

Mauritius

14th Paediatric Urology/Surgery Teaching Program

9th - 22th September 2012

Dr Paddy Dewan



A project of the Mauritius Department of Health and Quality of Life,
The Society for Children Inoperable in Mauritius
and Kind Cuts for Kids

Paediatric Surgery in Mauritius – September 2012

During the 14th visit for the Kind Cuts for Kids program in Mauritius, a project that started in 2001, 140 children were reviewed, 29 were operated on, during 31 anaesthetics. This brings the number of clinical episodes to 2,253 and the number of patients treated to 553.

While the achievements for the individual patients are not insignificant, the most important outcome for this visit was the submission, and acceptance, of a proposal for a Paediatric Surgical Unit, the submission which reads as follows, authored by Dr Paddy Dewan Naresh Burton and Dr Kevin Teerovengadam, pictured below:



Paediatric Surgery Strategic Planning – Mauritius

A vision for the near and long-term future - 2012

Ultimately, a hospital that incorporates all the requirements of an institution of International standard for the care of Paediatric Surgery will be appropriate for Mauritius, but only if the country takes on the challenge of becoming a centre of regional excellence.

Drawbacks of the current arrangements for Paediatric Surgery include the cost and reduced quality care because of a poorly monitored, geographically scattered service, for which there are opportunities for improvement in both cost and outcomes.

Back Ground

Mauritius consists of two Islands that provide Paediatric Surgery services via specialists in various surgical subspecialties, such as ENT, orthopaedics, ophthalmology, plastic surgery, neurosurgery, the renal transplant and cardiac surgeons. The bulk of the operative and non-operative Paediatric General Surgery and Urology being provided by general surgeons and

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Paediatricians, but with an increasing reliance on a core group of surgeons who have had an enhanced exposure to subspecialty training, and the 14 visits of Dr Dewan, since 2001.

During these visits there has been substantial training of the medical, nursing and general community regarding the management of various Paediatric Surgical General, Thoracic and Urological conditions.

The next phase should be the development a coordinated approach to the use of the now available expertise, including the skills of Dr Kevin Teerovengadam, recognizing that until there is a critical mass of three Paediatric Surgeons, the regional expert status will not be achieved.

Infrastructure Needed for a National Paediatric Surgery Unit

1. National Paediatric Surgical audit of outcomes, not data.
2. National Paediatric Data monitoring.
3. Development of a National referral process.
4. Facilities to transfer sick children and neonates prior to surgery.
5. Laboratory facilities appropriately available for:
 - a. Histopathology.
 - b. Microbiology.
 - c. Haematology.
6. Appropriate manpower
 - a. Paediatric Surgeons
 - b. Junior Paediatric Surgical medical staff.
 - c. Paediatricians
 - d. Radiologists with Paediatric interest.
 - e. Nuclear medicine with Paediatric interest.
 - f. Trained nurses.
 - i. Theatre.
 - ii. Ward.
 - iii. Stoma/catheter/central line care
7. Unit facilities:
 - a. Secretarial support
 - b. Theatre access
 - c. Outpatient facilities
 - d. Ward facilities, including
 - i. Neonatal ventilators
 - ii. Paediatric intensive care
 - iii. Ability for parents to stay.

Any service development for Paediatric Surgery in Mauritius will have to take into account the potential co-location or integration of:

1. Cardiac surgery.
2. Prenatal diagnosis.
3. Cancer management for children.
4. Management of premature infants.
5. Parenteral nutrition.

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Interim Proposal for Paediatric Surgery Unit

Dr Kevin Teerovengadam, the Mauritian Paediatric Surgeon, is appointed to Victoria Hospital, with only 0.5 days operating per week, with over 250 children on the National waiting list. Cases are conducted at other hospitals, but with no National policy to support patient transfers, and no ability to do delegated cases left over from the visits of Dr Paddy Dewan, the Paediatric Surgical visiting consultant to Mauritius. The location at Victoria is supported by neonatal intensive care, laboratory service, neurosurgery, but not nuclear medicine or subspecialty radiology, nor cardiac surgery, but with major limitations, namely a lack of theatre space, and a resistance to accept non-regional patients.

Expansion toward a National Paediatric Service could be facilitated through implementing transfer of the principle service provider, and establishment of a Paediatric surgery unit, to Nehru Hospital, Rose Belle. The features in favour of which are:

1. Vacant theatre capacity, both emergency and elective.
2. Spare neonatal intensive care capacity.
3. Isolation rooms vacated by leukaemia unit.
4. Nuclear medicine.
5. Laboratory services.
6. Active Paediatric medical unit receptive.
7. Renal transplant unit co-location.
8. Ease of access for families.
9. Anaesthetic support.
10. Radiology service supportive.
11. Post graduate teaching and junior staff.

As part of the development program, a review of the Nation-wide facilities should be undertaken, an annual education symposium should be conducted and the visits by Dr Dewan should be to the Nehru Hospital, and biannually.

Dr Paddy Dewan
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Monday 17th September 2012



Dr Paddy Dewan, having met to discuss the future of Paediatric Surgery in Mauritius, is photographed with Deputy Prime Minister, **Dr Ahmed Rashid Beebeejaun**, and his family.

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Surgical Clinical Work 2012

During the September 2012 visit to Mauritius, 59 operations were performed on 29 patients during 31 anaesthetics, one of which went for 11 hours:

Operations

Hypospadias surgery	– 12	Bladder neck reconstruction	– 1
Cystourethroscopy	– 8	Vesicotomy	– 2
COPUM fulguration	– 2	Pyeloplasty	– 2
Urethral dilatation	– 3		
Ureteroureterostomy	– 4	Anal surgery	– 4
Ureteric surgery	– 3	Wound revision	– 2
Mitrofanoff Surgery	– 3	Herniotomy - lumbar	– 1
Ureteric reimplant	– 1	Laparotomy	– 1
Bladder augmentation		Pena anorectoplasty	– 1
Ureter	– 1	Swensen's pull-through	– 1
Small Bowel	– 1	Central line insertion	– 2



Outpatients – Mauritian Style: the clinics, two with nearly 70 patients in each, were conducted with the assistance of 16 medical staff and many nurses

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