

Mauritius

12th Paediatric Urology/Surgery Teaching Program

4th October - 14th October 2011

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 - 2011

Mauritius has been part of the Kind Cuts for Kids program since 2001, the recent visit being the 12th visit, and the second with a surgeon from another country in which Kind cuts for kids has been providing training. The 2011 visit was funded by the Mauritian Government and donations from SACIM.

The excellent organization of the clinics resulted in 54 patients being reviewed in a clinic on the first day, with a similarly large second clinic held on the Saturday; notably with a large contingent of volunteer local medical staff: a further small number of patients were seen in the ward, resulting in a total of 110 consultations as part of the program.

There were two very important aspects to the 2011 visit: the first being the high proportion of the surgery for children that is performed by Dr Kevin Teerovengardum throughout the year and during the visit, plus the inclusion of Dr Dritan Alushani, an Albanian surgeon, who gained insights into complex Paediatric Surgery and Urology, while providing substantial assistance to the education of the Mauritian surgical staff and their juniors. A further addition to the far reaching impact of the education was the inclusion of a German elective student, Fabian Ruping, in the clinics, the operative sessions and the ward rounds.

The success for sustainable development was indicated by the ability of the Mauritian Anaesthetic staff to provide the necessary support to the complex cases requiring intervention, including a girl needing an 8 hour operation for a congenital anomaly. The anaesthetic success was further assisted by Dr Ameer Ancharaz coming across from the Victoria Hospital; the centre for neonatal surgery.

The total number of patients treated in the 11 years exceeds 450, with over 1300 consultations and 530 anaesthetics.

The challenge remains to establish the infrastructure for a sustainable service, and to orchestrate support for those who now have the Paediatric Surgical training that enables them to provide the service. The additional resources needed for Paediatric Surgery include:

- | | |
|--|--|
| i) Increased elective theatre | iv) Funding for Paediatric Surgical research |
| (a) Equipment | v) A National, ongoing Paediatric Surgical audit |
| (b) Time | vi) Paediatric Surgical professional development |
| ii) Emergency theatre access | vii) Community awareness |
| iii) Support from associated specialties | viii) GP training |
| (a) Pathology/Radiology | |
| (b) Paediatric medical | |
| (c) Neonatal intensive care | |
| (d) Nursing | |

The Paediatric Surgical needs of Mauritius will be solved in the future by having a regional solution focus, namely, the Mauritian Paediatric Surgeons be involved in outreach to nearby countries, where they should participate in learning through teaching. Thus, maintaining their skill base through access to a critical mass of complex cases. If such an approach is not facilitated, Mauritius will not be able to attract those with sufficient training and ability to give world best practice to its people.

Paediatric Surgery in Mauritius - 2011



The rare day of rest is spent relaxing while contemplating the strategies for individual patients and for service development. Dr Naresh Burton (left), contemplates the past, Dr Kevin Teerovengardum (centre) looks to the future, in which Albanian surgeon, Dr Dritan Alushani (right), can play an important part.



The junior medical staff at the end of the Saturday clinic.

During the 2011 visit, 59 operations were performed on 31 patients during 33 anaesthetics:

Urology

| | |
|----------------------------|------|
| Hypospadias | - 13 |
| Cystoscopy | - 8 |
| COPUM fulguration | - 7 |
| Urodynamics | - 4 |
| Vesicostomy closure | - 3 |
| Urethroscopy | - 2 |
| Urethral dilatation | - 2 |
| Cystourethrogram | - 2 |
| Vesicoscopy | - 2 |
| Insertion IDC | - 1 |
| Urethroplasty | - 1 |
| Vaginorectoplasty | - 1 |
| Rectal mucosa vaginoplasty | - 1 |

General/Anorectal

| | |
|--------------------------------------|-----|
| Colostogram | - 1 |
| Ileostomy | - 1 |
| Total Colectomy – Ulcerative colitis | - 1 |
| Laparoscopy | - 1 |
| Oesophageal dilatation – balloon | - 1 |
| Rectal resection – cloaca | - 1 |
| Rectal biopsy | - 1 |
| Laparotomy | - 2 |
| Pyloromyotomy | - 1 |

The cystoscopic procedures were conducted with the instrument previously donated by the *Australian High Commission*, the additional technique shown on this trip was the inspection of the bladder and upper urethra via the abdominal wall, using a peel away sheath technique.

Paediatric Surgery in Mauritius - 2011



Despite recent surgery, two boys focus on being well and playing with their toys. It is amazing how little analgesia seems necessary in developing countries!

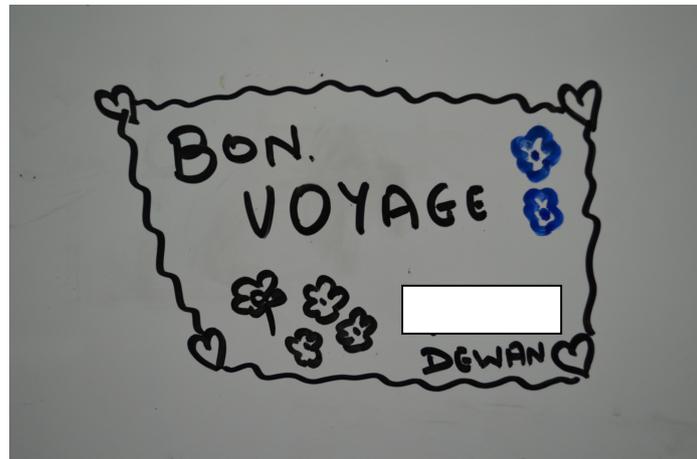


The day after an 8 hour major urological reconstruction!

Paediatric Surgery in Mauritius - 2011



Mauritian Government Ministers and advisors take time to visit the operating theatre at the Flacq Hospital to discuss the future of Paediatric Surgery in Mauritius with Dr Dewan and the team.



Farewell message from the resident medical officers