Mauritius

13th Paediatric Urology/Surgery Teaching Program

4th - 14th January 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 - 2012

Our last report was only a few months ago. So, what is new?

The 13th visit for the Kind Cuts for Kids program in Mauritius since 2001, has achieved further progress to sustainable Paediatric Surgical service, through visits that have been funded by the Mauritian Government and donations from SACIM Victoria, SACIM Mauritius and donors to Kind Cuts for Kids. The noted progress recently includes:

1. Dr Teerovengardum preformed a significant proportion of the surgery.
2. Increasingly cases do not ***require*** referral to the visiting clinics.
3. Patients are better screened, eliminating unnecessary consultations.
4. Increased average complexity of the cases.
5. Limited case material that involves solving iatrogenic problems.
6. Teaching sessions in which the resident staff were the presenters.
7. A lecture to a large and wide-scope audience at the University.
8. Enhanced in-country equipment provision.
9. Noted high competency of nurses, resident and anaesthetic staff.
10. Improving commitment to development of:
    a. A Paediatric Surgical Unit.
    b. Related Paediatric subspecialties.
11. Most Paediatric Surgery is performed by a Mauritian specialist.

We have reached such a high development level, while having along the way had 2057 clinical contact episodes, during which 496 patients have been treated, and on whom 679 operations have been performed. Thirty one patients had surgery in January, with far fewer than previously were seen in the clinics, as their care is now carried out by Dr Teerovengardum and his team.

The challenge still 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. It is appropriate to repeat from previous reports the need for additional resources for Paediatric Surgery including:

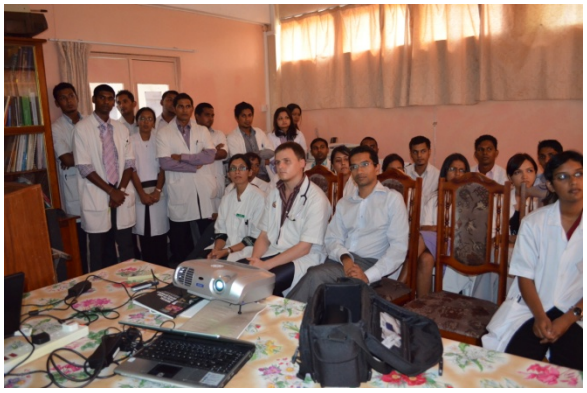
i) Increased elective theatre
    (a) Equipment
    (b) Time
ii) Emergency theatre access
iii) Support from associated specialties
    (a) Pathology/Radiology.
    (b) Paediatric medical.
    (c) Neonatal intensive care.
    (d) Nursing.
iv) Funding for Paediatric Surgical research.
v) A National, ongoing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

Paediatric Surgical equipment is prepared neatly for the day's work. Soon the role of senior Paediatric Surgeon will be assumed by Dr Teerovengardum.

A University lecture was given by Dr Dewan at which there was a large, attentive audience - www.uom.ac.mu/medicalupdate.

Dr Kevin Teerovengardem, the future for Paediatric Surgery in Mauritius, operating with advice from Dr Dewan.

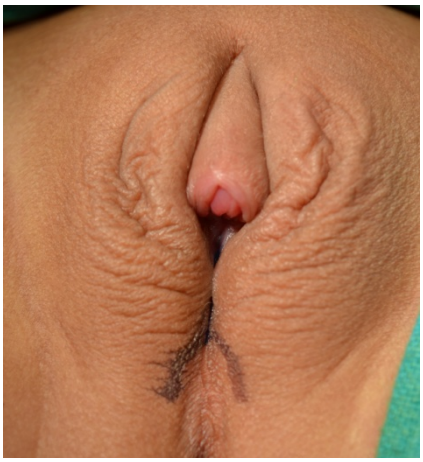
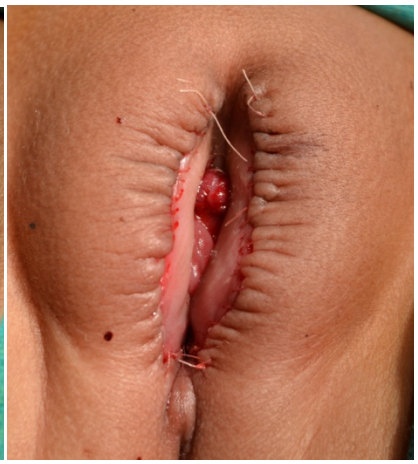
Five lectures were given during the Paediatric Surgery visit, four by the resident medical staff, which assisted their colleagues and, more importantly, assisted the presenters to learn by researching, then presenting to an audience of colleagues. The fifth lecture was to the University titled "***Paediatric Surgery: 2001 – 2012 -*** Lessons Learnt in Mauritius" was presented about the input and outcomes of the Paediatric Surgical visits and valuable community and medical management of common issues – the lecture can be viewed at www.uom.ac.mu/medicalupdate.



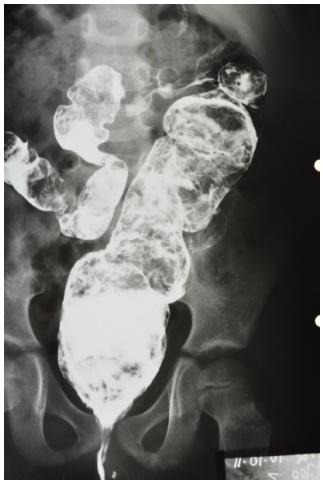
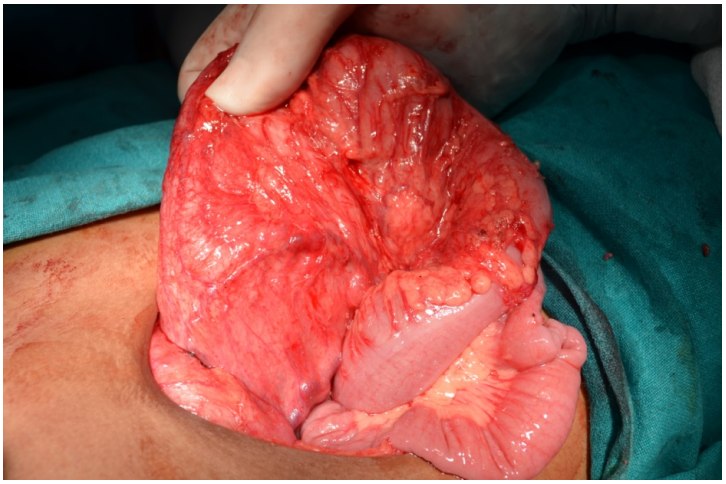
The initiation of teaching sessions presented by the junior medical staff with a large group of young doctors in attendance.

Interested residents, surgeons and anaesthetists watch as Kevin Teerovengardem and Dr Dewan operate.

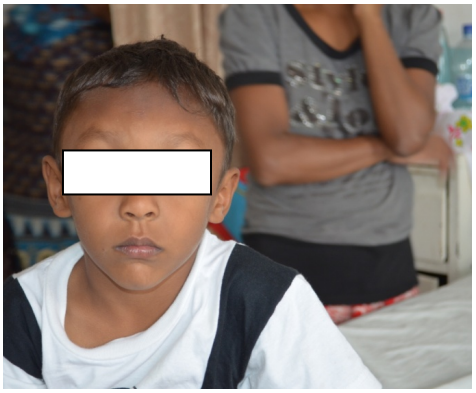
Paediatric Surgery in Mauritius - 2012

A girl before and after her life changing genitoplasty to convert her female genitalia to a more normal appearance.

A boy with a megarectum and constipation who had not responded to conservative management. The radiograph (left) shows the elongated sigmoid colon and enlarged rectum, which is seen in the surgeon's hand. The lesson learnt was the potential misleading biopsy report. This was not Hirschsprung's Disease.

Parents and children alike gathered around to say thank you and goodbye at the end of the visit.

Paediatric Surgery in Mauritius - 2012

During the January 2012 visit, 46 operations were performed on 36 patients during 36 anaesthetics, 3 being longer than seven hours:

Operations

Abscess drainage	– 1	Megarectum resection	– 1
Clitoroplasty	– 1	Mitrofanoff dilatation	– 1
Colostomy revision	– 1	Nephrectomy	– 1
Cystourethroscopy	– 4	Imperforate anus surgery	– 5
Genitoplasty	– 1	Cloacal repair	– 2
Hypospadias surgery	–10	Ureteric reimplant	– 1
Herniotomy	– 1	Urethral dilatation	– 2
Laparoscopy	– 3	Vaginoplasty	– 2
Laparotomy	– 3	Vesicostomy closure	– 1
Orchidopexy – FS	– 3		

Diagnoses

Anorectal anomaly	– 5	Infected stoma	– 1
Cloacal anomaly	– 2	Neuropathic bladder	– 2
Renal dysplasia	– 2	Intra-abdominal testes	– 5
COPUM	– 2	Primary megaureter	– 1
Hypospadias	–13	Recurrent UTI's	– 1
Bladder exstrophy	– 1	Thalasaemia + psoas pain	– 1
Hirschsprung's	– 1	Urethral cyst	– 1

Lessons learnt on this visit

1. Reused diathermy tips still required.
2. No 10fg silicone catheters available.
3. No silicone catheters in men's ward.
4. Acetylcholinesterase staining is needed in Histology to assist with Hirschsprung's.
5. Rescue procedures for urethral stricture were taught.
6. Peel-a-way sheaths access to bladder systems are needed.
7. Endoscopy via the vesicostomy demonstrated.
8. There is a lack of theatre time for surgeons of all specialities.

Things that need to change

1. Better inventory for Paediatric Surgical supplies.
2. A policy decision to base Paediatric Surgery at Victoria Hospital.
3. Incorporation of recommendation of visiting specialists.
4. More surgical time for all surgeons, including Paediatric Surgery.
5. Facilitate Paediatric Anaesthetic manpower enhancement.

In opposition on the tennis court, the team working in Paediatric Surgery swings in harmony toward a better future for children needing operations in Mauritius.