

Australian Paediatric Surgical Teaching in Bangladesh

1993 – 2007



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PhD MD MS MMedSc MAICD MRACMA FRCS FRACS



Introduction

Bangladesh has a population of over 150 million, half of whom are children; make the teaching of the skills for Paediatric Urology important. Until the early 1990's Paediatric Surgery was taught by General Surgeons with an interest in the care of children, but not with any specific Paediatric Surgical training. Like-wise Paediatric Urology was a specialty that had not developed when the e Kind Cuts Kids Foundation first visited in 1993.

Caring for children with congenital urological problems in Bangladesh is an enormous problem, exacerbated by the accumulation of previously untreated major anomalies. The focus of the Bangladesh Association of Paediatric Surgeons and of the training assistance provided by the visits from Australia was to improve quality of life rather than prolong suffering. Australasian assistance with the teaching of Paediatric Surgery and Urology began in 1993 with a visit funded by the International Federation of Surgical Colleges. The training program was initiated by the International Federation of Surgical Colleges with the assistance of the then Secretary, Mr E Durham Smith of Australia, and Professor Golam Rasul of Bangladesh. Teaching has been conducted in Dhaka, Chittagong, Kulnar, and Sylhet, and has involved trainees of the recently initiated Paediatric Surgery Masters course. Seven visits have occurred, and two students have been awarded the RACS Rohan Nicks Scholarship; Dr Tahmina Banu from Chittagong and Dr Kamal from Sylhet. Also, Professor Shafiqul Hogue was awarded a travelling scholarship to in May 2000 Annual Scientific meeting.

Visit 2007

The 2007 visit was hosted by the Urological Society of Bangladesh and included participation in a Urological conference and a Paediatric Urological Operative surgical symposium. The workshop was conducted in Dhaka at both the **Bangobandhu Sk Mujib Rahman University** (known as BSMMU) and the **Dhaka Medical College Hospital**. The **Bangobandhu Sk Mujib Rahman University** provides care for Paediatric Urology patients through both the Urology Service as well as the Department of Paediatric Surgery, although the major focus of the organisation has become via Urology. Both hospitals have relatively limited scope to deal with the large number of patients requiring care, as indicated by the patients with major congenital anomalies not getting to surgical care until their adult years.

Teaching Sessions

The International Conference of the Bangladesh Association of Urological Surgeons included a significant focus on Paediatric Urology, with a number of International guest speakers, and a significant proportion of the papers presented by the local faculty. The Kind Cuts contribution to the conference included: the presentation of a lecture on bladder exstrophy and one on bladder augmentation, and commentary during two sessions chaired by Professor Dewan. During the subsequent post-conference workshop, teaching activities included seven lectures, closed circuit commentary on all fifty hours of operating and several tutorial types discussions related to cases being reviewed:

<i>Lecture Title</i>	<i>Date</i>	<i>Location</i>
1. Bladder augmentation	21 st June	BAUS
2. Bladder Exstrophy	22 nd June	BAUS
3. VUR: Out of the Confusion	23 rd June	DMCH
4. PUJ obstruction	24 th June	DMCH
5. COPUM	25 th June	BSMMU
6. Hypospadias	26 th June	BSMMU
7. Duplex + Masses	27 th June	DMCH



The lecture room, on each day of the workshop, was filled with Urologists and trainees eager to participate in observing and questioning during the Paediatric Urology operative cases and lectures.

The major part of the teaching was during operations, during which a running commentary was televised to the audience of more than 50 surgeons and trainees in each of the institutions. Lessons focused on during the operative procedures included:

1. Major hypospadias – bladder mucosal graft.
2. Urothelial lined bladder augmentation
3. Continent urinary diversion
4. Pelvic osteotomies in bladder exstrophy
5. Cosmetic outcome in bladder exstrophy
6. Catheterless ureteric reimplantation
7. Management of duplex kidneys
8. Percutaneously assisted ureterocele incision
9. Jigsaw puzzle approach to decision making



Surgical staff who participated in a one of the surgical procedures at DMCH

Consultations

Bangladesh Urologists, Paediatric Surgeons and the public are eager to improve the understanding and improve the care provided to children with Urological problems, highlighted by the discussion of cases in the hotel lobby, children having examination at the hospital entrance, impromptu cases discussed as the projector is being prepared for a full auditorium, and the man at the check-in for the flight home presenting the story of his 5 yo boy with wetting: he was given a Bengali contact.

Operative Surgery

Five days were dedicated to a lecture followed by theatre, with a total of 7 cases on whom 21 operations were performed, including bladder mucosal urethroplasty, Ureterectomy, bladder neck plication, Cantwell-Ransley procedure, Pen approach urethroplasty, appendix Mitrofanoff, Ileocaecocystoplasty, anterior osteotomies, posterior iliac osteotomies, duplex nephrectomy, rectal repair, duplex ureteric reimplant, ureterocelectomy, vesicostomy, skin graft urethroplasty. Each of the cases was long and difficult, made longer by the necessity to stage-manage the projection of the operative image to the hospital auditorium. Surgery was often punctuated by searching from either the surgeons in theatre or the dozens in the near by audience.



Kennai had fractured his pelvis, urethra, and injured his rectum in a road accident that left him with a permanent indwelling catheter. His surgery repaired the urethral defect with a foreskin graft using the Pena principle and posterior approach.



The woman in the red veil and the girl asleep on the operating table were two of the three patients with bladder exstrophy who had never had any operative intervention. The bladder plate was so small and damaged that a continent diversion was thought necessary. Unfortunately with the 24yo woman time ran out for her to have her surgery.

The Sponsors

In the past the Paediatric Surgical visits were supported by generous donations from ROMAC, and the Eltham Rotary Club, Ansell International (gloves), Kendall Sherwood Davis and Geck, Bard Urological, and support was given by Elizabeth and Russell Brown. On this occasion the funding for the trip was provided by the Bangladesh Association of Urologists (both accommodation and travel), and donations in kind came from Bard Urological, Ansell International, Johnson and Johnson, Unomedical, funds for some of the additional equipment from the Kind cuts for Kids Foundation coffers.



The pressure of time and the enthusiasm of the parents meant that some children were examined in such inventive places as the doorway to the hospital – The parents didn't want their child to miss out.



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