

Vietnam

The National Paediatric Hospital has a well established Paediatric Surgery Department that includes Cardiac Surgery but not, as yet, a major Paediatric Urology component although there has been a significant change since the last Paediatric Urology visit in 1998. There is now a consultant who primarily performs Paediatric Urologic procedures. Also, the Department has taken up the technique of fulguration of posterior urethral obstruction and, impressively, the unit has performed a further 18 Ureterocystoplasty procedures for bladder augmentation (the first two were part of the training program in 1998), putting them at the cutting edge of Paediatric Urology.

A teaching visit was designed to assist with Paediatric Urology training and provide guidance in the operating theatre management and processes. The major focus of the teaching of the surgical staff and the trainees was linked to a Symposium arranged by the Director of the National Pediatric Institute (NPI), in collaboration with the RCHI committee of the Royal Children's Hospital, Melbourne. The timetable for the symposium is given in Table 1, and included the participation of most of the 14 surgeons at the NPI, and over 80 Paediatricians and Surgeons from the Provinces, with a total of 112 participants. Lectures were given by the Australian visitors, supplemented by Paediatric Urology presentations from Vietnamese Surgeons from Hanoi and other centres. These additional presentations gave a valuable opportunity to review the work of the local surgeons, giving insight into the standard and profile of Vietnamese Paediatric Urology, and provided further opportunity for input from the visitors. The large number of cases of lower-pole pelviureteric junction obstruction in duplex kidneys and penile ectopia were impressive and educational.

The Symposium was conducted in the lecture theatre of the National Pediatric Institute, which is a hospital built by the Swedish Government in 1981, after it had been bombed during the Vietnam war in 1969. The NPI Surgical Department, under the guidance of Professor Liem Nguyen, has three surgical wards, consisting of 70 beds, often with up to three infants per adult sized bed. Since 1998 the hospital has greater access to endoscopic equipment, now uses laparoscopic approaches for many procedures and has a wide spread computerised network. These outcomes were partly achieved through other RCHI surgical visits to NPI, and a Royal Australasian College of Surgeons funded visit of Professor Liem Nguyen to the Melbourne Annual Scientific meeting in 2000.

Problems typical of the delivery of Paediatric services in developing countries are seen in Vietnam. Apart from over crowding in hospitals, late presentation for treatment of many paediatric diseases is another expected problem in a developing country in which a high proportion of the population live in a state of poverty. Relevant to Paediatric Urology is the resultant loss of renal function in those presenting with vesicoureteric reflux, pelviureteric junction obstruction, or a neuropathic bladder. These more complex clinical states exacerbate the limited resources of minimal electronic equipment and consumables compared to the operating

theatre of a developed country. However, Vietnam has both the manpower and infrastructure on which to base educational assistance and equipment donation.

The operating theatre complex at the National Pediatric Institute has five Anaesthetists with a Chief Anaesthetist who is assisted by ten Anaesthetic nurses. The five theatres work a total of 30 sessions per week, however, they have limited access to a wide range of suture materials and have only three diathermy machines for the five theatres, only one of which was functional. The availability of urethral catheters and cystoscopic equipment was also severely limited, but again has improved since 1998; since the involvement of RCHI, there is now an endoscopic equipment tower, which is used for both urological endoscopy and laparoscopy.

Funding for the surgery visits was assisted by Australian Rotary Clubs additional equipment was received through the generous efforts of the theatre staff of the Royal Children's Hospital, Melbourne, the Sunshine Hospital, Melbourne, Mercy Private Hospital, Melbourne and The Geelong Hospital. Donations taken included a teaching eye-piece for a gastroscope (organised by Mr Frank Kelly), a Pulse Oximeter, plus a number of other items.

The most recent visit of the Kind Cuts for Kids Foundation to Vietnam was in 2001, with further visits currently in the planning stages, in association with a philanthropic group and members of the Vietnamese community.