

# Kosova Paediatric Surgery and Urology Teaching Project

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A project of Kind Cuts for Kids

Supported by

The Department of Paediatric Surgery, the University Hospital, Prishtinë

and

Kosova Department of Health

### *Introduction*

The visits to Kosova are very successful, partly due to the willingness of patients and parents to be involved, but also because of the active participation of local paediatric surgeons and trainees, of which there is a relatively large contingent. Most of the paediatric surgical staff attend a daily clinical meeting, during which the overnight admissions and progress of inpatients are discussed. As dedicated as the team and families are, the core to the success of the visits to Kosova comes from the leadership of Professor Nexhmi Hyseni.

During this, Kind Cuts for Kids' fourth mission to Kosova, 36 patients were seen, and 41 procedures were performed on 16 children. In the four visits there have been 114 surgical procedures on 38 patients from a cohort of 67 patients reviewed, being part of a total in the Balkans of 123 operated patients on whom there have been 381 procedures and 347 consultations. Dr Rao investigated many of the patients and was involved in teaching in the Radiology Department.

The principle diagnoses have been either major urological or anorectal anomalies, particularly patients needing re-do surgery for complex anorectal malformations. The work is conducted in a resource limited environment, but not one that lacks any of the essentials to good care; factors such as the operating table with defective hydraulics, and the need to have a wooden stool under the end to stabilise is an equipment issue that is inconvenient to the surgeon, rather than a quality concern. Certainly, the educational benefit of the Kosovo visit is second to none.



Professor Nexhmi (back row - 2<sup>nd</sup> right) with the Kosova team of surgeons, trainees and nurses, together with Professor Dewan (front – centre)

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### Consultations

Thirty-six patients were reviewed, distributed throughout the mission, consultations having occurred during brief sessions before the start of the day's operating, after concluding the ward clinical meetings. The table shows the diagnoses and the day of consultation, but only barely describes the complexity of the clinical material presented.

Pathology	DOB	Date	Gender
Intersex	28/01/2012	20/06/2014	Male
Pelvic pain and cystic collection	12/06/2014	"	Female
Anorectal anomaly - urethral stricture	8/02/2006	"	Male
Hypospadias - post surgery	1/07/1996	"	Male
Hirschsprung's?	1/06/2002	"	Male
Intersex	28/01/2012	19/06/2014	Male
Anal stenosis	8/02/2006	"	Male
Renal calculus	4/05/2011	"	Male
Encopresis	6/10/2002	"	Male
Encopresis	9/10/2005	"	Male
Normal MCU ?VUR	3/05/2014	"	Male
Spina Bifida - left duplex	13/10/2010	"	Female
Penoscrotal lymphatic malformation	21/06/2013	18/06/2014	Male
Vesicovaginal fistula	11/06/2006	"	Female
Anorectal anomaly + megarectum	20/09/1999	"	Female
Spina Bifida, incontinence	22/04/2002	"	Male
Bilateral duplex kidneys. Lt grade V VUR	18/05/2014	"	Male
COPUM?	3/05/2014	"	Male
Megarectum	6/11/2000	"	Male
Multiple anomalies; ventral hernia	7/05/2014	"	Male
Rectal prolapse	4/04/2010	"	Male
Post Mitrofanoff, Prune belly syndrome	24/09/2004	"	Male
Hirschsprung's - ? Total colonic	30/08/2013	"	Male
Bladder exstrophy	2/08/1996	"	Male
Bladder exstrophy	28/11/2003	17/06/2014	Male
Cloaca	6/10/2012	"	Female
COPUM	3/09/2013	"	Male
Hypospadias	2/07/2004	"	Male
Ureterolithiasis - R with stricture	4/05/2011	"	Male
Bilateral VUJ obstruction - R VUR	18/05/2014	"	Male
Anorectal anomaly	13/11/2007	"	Male
Bladder exstrophy	30/10/2009	16/06/2014	Male
Bladder exstrophy	30/01/2012	"	Male
Recurrent lymphatic malformation	11/01/2013	"	Female
POMU - duplex systems	18/05/2014	"	Male
COPUM - could be lower end of sphincter	15/04/2012	"	Male

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## Operative Procedures

The procedures are listed in reverse date order, grouped in patient diagnostic groups with the different procedures for each listed. In all, 41 surgical procedures were performed on 16 of the 36 patients reviewed in the clinic and ward.

Pathology	DOB	Date	Operation
Intersex	28/01/2012	20/06/2014	Laparoscopy
"	"	"	Herniotomy - LIH
"	"	"	Gonadectomy - R
"	"	"	Gonadectomy - L
"	"	"	Ex of Mullerian ducts
"	"	"	Cystoscopy
Stricture post catheter	8/02/2006	"	Perineal urethroplasty
"	"	"	EUA Anus
"	"	"	Cystoscopy
COPUM	15/04/2012	19/06/2014	Ureteroscopy - R
"	"	"	Ureteroscopy - L
Gr V L VUR, + bilat obst	18/05/2014	"	Ureterostomy - L
"	"	"	Ureter explor. R
Multiple anomalies	7/05/2014	"	Ventral Hernia repair
"	"	"	Orchidopexy - R
Hirschsprung's	30/08/2013	"	Rectal biopsy
"	"	"	Laparotomy
"	"	"	Colostomy – divided
"	"	"	Colonic Bx - Urgent
COPUM	15/04/2012	"	Fulguration
"	"	"	Cystoscopy
Ureterolith + stricture	4/05/2011	18/06/2014	Ureteroscopy - open
"	"	"	reimplant ureteric
"	"	"	partial ureterectomy
"	"	"	Cystoscopy
Anorectal anomaly	13/11/2007	"	Pena –post angle
VV fistula - Neuropathic	11/06/2006	"	Cystoscopy
"	"	"	Vaginoscopy
Cloaca	6/10/2012	17/06/2014	perineoplasty
"	"	"	Laparotomy
"	"	"	Vaginocolostomy
"	"	"	colon Vaginoplasty
COPUM	3/09/2013	"	Cystoscopy
"	"	"	Fulg. of COPUM
Bladder exstrophy	3/10/2009	16/06/2014	urodynamics
"	"	"	Cystoscop, dilatation
Lymphatic malformation	11/01/2013	"	Redo resection
COPUM	18/05/2014	"	IDC insertion
Hypospadias – PS	14/06/2012	"	Hypospadias - UB 1
Bladder exstrophy	30/01/2012	"	Urodynamics
"	"	"	Cystoscopy

## Clinical cases

### Case 1:

A baby with chromosomes more consistent with female than male had been named and raised as a boy, but was noted to have a small penis. Surgically, his anatomy was consistent with being raised as either a boy or girl. At operation, he was found to have a tiny gonad on the left and an abnormal ovary on the right. The family had been informed of the options, and were again consulted prior to the decision to remove the ovarian tissue, during which a left inguinal hernia was repaired. As the boy had previously had a right inguinal hernia, rather than perform the necessary left hernia repair, and undertake a separate incision for the indicated laparoscopy, the abdominal cavity was inspected by passing the telescope through the left side, and the vital removal of the abnormal tissue was carried out through the same incision, demonstrating the techniques and decision making to the local team.



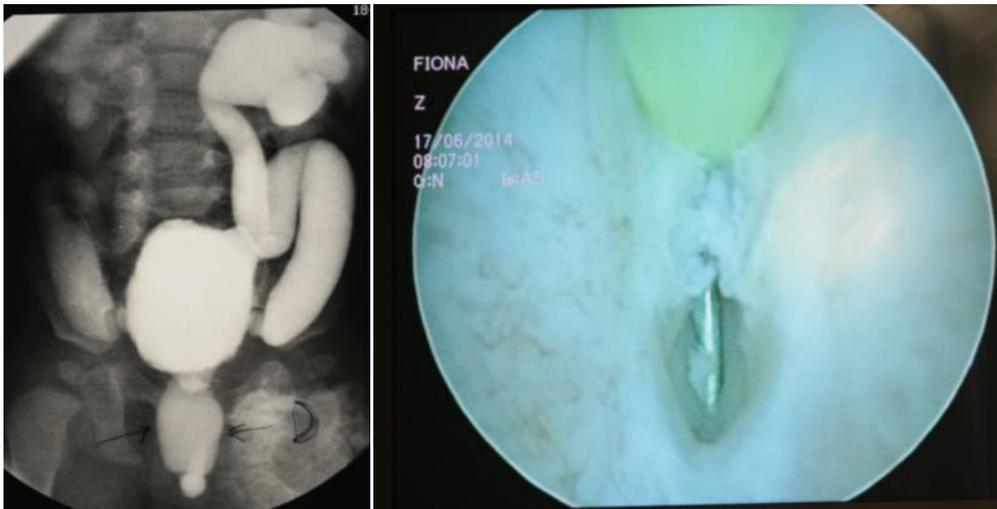
### Case 2:

One of the patients that was unable to be completely treated during the visit, due to the orthopaedic component of the anomaly that included a large lower abdominal wall ventral hernia and major deformities of the lower limbs. The images show the lower abdominal hernia and the limbs, both clinically and radiologically.



### Case 3:

Mal, a nine month old boy, who presented with urine infections, then was found to have posterior urethral obstruction, shown just below the position of the arrows on the radiograph. The image on the right was taken during the demonstration of the cutting of the obstruction, during which the audience was educated about the obstruction being a membrane, as seen, with a small hole, rather than the misleading terminology first used in 1919, known as the Young's classification of posterior urethral valves; the Kosova team is well versed in the new terminology of COPUM – Congenital Obstructive Posterior Urethral Membrane.



### Case 4:

Shala is a nine year old boy who was born with Prune Belly Syndrome, which includes maldescent of the testicles, a “prune” appearance of the abdomen and renal anomalies that in this boy resulted in the need for artificial emptying of his bladder with a catheter on a regular, several times a day, basis. His major surgery was in 2012; on this occasion he came for review by the Kind Cuts for Kids team, including conduct of an ultrasound by Dr Rao. Overall he is progressing well with the catheter management of his bladder, remaining infection free, dry and with no further deterioration of his renal status.



## *Sponsors and supporters*

Lawson Delaney, our gold sponsor, ODC Design and Baumgartner Partners, our silver sponsors, plus our Platinum Members are the principal contributors to the financing of the Kosova 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, with additional contribution from Europe, including Austrian Airlines, the Hyseni family, and the Swiss Diamond Hotel. Warner & Webster also assisted by providing discounts for surgical equipment taken as part of the mission. The local media in Kosova helped promote the visit, facilitating patients being involved.



Thanks also to the tremendous support given by the anaesthetic team in Prishtinë.