



A project of Kind Cuts for Kids,

supported by

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Introduction

In 2023 Kind cuts for Kids had 4 trips to 4 different countries, including another visit to Kosovo, a country that has seen great advances in the care of children with surgical disease, not least because of the generous donation of a new hospital with great facilities.

While many things have improved, our philosophy in Kind Cuts for Kids is that we can always get better, particularly as new technologies develop and their application goes through the learning phase, plus the machinations of what role the new technology should have in the future.

In seeking continuous improvement, the trip to Kosovo has reminded us that audit, and frequency of participation of surgeons in particularly surgery, are two important pillars of ever improving outcomes. While we have treated **323 children** who have had **546 operations** in Kosovo, we have not yet facilitated the development of an adequately imposing audit process that would therefore ensure that best practice is always achieved. That having been said, there have been marked improvements since the initial visit in 2011, with some of those responsible for the transition in the photo below.

As for each of the other trips, the staff supported the work to an incredible degree – working long hours and finding time to host the visitor.

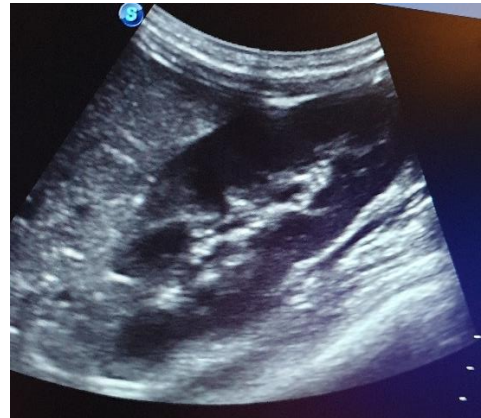


Clinical care

During the 10 day clinical visit, **42 patients** were treated, of which 20 children underwent an anaesthetic for a total of **40 operations**. One important case, which will be detailed later, had a complication of redo surgery and required an further intervention that ultimately resulted in a successful outcome; these events particularly highlighted the need to be proactive when there is any concern about the outcome of an operation.

A future focus in any KCFK’s visit should be the involvement of the Kosovo treating surgeon in the care during the visit, especially when redo surgery is required. Also, it is important for the future of Paediatric Surgery in Kosovo that there is identification of those who will become the subspecialists, to ensure that clinical experience is not distributed between too many people. Certainly, during the KCFK’s visits, a delegated primary Kosovo surgeon should be made available to be involved in all the operations. That many surgeons are involved in the operations, and often only one, the skill transfer role of the interchange is diminished.

Cystoscopy	– 7
Hypospadias related	– 12
Laparotomy	– 2
Swenson	– 2
Diaphragmatic hernia	– 1
Ureteric reimplant	– 2
Colorectal	– 3
Other	– 11



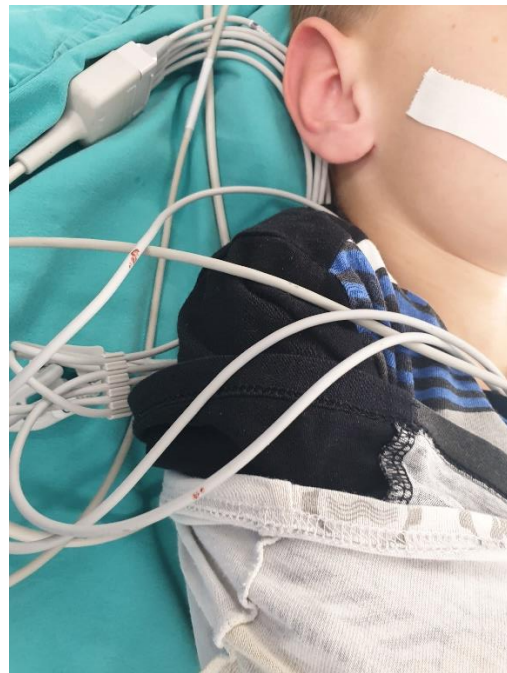
Case Study - 1

One of the conditions managed has been complex hypospadias, with the particular focus on the management of failed previous repairs, and the teaching of a new technique for proximal hypospadias, the *Ulaanbaatar (UB) procedure*. During the surgical sessions since 2011, 29 boys have undergone 71 operations during 61 anaesthetics for hypospadias; Notably, 22 boys have undergone the first stage UB procedure, 19 of whom have since had the second stage, the majority of which have been uncomplicated. The other boys were mainly those requiring multiple surgeries for previous failed surgery.

The first stage of the UB procedure involves surgery on the penis for the abnormality of hypospadias during which the inner layer of the foreskin is harvested as a tube graft that is tunnelled through the head of the penis to form the distal urethra; this is in conjunction with straightening the penis, known as chordee release.

The second operation does not require the head of the penis to have further surgery, which is the major advantage of this technique – usually only requiring a relatively minor operation to complete the formation of the urethra.

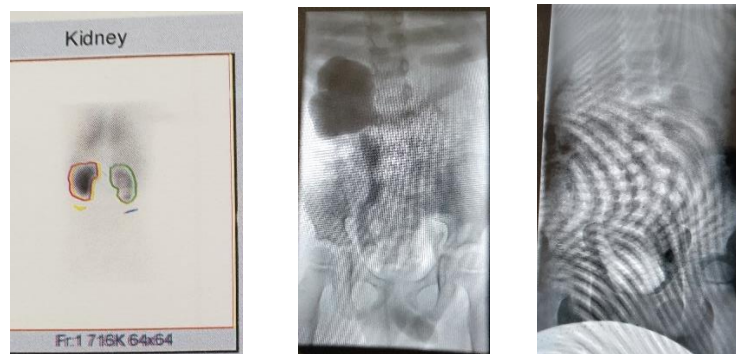
Such is the versatility of the operation that a set of twins were able to both have the procedure, by one boy donating skin to his twin brother – both have had a good outcome.



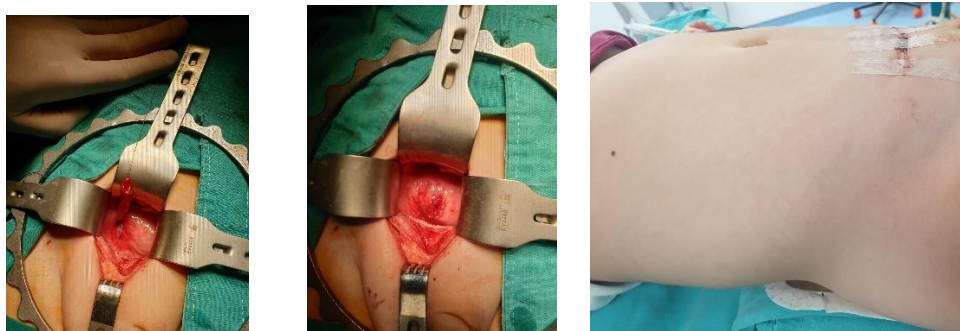
Case Study - 2

Surgery is a complex art and science that involves the decisions about what to do and the process of embarking on the solutions when appropriate information has been collected through investigations; then the surgery during which many decisions are made, as each patient and each of operation have important differences. After the operation, there is a need to be equally vigilant as complications can occur because of both intra-operative and post operative events.

A 4 year old boy is a case of the need to consider not only potential long term complications, but the need to be proactive in responding to the early events after surgery. Surgery to reimplant a ureter had previously been performed, an operation that resulted in ongoing infection and vesicoureteric reflux. Noting that the upper end obstruction at the pelviureteric junction had been resolved. The boy was investigated prior to the recent surgery with a renal function study (left) that showed loss of function of the **right kidney** (Fig 1), an IVP (Fig 2) indicated hold-up at the lower ureter, and cystogram (Fig 3) showed reflux into the right kidney.



A cystoscopy during which the anatomy was reviewed with a telescope into the bladder while the boy was under anaesthetic, lead to a ureteric reimplant procedure (Fig 1 + 2 below) that was difficult because of the redo nature of the operation, but all seemed fine at the end of the operation. By close attention to the post operative course, a urine leak was suspected and diagnosed at a re-exploration the following day – after which the careful consideration of the timing of the removal of the additional catheters was part of the training. The subtle swelling seen in the far right image below, and the understanding that this was “not OK”, resulted in a good outcome from re-exploration – an important lesson from “experience”.



The Pictures Tell the Story – The Work



The Pictures Tell the Story – The Patients

