus then became assisting our partner NGO’s on the ground in the Philippines. One measure was to immediately relieve our partner Metro Rotary Cebu for two years of their partner budget so that they could dispense their funds on local relief efforts. Operation Restore Hope also assisted in funding tarpaulins to help provide shelter for affected families as well as releasing medical supplies and sourcing further medical equipment for shipment to the Philippines which has just left in April.

“Go” for October 2014 mission

We have been cleared by our host hospitals and city hall to resume all normal operations in Cebu beginning with the October 2014 mission when we will finally celebrate 20 years both at Lapu Lapu District Hospital and in our partnership with Metro Rotary Cebu and the February mission to H W Miller hospital will resume in 2015 by which time the structure is to be secure.

Manila mission went ahead as scheduled in April 2014

In Manila, initially our partner surgeons were also focused on relief as was the whole nation but work was able to be resumed more rapidly. The Manila mission carried out by our New Zealand branch was held as scheduled in April of this year for the second consecutive year in the southern province of Batangas in Luzon just two hours south of Manila. The mission was moved last year as this was a high area of need that was not being serviced by other missions.

The Nam Project

(continued from P1)

Special thanks to everyone who has participated in the typhoon relief efforts through Operation Restore Hope and all the other charities and aid organizations. A special thank you to the children of Greythorn Primary School in Victoria!

Packing tarpaulins for typhoon relief

Back to three missions in 2015

The net effect in missions held is that only two missions were held in 2013 and only two will be held in 2014 with all systems go to return to three missions for 2015. The net effect in patients treated for 2013 was that we were down only 51 from the previous year as the February mission in 2013 was our largest ever in throughput.

However, it’s important to note that patient numbers are not always an excellent indicator of work done as some patients have multiple procedures or more complicated procedures.

How You Can Help - Be a Everyday Hero Today & Have Fun!!!

You can raise funds for Operation Restore Hope simply by getting involved in events like the City 2 Surf or hold your own event. Be creative! Anything that you think friends and colleagues would sponsor you and participants

channel the growth and mould the structures of the mouth so that the tissues are eventually brought together over time to a more normal position.

Best chance of normal function

Once the tissues are better placed after the moulding process, surgery is possible without placing undue tension on the incision lines or tissues so that the patient not only has the best chance of normal function but of an aesthetically pleasing result; both of which will allow them to take their place in society.

Infant at birth with wide cleft and the same infant fitted with a “NAM” bringing the tissues into a more ‘normal’ position making surgical repair possible.

Regular fittings and follow-up

Because of the nature of these cases and the regular fittings and follow-up required, these cases are as stated, if suited to a mission environment wherein the surgical team flies in and flies out. This type of case can only be done well with the child near the medical center. Flying these children overseas for ongoing work is disruptive to their family life and is not always an option.

NAM is fitted shortly after birth

The naso-avoeoral mould (NAM) is an orthodontic device fitted shortly after birth and must be adjusted regularly as the baby grows. As the structures of an infant’s jaw are still relatively soft and as growth is constantly taking place, it is possible with these devices to

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12 children already through

We are very proud to have had 12 children complete the NAM program so far and have more still undergoing treatment. This is a program we would like to expand in the future. We are extremely pleased with the surgical results for these children who would have formerly been overlooked or had operations fail due to the complexity of their cases. We look forward to following these children as they grow and hopefully share in their victories as they thrive, learn to speak, sing and start school.

Get Creative!

So get creative, get busy, get online with Everyday Hero to get sponsors and make your mark on the world and change a child’s life by giving them a chance to smile!

Letter from Dr Hodgkinson
(continued from front page)

As a plastic surgeon trained at the Mayo Clinic under world famous cleft surgeons and having worked in Mexico under Dr Ortiz-Monasterio, a famous intracraniofacial surgeon, I felt it imperative to continue developing and utilizing my skills in facial cleft surgery. The need for this surgery is mainly in the developing nations.

Strong ties with the Philippines
We have established a strong relationship with the citizens of the Philippines. As the numbers of plastic surgeons have increased in the Philippines, they are certainly in a much better situation in the last 20 years to cope with the needs of their people, but the need still greatly outstrips their capacity. We now work with a craniofacial surgeon, Dr Taps Gurango at the Philippine Children’s Medical Center (PCMC) in Quezon City, Metro Manila, especially in performing difficult cases with a need for regular check up and not suited to a mission environment.

Three missions every year
Three missions under the banner of Operation Restore Hope go to the Philippines on an annual basis. Some of our nurses, have given their services over 20 times for these missions. Performing plastic surgery in the Philippines is challenging; raising the funds necessary to perform this work is daunting.

We have been blessed with some very loyal supporters but in order to continue the work, we need to continue to canvas for funds to help these unfortunate children. It costs over A$500.00 to perform a cleft lip or cleft palate surgery even though all our volunteers, surgeons, anaesthetists, nurses and administrators give their time freely.

All donations tax-deductible
Fortunately, all donations over $2 to Operation Restore Hope are tax deductible because of our DGR status endorsed by both AusAID and the ATO, although we receive no funds from any government.

I urge all our supporters to renew their membership, consider becoming a life time member if they are not already, make a donation or get involved in fundraising so that our special young children can achieve their goal of normal education, normal socialization, the ability to speak and communicate with each other, just like you and I.

Thank you for caring.

Darryl Hodgkinson

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