

Mauritius

Up to 2005 there have been six visits to assist with the backlog of Paediatric Surgical cases which has been the start of the process of skill transfer to the Mauritian Medical and Nursing staff. There have now been over 155 surgical patients and 250 operations during the 10 weeks of the program. However, there is still much work needed to ensure ongoing improved quality of care for children with surgical disease, and for those with similar conditions in the future. This need is highlighted by a patient who presented in 2005 with an imperforate anus (no natural opening for her bowel) for her definitive repair at the age of 20 years.

The initial contact came through SACIM (the Society for Children Inoperable in Mauritius), that has previously made treatment available outside Mauritius and that has recently been a major partner in the development of the care for children in their country of origin. As the program has developed the Mauritian Government has taken on a significant commitment to funding and coordination.

A healthy future for children rests with the development of a strategic plan that focuses on the need to provide a country-wide service, which is interrelated with subspecialty services such as renal transplant, cardiac surgery and neonatal intensive care services, and incorporates training of appropriate staff that are supported by a quality assurance system. It would seem ideal that two units be identified for the establishment of Paediatric Surgical services, the surgical community should work with a learned College to develop a training and accreditation model, while establishing a Mauritian College to act as the guardian of medical and surgical standards.

Specific to the near future, Dr Nazeer Hosany has been appointed to a Paediatric Surgical Fellowship in 2006, in Australia. If Nazeer were to sit a diploma exam through the Mauritian University, with the cooperation of the Royal Australian College of Surgeons, this would provide certification that would allow him to establish the first Paediatric Surgical unit. A further candidate should be identified, even if that person is relatively junior. As always, in a community with limited resources, the services to children should be maintained by a number of other surgeons who provide support for the less complex cases. The standard for this is set by the subspecialty group.

The November 2005 visit reviewed 10 patients, 43 of whom had 59 operations, during 96 hours of operating. The visit contributed to nurse training, in addition to Anaesthetist and Paediatric Surgical training. Such a work load could not have been achieved without the cooperation of many people at Jeetoo Hospital in Port Louis or without the support of the Hospital administration and the Ministry of Health and Quality of Life. We also owe a debt of gratitude to the Surgeons and Paediatricians for referring the cases, but even more we are indebted to the children and their parents for having shown trust in us.