

## ***Kosova Paediatric Urology Teaching Program***



**2<sup>nd</sup> May – 11<sup>th</sup> May 2015**

Professor Paddy Dewan



A project of Kind Cuts for Kids,  
supported by the Australian Shqiptar Community, the Ministry of Health  
and  
the University Hospital, Prishtinë

## Introduction

Visit number five to Kosova! – every visit has seen a change of profile of the cases managed and the lessons learnt by a skilled team that continues to learn from the visits of the Kind Cuts for Kids consultants.

Our first visit to Kosova, in 2011, resulted from a chance meeting between John Taip and Professor Paddy Dewan. The Taip family had hosted a Kosova family in the 1990's, and were aware that Balkan children had come to Melbourne for complex surgery, indicating the need for further education of the surgical teams in the Balkans, particularly with complex cases. Reg Karafili and Sezar Jakupi, in Melbourne, became involved and, almost overnight, trips to both Kosova and Albania were organised that involved the specialties of Paediatric Surgery, Anaesthesia and Radiology in both centres.

Importantly, there has been progress in service development for the care of surgical problems in children, and a difference in the focus of the mission with each new year, with teaching on complex case examples and tuition on research being additional input over time. Follow-up surgery on some of the complex cases, and further input into improving the infrastructure, have both been pivotal to the success of the trip, including discussion about the setting up of the new Paediatric Surgical facility in the near future, as discussed with the Health Minister at a dinner and communicated to the media at a press conference.



The trip to Kosovo and Bosnia in 2015 was organised with the help of many people but particularly, Dr Nexhmi Hyseni, in the University Clinic in Prishtinë, and Dr Kenan Karadvic in Sarajevo; communication to the community about the visit was enhanced by a television chat show appearance of the team (below), and a documentary on a National station.



## Clinical Medicine

A total of 36 patients were reviewed (11 females and 25 males), 18 of whom underwent a surgical procedure, many procedures took several hours.

The five visits to Kosova have involved a total of 88 patients undergoing 135 consultations; 56 patients have undergone surgery including 148 different operative procedures. A total of 83 anaesthetics have been administered, involving two anaesthetics for 13 patients and three separate episodes in 8 patients, required because of the series of surgeries needed for the care of complex conditions. The operative procedures included 26 cystoscopies, 5 laparoscopies, 1 ureterocystoplasty, 7 urodynamic studies, 3 Mitrofanoff stomas, 2 COPUM fulgurations, 5 hypospadias repairs, 1 ileocystoplasty, and 12 Pena type operations; involving 14 Anorectal anomaly patients, 5 bladder exstrophy children, 5 COPUM boys, 6 Hirschsprung's bowel disease cases, 5 intersex youngsters and 4 boys with hypospadias. Those reviewed in 2015 were:

### Patients Reviewed - 2015

DOB	Pathology	Date
21/06/2013	penoscrotal lymphatic malformation	3/05/2015
31/10/2007	obesity buried penis	7/05/2015
15/05/2015	Gastroschisis	11/05/2015
21/05/2000	Hirschsprung's	3/05/2015
11/06/2006	Bladder instability	3/05/2015
15/04/2007	Undescended testicle	9/05/2015
1/01/2005	Penile trauma - glans partial resection	5/05/2015
1/01/2009	Anorectal anomaly - post op	6/05/2015
15/05/2007	Hirschsprung's - post pull-through	3/05/2015
30/01/2012	Bladder exstrophy	3/05/2015
6/10/2002	Constipation	3/05/2015
2/04/2006	Constipation	3/05/2015
3/05/2014	VUJ obstruction – bilateral	7/05/2015
5/03/2001	Hypospadias - breakdown of previous	9/05/2015
6/11/2000	megarectum – constipation	3/05/2015
7/05/2014	Multiple anomalies; deformed legs; ventral hernia	3/05/2015
1/01/2003	Appendicitis	3/05/2015
1/03/2015	Malrotation and volvulus - gut infarction	3/05/2015
3/05/2015	Urine incontinence CIC; neurogenic	3/05/2015



## Kosova - 2015



Outpatient clinics were busy and involved consultations, collaboration with colleagues, and teaching students.

### Surgery Cases - 2015

Date	DOB	Operation
4/05/2015	19/12/2014	Cystoscopy
4/05/2015	19/12/2014	Ureteroscopy - right
4/05/2015	22/04/2002	Urodynamics
4/05/2015	30/08/2013	Closure of colostomy
4/05/2015	30/08/2013	Swenson
4/05/2015	14/06/2012	Hypospadias Patch graft proximally
4/05/2015	14/06/2012	Hypospadias repair - UB 2
4/05/2015	22/04/2002	Cystoscopy
4/05/2015	22/04/2002	Laparoscopy
5/05/2015	15/08/2014	Pena Anorectoplasty
5/05/2015	15/08/2014	Rectal resection from behind
5/05/2015	23/06/2014	glans plasty - for catheter
5/05/2015	23/06/2014	Pena Anorectoplasty - anorectal fistula
5/05/2015	15/03/2009	Laparoscopy
6/05/2015	6/10/2012	Closure of urethrovaginal fistula
6/05/2015	6/10/2012	Cystoscopy
6/05/2015	6/10/2012	Vaginoscopy
6/05/2015	12/07/2009	EUA anus
6/05/2015	11/01/2010	Duplay tube ureteric reimplant
6/05/2015	19/09/2013	Hypospadias - UB I
7/05/2015	25/01/2011	Cystoscopy
7/05/2015	25/01/2011	EUA - bimanual palpation
7/05/2015	25/01/2011	Laparoscopy
7/05/2015	25/01/2011	Vaginoscopy
7/05/2015	19/04/2009	Cystoscopy - insertion of catheter
7/05/2015	19/04/2009	Pena - posterior plication
7/05/2015	8/02/2006	Cystoscopy
7/05/2015	8/02/2006	Urodynamics
7/05/2015	28/11/2003	Cystoscopy - Suprapubic
8/05/2015	16/02/2015	Cystoscopy
8/05/2015	16/02/2015	Ureteroscopy
8/05/2015	11/10/2008	Colostomy – divided
8/05/2015	11/10/2008	partial rectal resection
8/05/2015	20/05/2013	Phalloplasty; vaginoplasty

## Case Studies

### Case 1

Most of the cases dealt with in Kosova are beyond the spectrum seen in Australia, because they represent an accumulation of complex cases over years. QL, a 13 year old boy not only had the lower limb, bowel and bladder problems of spina bifida, but also has mixed gonadal dysgenesis, meaning his testicles were not testicles as normally, but were half testicle, half ovary, as shown on the image taken during a laparoscopy , to help determine prognosis and advice for fertility and puberty.



### Case 2

Hera, a one year old, was born with an anorectal anomaly with a small opening at the back edge of her vaginal outlet. Constipation was a significant ongoing problem, despite the use of a dilator and laxative. Fortunately, both the huge megarectum and the abnormal position of the opening of the bowel were able to be corrected in the one operation – and without the need for a colostomy. The parents' response to the excellent recovery was, "***Kind Cuts for Kids is the reason we came to believe in miracles***".



## Case Studies – Cont'd

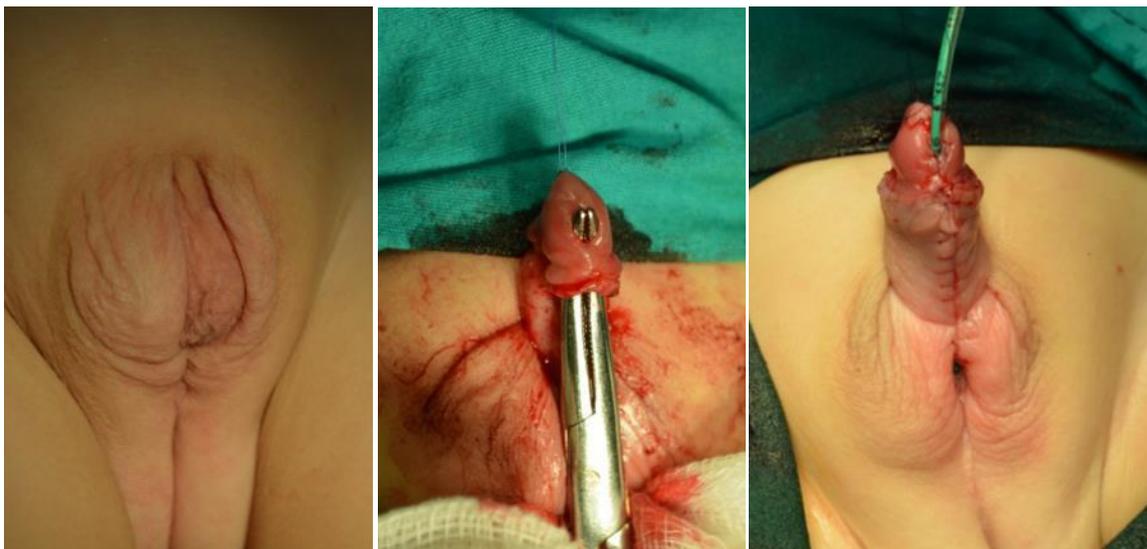
### Case 3

Denisa, a three month old baby girl was born with two parts to her left kidney, with the upper part having a balloon like structure (ureterocele) blocking the drainage of urine, causing infections and failure to thrive. A technique devised to improve the safety of cutting into the ureterocele, through a minimally invasive procedure, was demonstrated, and the family were able to take the baby home the following day.



### Case 4

Genital reconstruction is often part of the training of doctors and service to the patients. Most are of the extreme anomalies, because the Paediatric surgeons are well trained in even the moderately severe cases. In those, as shown below, that are of the “intersex” variety, refined techniques are demonstrated; and good results achieved; preoperative, intraoperative and end of procedure images show the achievable results from a challenging case.



### *Teaching and Research*

A large number of surgeons were involved in the program, including; Prof Dr. Nexhmi Hyseni, Prof Dr. Hasan Ahmeti, Ass. Dr.sc. Sadik Llullaku, Dr.Mr.sc. Murat Berisha, Dr.Mr.sc. Sejdi Statovc, Dr.Mr.sc. Salih Grajcevc, Dr.Mr.sc. Gani Çeku, Dr. Ardian Shefkiu, Dr. Defrim Koqinaj, Dr Kujtim Ukeperaj, Dr Izber Ademaj, Dr. Hysni Jashari, Dr. Baton Kelemendi, Dr Butrint Xhiha, Dr. Ali Aliu, Dr. Arta Zeka, Dr. Rrahim Breznica, Dr. Alban Rushiti, Dr. Besnik Maloku.

As usual, two way interaction occurred during the surgery, while seeing outpatients and on ward rounds, and during the clinical meetings held each morning. New cases, and review of investigations, followed some of the clinical meetings, and on two occasions, cases were examined in collaboration with the radiology department, including a visit to the radiology department to discuss the investigation on a complex urogenital case. Again, the research perspective discussed in the final teaching session was related to research projects, clinical studies and case reports, from which it is likely that 5 papers (including a megarectum case report; caudal duplication, urethral duplication; pyelocystoplasty case report; management of the idiopathic megarectum – a review) will be produced for publication. One of these has already been submitted to a journal following previous discussions.

Obviously, and as for previous visits, the major part of the education and collaboration came with participation of the team in the operating theatre, and on review of the cases and their management in the ward subsequently. That the cases varied from previous material indicates the sustainable focus of the education.

### *Infrastructure Review*

The Paediatric surgical services are in urgent need of upgrade. The operating table is still unstable and unable to be placed in the appropriate emergency position, and requires a wooden stool under the end to ensure it stays at the correct height during surgery. And the hot water supply for the surgeons and scrub nurses has broken.

Fortunately, there has been a donation of EUR25,000,000 from the Middle East for the building and building and equipping a new Paediatric surgical facility in the hospital grounds that will amalgamate some other services to give a dedicated centre.

Of concern is the lack of suture material and of the instrument know as a Resectoscope. The laparoscopic equipment has improved and training in its use was part of the visit.



## Donations and Donors

The Australian Albanian Community fund raising, Kind Cuts for Kids donations and the company of Gary Zecevic. The following equipment was taken as additional supplies:

Description of Equipment	Quantity
Urine Drainage Bag with 200ml Meter	13 pcs
Cliny Silicone Malecot Catheter size 10Fr	8 pcs
Bard Urological catheter 10Fr	10pcs
Unomedical Foley 2 way paed catheter silicone 8FG 30cm	10pcs
Unomedical Foley 2 way paed catheter silicone 10FG 30cm	10pcs
Unomedical Foley 2 way paed catheter silicone 12FG 40cm	10pcs
Feeding Tube CH08 40cm	12 pcs
Feeding Tube CH06 40cm	15 pcs
Ureteral Dilator 8Fr/ 60cm	2 pcs
Ureteral Dilator 6Fr/ 60cm	2 pcs
Ureteral Dilator 10Fr/ 60cm	2 pc
Ureteral Dilator 12Fr/ 60cm	2 pcs
Edge Insulated Needle Electrode 10.16cm	5 pcs
Edge Insulated Needle Electrode 7.2cm	50 pcs
HiWire Nitinol Core Wire Guide 150cm	6 pcs
Leukoplast elastic adhesive plaster 2.5 cm x 2.5m	6 pcs
Micropore 3M	3 pcs
Tensoplast 10cm x 2.5M	6 pcs
Surgical blades #11	21 pcs
Surgical Blades#15	1 Box
Coated Vicryl 1 135cm	9 pcs
Coated Vicryl 2-0 70cm	36 pcs
Coated Vicryl 3-0 70cm	36 pcs
Coated Vicryl 4-0 70cm	72 pcs
Coated Vicryl 5-0 45cm	48 pcs
Coated Vicryl 6-0 45cm	36 pcs
Coated Vicryl 7-0 45cm	48 pcs
Fascial Dilator 12Fr	2pcs
Fascial Dilator 16Fr	2 pcs
Fascial Dilator 10Fr	4 pcs
Fascial Dilator 8Fr	3 cs
Fascial Dilator 6 Fr	1 pc
CoonsTaper Dilator 6 Fr	1 pc
Dilator Ref G00996 14Fr	2 pcs
Kimberly- Clark Fluidshield Fog Free Surgical Mask	.5 box
Derma Shields - gloves	20 pcs
Electrosurgical accessories	5 pcs
Hypafix pieces	10 pcs
Laryngeal masks	3 pcs
Ureteric catheter	1 pcs
DJ Stent	1 pcs



### *Conclusion*

Once again, the visit to Kosova added to the skills of the surgeons and to the immediate benefit of a group of patients. There are still significant infrastructure and workflow changes that would assist, with many of the problems likely to be solved by the building of the new Paediatric Surgical facility that has been funded from the Middle East, and recently announced by the Minister for Health.

The conclusion of the visit to Kosova resulted in many happy families, and the Kosova/Australian team bond enhanced.

