

*Albanian Paediatric Surgery and Urology Teaching Project*

*Qendra Spitalore Universitare  
“Nene Tereza” Tiranë*

Professor Paddy Dewan

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A project of Kind Cuts for Kids,  
supported by  
The Department of Paediatric Surgery, Qendra Spitalore Universitare, Nene Tereza, Tiranë  
and  
Albanian Department of Health

# Paediatric Surgery – Albania 2016

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## *Introduction*

Albania has now been visited on seven occasions by the Kind Cuts for Kids team. While less patients, of average lower complexity, were managed this time, the visit was again successful, as it involved an opportunity for enhanced interaction with the more junior consultants, and the medical students assigned to Surgery (pictured below with Professor Dewan), and a wonderful opportunity for personalised tuition of an English medical student, Olivia Wilkinson (at computer – collecting data), who participated in the program as a volunteer, assisting with treatment documentation.



The Paediatric surgery facility has been refurbished, and is in leadership transition phase, with the recent retirement of Professor Heta. There is a need for development of processes related to the management of outpatient facilities and for the enhancement of interactions between the various specialists both within the surgical group and between the specialties, particularly between the clinical practitioners and those providing support for the patient investigations. Clearly there is an ongoing resource problem for disposable equipment.

The current program was initiated when two Albanian girls came to Melbourne almost a decade ago. Their visits, sponsored by the Moira Kelly Foundation, resulted in the subsequent contacts that lead to the first trip into the Balkans in 2011, trips that are achieving primary surgery in the Balkans, which has been progressively achieved through the on-going contact between Kind Cuts for Kids and Albanian surgeons. The education and participation has included Dr Dritan Alushani travelling as part of the team to Mauritius in October 2011.

## *Four Country Balkans program*

Since 2011, seven visits have been made to Albania, six to Kosova, five to Bosnia and one to Macedonia. Overall, in the 19 visits, there have been 377 patients who have been seen during 570 consultations; 183 have been operated upon, undergoing 579 procedures during 242 anaesthetics.

During the seven visits to Albania, we have conducted over 252 consultations for 201 patients, 73 of whom have had 233 operations, during 92 anaesthetics – some had a second anaesthetic in the same year, but second (16), third (4) or fourth anaesthetic (4) were usually for follow-up surgery in a subsequent year.

The 2016 trip to the Balkans resulted in 96 patient reviews, 36 anaesthetics and 34 patients being operated upon over a three week period that took in Albania, Kosova and Bosnia. As a result of the 2016 visit to Tirana, 27 patients consulted the team and 12 operations were performed on 6 patients including one with congenital jaundice and one with a PUJ obstruction.

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## Consultation Clinics

27 patients were consulted by the team and 12 operations were performed. The number of cases was limited compared to previous visits, mainly due to the need for Dr Alushani to leave for a brief visit to the USA, and the unexpected public holiday.

The circumstances enabled the note that one of the necessary service improvements would be for there to be more of a team approach to the management of patients, outpatient management systems instigated, and follow-up protocols to become less reliant on the input of individual clinicians. Certainly, clinic-radiology meetings need to be facilitated, and a more collaborative approach to the relative urgency of investigations explored, with a win-win approach, with the providers of those services.

That there has been an inordinate delay in the appointment of clinical director seems to have contributed to the impact on the limited clinical material presented on this occasion.

Again, a lack of images for the ultrasound investigations continues to be a problem.

The patients included children with the following pathologies:

Anorectal anomaly	1	Pelviureteric Junction Obst	6
COPUM	2	Thyroid nodule	1
Hypospadias	1	Undescended testicle	1
VUJ obstruction	1	Primary Megaureter	1
Spina bifida	1	Perineal Lipoma	1
Constipation	1	Congenital A Hyperplasia	1
Hernia - incarcerated	1	Acute Abdomen	1
Bladder diverticulum	1	Vesicoureteric reflux	1
Congenital Jaundice	1	Appendicitis	3
Renal Calculus	1	Hydrocele	1



Coordination of the investigation of one of the complex and ongoing patients;  
an important aspect of the visit to Albania.

## Operative Procedures

During the most recent visit to Albania, the focus was more on the teaching of students and the empowerment of the junior consultants, with surgical cases used to demonstrate some of the tricks of the trade, and the value of history and examination in the evaluation of patients.

Of the 27 patients reviewed six patients were operated on, again, as for last year the screen of patients was not as effective as in Kosova and Bosnia, largely due to the lack of an effective system to track patients between visits. Overall, during the seven visits to Albania, 73 children have had 233 operations, during 92 anaesthetics – some had a second anaesthetic in the same year, but second (16), third (4) or fourth anaesthetic (4) were usually for follow-up surgery in a subsequent year.

Balkans to 2016			
Pathology	DOB	Date	Operation
Appendicitis	20/5/2004	Sunday, May 1, 2016	Appendicectomy
Jaundice - ? Obstructed	10/3/2016	Monday, May 2, 2016	Operative Cholangiogram
“	“	“	Cholecystectomy
“	“	“	Laparotomy
Anorectal anomaly - Downs	21/7/2007	Tuesday, May 3, 2016	Barium enema
“	“	“	Urethral dilatation
“	“	“	IDC insertion
“	“	“	Cystoscopy
Ing hernia - incarcerated	21/3/2016	Tuesday, May 3, 2016	Appendicectomy
“	“	“	Herniotomy - inguinal
Appendicitis	1/5/2006	Thursday, May 5, 2016	Appendicectomy
PUJ obstruction	11/11/2002	Thursday, May 5, 2016	Pyeloplasty



## *Lessons Learnt*

The 2016 visit to Albania has been able to be more focused on the teaching of some of the basic principles of medicine and surgery, because the principal coordinator was required to be out of the country at short notice.

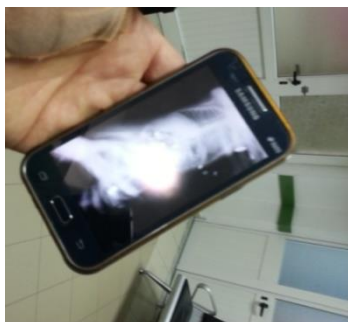
Some of the lessons highlighted were:

1. Safety checking of the drawing up of an intraoperative dose of local anaesthetic, which requires the surgeon to see the original ampule.
2. Use of a sump sucker to facilitate more effective abdominal lavage.
3. The limited value of abdominal radiography in the management of an encysted hydrocele of the spermatic cord.
4. That ultrasound images with information about a patient, not certainty of diagnosis; history and examination must include in interpreting the information.
5. Ureteric reimplant surgery can be performed without catheters in most cases, and should always be evaluated in the light of the detail in the x-ray of the bladder and urethra.
6. Access to x-ray images can be problematic, with a solution being that the family capture pictures of the studies on their mobile phone (see photo).
7. Clinical notes were not immediately available for readmissions as they were stored off site – a problem that needs to be better managed for patient safety.
8. Urine infection diagnoses, at least in the minds of the parents, have been made without sufficient supportive evidence from the urine tests.

There are four senior Paediatric surgeons in the Mother Therese Hospital, and two more junior colleagues, with no trainee in surgery. The two junior members of staff were pivotally involved in the visit, one of the seniors was away and the others made no substantive contact. There were no group meetings; no clinic-pathological, audit or radiology meetings during the week, and it would appear that none occur.

9. It would appear the lack of interaction with the radiologists limits the interaction that would benefit the interpretation of the investigations and would benefit the patients.
10. Patients usually do not have a hard copy of the images for ultrasound investigation of the kidneys – some were available (see photo).

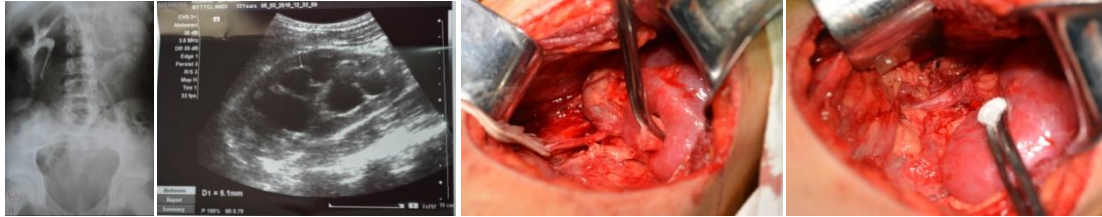
A replacement for Professor Heta, who has recently retired as head of Paediatric Surgery, with reflection on systems issues and monitoring of quality of care, should now be a priority for the hospital.



## Clinical Cases

### Case 1

Andi, a 12 yo boy presented with abdominal pain, and the past history of the bowel condition, known as Hirschsprung's disease. Investigation of his pain showed a blocked kidney, as noted in the intravenous pyelogram (left), with further confirmation with an ultrasound performed after the boy had a significant fluid load (right); that he also had the minor anomaly of spina bifida occulta was a valuable lesson to the student about both the finding and a technique of examining radiographs. For those with an eye for surgery, the intraoperative photos show the lower pole blood vessel obstructing the junction of the pelvis and ureter, and the final surgical solution.



### Case 2

A baby boy presented with a painful swelling in his right groin that caused vomiting; the hernia was causing a bowel obstruction. A technique for reduction of the hernia was shown in the operating theatre and the procedure of dealing with the incomplete reduction during the surgery, the presence of the appendix in the wound and the degree of the loss of blood supply of the bowel were subjects of the educational discussion: following the procedure the baby recovered well.

The dusky appendix seen in the photo was removed.



### Case 3

Ornest was an 8 week old baby who had developed jaundice, on the background of a sibling with an obstructed biliary tree. All investigations pointed to the same problem having occurred twice in the one family. Fortunately, the final investigation of an intra-operative radiographic contrast study showed the problem to be due to intrahepatic causes, not obstruction of the major bile ducts.



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## *Sponsors and supporters*

Lawson Delaney and Johnson Recruitment, our Gold Sponsors; ODC Design, Edge Commercial Interiors and South Western Drilling, our Silver Sponsors, plus our Platinum Members are the principal contributors to the financing of the Albanian project; important and significant further contribution has been made by fundraising activity within the Albanian community in Melbourne, and the Manningham and Preston Rotary Clubs in Victoria. The Irvine Club, which raises funds for many charities, made a significant donation in November 2015 following a successful luncheon.

The initiation of the Balkans project should be recognised; those involved included John Taip, Reg Karafili and Sezar Jakupi from the Australian Albanian community and Gary Zecevic an Australian/Montenegrin whose donations have significantly added to the scope of the project. And, while all those associated with the project in both Australia and Albania made their own contribution, the ongoing commitment of Dr Dritan Alushani from the Nënë Teresa Hospital and his medical and nursing colleagues has been paramount to the success of the project, which was particularly evident this year.

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