

Bosnian Paediatric Surgery and Urology Teaching Project



Dr Paddy Dewan

14th – 21st May 2016

and

27th May – 2nd June 2017



A project of Kind Cuts for Kids,
supported by
The Department of Paediatric Surgery, Klinički Centar Univerziteta, Sarajevo
and
Bosnia and Herzegovina Department of Health

Paediatric Surgery – Bosnia 2016 and 2017

Introduction

There have now been six visits by Kind cuts for Kids teams to Bosnia and Herzegovina.

The latest visit was to a newer facility that is in the same complex as the Paediatric Intensive care unit, which is obviously an advantage to both the patients and the surgeons. The theatre is modern and relatively well-equipped with an endoscopic tower for laparoscopy and cystoscopy.

To recap some of the history of Bosnia from previous reports; it is a country that has only very recently been through war; many scars of which are still evident in the unrepaired buildings, the memorial monuments and the injured people. However, the specialty of Paediatric Surgery is well developed, with improving quality improvement processes, but with the common problem seen in more developed services of surgeons being imposed upon to provide basic care that more efficiently be provided by general practitioners. This seems an increasing problem, therefore poor utilisation of resources.

A recent achievement of the collaboration with Kind Cuts for Kids has been the publication, in an international medical journal, of a report of a complex case.

Since 2011, seven visits have been made to Albania, seven to Kosova, six to Bosnia and one to Macedonia. Overall, during the 21 visits, there have been 413 patients who have been seen during 660 consultations; 199 were operated upon, undergoing 642 procedures during 267 anaesthetics.

As a result of the 2016 trip to the Balkans, 96 patients were reviewed, 36 anaesthetics were administered and 34 patients operated on over three weeks period that took in Albania, Kosova and Bosnia. In 2017, in the first half of the year, there have been 87 reviews, and 26 patients operated on in Kosova and Bosnia.

Sarajevo Department of Paediatric Surgery



The Department of Paediatric surgery has remained largely unchanged since the 1st visit in 2012, and consists of senior and junior surgeons, plus senior trainees, who have undertaken the bulk of their training in Bosnia, but who have also participated in several continuing education courses, including those that are conducted on a regular basis in Sarajevo by Kind cuts for Kids and others, including in Mostar.

Paediatric Surgery – Bosnia 2016 and 2017

The Sarajevo Paediatric Surgery Department also teaches the University students, including the medical students. And, there are often senior surgical trainees present in the department who are on various scholarships provided from other countries in the Balkans.

Further education activities include morning meetings held to discuss the evening cases with the whole department, and to discuss the ongoing management of the complex cases in the ward, including those cases that may have been in intensive care, facilitated by access to a centralised computer database for radiology, and the instillation of a screen to enable all images to view, including operative photos. These meetings were used to consider which cases were suitable for the week-long symposium in both 2016 and 2017, what patient preparation was necessary for the patients, and to consider academic discussion pertaining to the condition being treated.



A view from the facility to which the Paediatric surgery Unit has recently been moved, a ward room.



An important component of the 2017 visit to Bosnia was the participation in the Paediatric Surgery International conference in Mostar; the photo is of the opening ceremony.

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Consultations

Since the first visit to Bosnia in 2012, 91 patients have been reviewed in 161 consultations, numbers that include more than one review in the same visit or, more usually, long-term separate-year follow-up of complex cases. Twenty-one females and 19 males were reviewed in the two recent visits, including 27 consultations in 2016; 27 in 2017. The managed pathology is seen in the following table.

Gender	DOB	Date	Pathology
Male	07-May-12	15-May-16	PUJ – right
Male	11-Sep-13	“	Anorectal anomaly + multiple
Female	20-Feb-13	“	Horseshoe kidneys
Male	29-Jan-02	“	Epispadias + PUJ obstruction
male	28-Apr-11	“	PUJ L VUJ R
Female	10-Dec-99	“	PUJ obstruction
Female	18-Sep-12	“	anorectal anomaly; neuropath
Female	17-May-99	“	Anorectal anomaly
Male	21-Jun-13	“	Hydroureteronephrosis – bilateral
Male	05-Feb-13	“	Anorectal anomaly – post op Pena;
Male	14-Apr-14	“	ARA – multiple anomalies
Male	11-Feb-12	“	Anorectal anomaly – poor control
Female	28-Jun-13	“	Anorectal anomaly – Huge rectum
Female	17-May-99	16-May-16	Anorectal anomaly
Male	14-Apr-14	“	ARA – multiple anomalies
Female	19-Nov-15	“	Cloaca ++
Female	03-Dec-15	“	infarcted proximal
Female	17-Apr-09	17-May-16	Perianal fistula
Male	28-Sep-01	“	Anorectal anomaly
Female	21-Jun-08	“	Hernia – Ventral -
Female	19-Nov-15	“	Cloaca ++
male	07-May-12	18-May-16	PUJ – right – redo
Female	01-Feb-03	“	anorectal anomaly
male	29-Jan-02	“	Epispadias + PUJ obstruction
Male	13-Jun-13	“	POMU
Male	20-May-10	19-May-16	hypospadias – penoscrotal
Female	20-Feb-13	“	horse-shoe kidney
Female	18-Sep-12	“	anorectal anomaly; neuropath
Female	18-Aug-15	“	Lower pole PUJ obstruction
Female	15-Mar-09	“	VVF – megarectum
Female	03-Dec-15	“	infarcted proximal colon
Male	19-May-16	20-May-16	COPUM
Female	17-Apr-09	“	Pena – Rectal duplication excision
Female	10-Dec-99	20-May-16	PUJ – lower pole vein
male	28-Sep-01	“	Anorectal anomaly
Female	07-Oct-15	“	Anorectal anomaly
Female	20-Jul-15	“	Anorectal anomaly

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Gender	DOB	Date	Pathology
Male	07-May-12	28-May-17	PUJ - right – redo
Male	28-Apr-11	“	PUJ L VUJ R
Male	20-Jul-17	“	Anorectal anomaly; hypospadias
Female	10-Dec-99	“	PUJ - lower pole vein
Female	18-Sep-12	“	anorectal anomaly; neuropath
Male	21-Jun-13	“	Hydroureteronephrosis - bilateral
Male	03-Jan-17	“	Anorectal anomaly - low
Male	14-Apr-14	“	ARA - multiple anomalies
Male	11-Feb-12	“	Anorectal anomaly - poor control
Female	28-Jun-13	“	Anorectal anomaly - Huge rectum
Female	19-Nov-15	“	Cloaca; horseshoe; Left PUJ;
Female	28-Apr-16	“	CAH
Female	12-Jun-07	“	ARA – megarectum
Female	26-Jan-11	“	SCT - incontinent -
Male	11-Sep-13	29-May-17	Anorectal anomaly + multiple
Female	14-May-17	“	Hydronephrosis - ? VUJ bilaterally
Female	19-Nov-15	“	Cloaca; horseshoe; Left PUJ;
Female	26-Jan-11	“	SCT – incontinent
Female	01-Feb-03	30-May-17	anorectal anomaly
Female	01-Jan-07	“	Deflux obstruction
Male	21-Mar-17	“	COPUM
Male	19-Jan-10	“	varicocele – left
Female	28-Apr-16	“	CAH
Male	20-May-10	31-May-17	hypospadias – penoscrotal
Male	20-Jul-16	“	Anorectal anomaly; hypospadias
Female	28-Jun-13	“	Anorectal anomaly - Huge rectum
Male	16-May-08	02-Jun-17	colonic atresia, urethral atresia,
Male	10-Aug-06	“	anal stricture, megarectum
Male	20-May-10	“	hypospadias – penoscrotal
Male	15-Mar-08	“	Teratoma, sacral – incontinence
Male	11-Feb-12	“	Anorectal anomaly - poor control
Female	19-Nov-15	“	Cloaca; horseshoe; Left PUJ;
Female	31-Mar-16	“	Anorectal anomaly - anterior anus
Female	01-Jan-09	“	Perforated oesophagus



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Operative Procedures

Gender	DOB	Date	Pathology	Operation
Female	17-May-99	16-May-16	No perineal body; operation at 2yo	Pena
Female	19-Nov-15	"	Cloaca	Cystoscopy
"	"	"	"	Vaginoscopy
"	"	"	"	Cloaca – EUA
Male	14-Apr-14	"	ARA - multiple anomalies	Pena redo
"	"	"	"	Mucosal prolapse Excision
Female	19-Nov-15	17-May-16	Cloaca	Bladder neck posterior repair
"	"	"	"	cloaca repair
"	"	"	"	Colostomy - distal closure
"	"	"	"	Laparotomy
"	"	"	"	Sigmoid colectomy
"	"	"	"	Vaginoscopy
"	"	"	"	Vagovaginostomy
"	"	"	"	Pyeloplasty
Male	07-May-12	18-May-16	PUJ - right – redo	Pyeloplasty
Male	29-Jan-02	"	Epispadias + PUJ obstruction	Ureteroplasty – left
"	"	"	"	Ureteroplasty – right
"	"	"	"	Young Dees BN reconstruction
"	"	"	"	Cystoscopy
Female	20-Feb-13	19-May-16	horse-shoe kidney	Pyeloplasty
Female	18-Sep-12	"	anorectal anomaly; neuropath	Ureteroureterostomy - L to R
"	"	"	"	Ureterocystoplasty
Female	03-Dec-15	"	infarcted proximal ascending colon	Ileocaecal resection
"	"	"	"	Laparotomy
"	"	"	"	Ileocaecal anastomosis
Female	17-Apr-09	20-May-16	Pena - Rectal duplication excision	Pena - Rectal duplication division
Female	10-Dec-99	"	large lower pole vessels	Pyeloplasty
Female	19-Nov-15	29-May-17	Cloaca	Cystoscopy
"	"	"	"	Pena vaginoskinoplasty
"	"	"	"	vaginoscopy - via urethra
Female	26-Jan-11	"	SCT - incontinent - faeces and urine	Ureteroureterostomy - L to R
"	"	"	"	Ureterocystoplasty
Female	28-Apr-16	30-May-17	Congenital Adrenal Hyperplasia	Cystoscopy
"	"	"	"	insertion of vaginal stent
"	"	"	"	Laparoscopy
"	"	"	"	Perinoplasty
"	"	"	"	Clitoroplasty
Male	21-Mar-17	"	COPUM	COPUM fulguration
"	"	"	"	Cystoscopy
Female	28-Jun-13	31-May-17	Anorectal anomaly - Huge rectum	Pena - posterior plication
Male	20-Jul-16	"	Anorectal anomaly; hypospadias	Pena
Male	20-May-10	02-Jun-17	hypospadias - penoscrotal	Urethral dilatation - 12 FG
"	"	"	"	Cystoscopy
Male	11-Feb-12	"	Anorectal anomaly - poor control	Pena - Perineal body

Operative Procedures, cont'd

Of the total of 91 Bosnia patients over the six years, 55 patients were operated on at least once, 13 on two occasions, and 5 had surgery on three separate occasions, either during the same visit or in different years, totalling 175 operations on 73 patients, under 96 anaesthetics.

In the last two years, 10 patients were operated on in 2016, eight in 2017; one had surgery in both years; 7 males and 10 females had a total of 44 procedures, all with either the assistance or being conducted by a senior member of the Sarajevo team; usually with a number of observers who not only had the opportunity to observe, but time was taken to ensure that sufficient photographic documentation occurred to enable repeat reference to the images to enhance the educational value of the visit. Note has been made of a cultural change to operative technique and surgical finesse by Bosnian surgeons.



The case of donations is opened in theatre, then transferred to a trolley for ease of access. The Rotary Club of Manningham donated cystoscope presented by Dr Dewan and received by the head of the Paediatric Surgery Department, Dr Zlatan Zvadic.



The team working together into the night on a long case. The right is a photo of the anaesthetic and theatre nursing staff saying farewell the Kind cuts for Kids visiting surgeon.

Clinical Cases

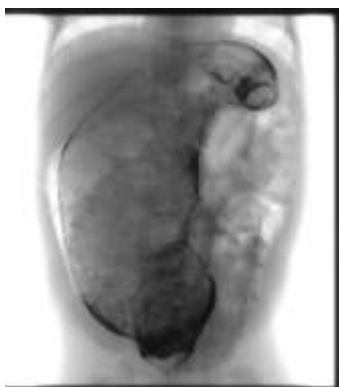
Case 1

She was born with an anorectal anomaly for which she had previous surgery, including attempts to improve her outcome for continence with a less invasive approach than was used during a visit in the visit in 2013, with ongoing constipation and incontinence, despite maximal laxative treatment and previous revision surgery. A barium study showed a large rectum, which was confirmed at surgery in 2014, during which she had the upper part of the bowel was decreased in size by infolding, and the pelvic component reduced in sized with the incision as shown. Albina has not needed surgery since; in 2017 she was a well successful high-performance volley-ball playing teenager on little medication.



Case 2

A baby girl, previously highlighted in a report, has had a second operation for pathology that included abnormal positioning of her anus and a huge megarectum. One of the developments from the outreach surgery program has been the recognition that such pathology requires procedures on minor adjustment of the anatomy if the bowel control is initially not quite adequate. The additional surgery on the 2017 visit enhanced the muscle behind the lower part of the bowel, with the talented little girl insisting on dancing on her bed two days later, with a high chance of having normal bowel function in the future. The pictures show the outline of the huge rectum on the contrast enema, and the size of the bowel at laparotomy and after dissection. She, after being told of the second operation, informed her grandmother that the doctor is “my best friend”.



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 Balkans project; important and significant further contribution has been made by fundraising activity within the Albanian community in Melbourne, 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 both Gary Zecevic and the Company headed by Drini Mulla, whose donations have significantly added to the scope of the project, should also be recognised. And, while all those associated with the project in both Australia and the Balkan made their own contribution, the ongoing commitment of the medical and nursing staff at the University Hospital has been paramount to the success of the project, which was particularly evident the last two years.

LAWSON DELANEY



A family who opened their hearts and home to celebrate the visit to Bosnia.