Palestine

Paediatric Surgery and Urology

13th - 24th February 2007

Professor Paddy Dewan and Dr Hosany Hazeer

A project of the Union of Health Care Committees, The Australian Islamic Council,
Children First Foundation, Beit Jala Palestinian Australian Community,
and the Kind Cuts for Kids Foundation

kind cuts for kids foundation AUSTRALIA

Overview

The visits to Palestine take the Kind Cuts for Kids team to a 50 bed not–for–profit, non-government hospital in Gaza. The third visit of the Kind Cuts for Kids Foundation team has been a great success for many reasons, and from a number of perspectives.

The success is due to the effort of individuals, and teams of people, particularly Margaret Smith from Children First Foundation, Phillip Sacca from the Australian Palestinian community, Ryiad Al Adassi, the head nurse at the Al Awada Hospital, and Dr Hosany Nazeer from the Kind Cuts for Kids Foundation. The teams of nursing staff and doctors in the theatre, outpatients and the ward at the Al Awada Hospital were the backbone of the project, and the trust of the children and parents enabled so many to be treated.

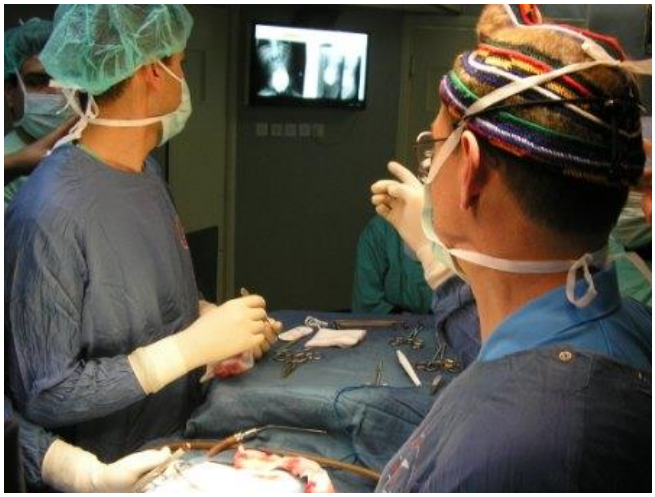
The mission has been successful for the large number of children treated, the education of the surgeons, junior doctors and nurses, but also for the education of the public about the care of children with urological disease, particularly the need for early presentation to help prevent the complications of congenital anomalies of the renal tract. Another measure of success was the involvement of nine Paediatric Surgeons and Urologists who assisted with the surgery, referred cases for evaluation and enhanced the learning during a visit that saw 122 patients of whom 53 patients had 87 procedures, bringing the total for the three visits since 2005 to more than 267 consultations and over 132 patient surgical episodes. A further measure of success was the additional training given to a Surgeon from Mauritius, Dr Hosany Nazeer, who, while being further trained was helping to train others.

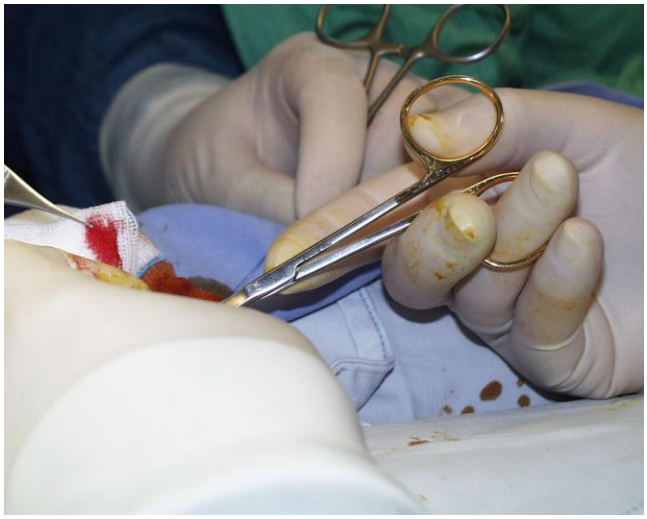
A ward nurse, Ryiad Al Adassi and Dr Hosany Nazeer consult on the fluid balance of a renal failure patient.

The sad reality of the harsh life and conflict in the region is evident on the road to the hospital each morning.

The outpatient clinic was a busy place, particularly during the main clinic sessions, where more than 120 patients were seen, or later reviewed.

A dance group helped to celebrate the success of the Kind cuts for Kids visit, while entertaining the children and their families.





The surgical and nursing team worked long hours in the operating theatre, with the head theatre nurse, Ramy having adopted the wearing of the Papua New Guinean hat that is a signature sign of Professor Dewan.

Paddy is seen combining the service and teaching components of visit in the second picture.

The fine instruments shown in the third picture were an important part of the success of the mission, and will remain as a donation to the Al Awada hospital for the surgeons to use during the interval before the fourth visit in September 2007.

Consults

The differential diagnoses listed in the table indicate the predominance of urological cases, but the wide variety and severity of anomalies treated. Within the hypospadias group, those cases with initially minor anomalies were often redo cases, and were selected for inclusion by the Gaza surgeons participating in the mission.

Hypospadias	48
Penile – other	4
Urethral duplication	1
Vaginal atresia	1
Intersex	2
Ureteric reflux	10
PUJ obstruction	3
Renal – other	4
COPUM	2
Bladder exstrophy complex	6
Urinary incontinence	4
Spina bifida	3
Chronic renal failure	4
Bladder stone	1
Bladder trauma	1
Epididymo-orchitis	1
Undescended testes	4
Anorectal anomaly/cloaca	13
Constipation/incontinence	5
Hirschsprung's	6
Thyroglossal cyst	1

Operations

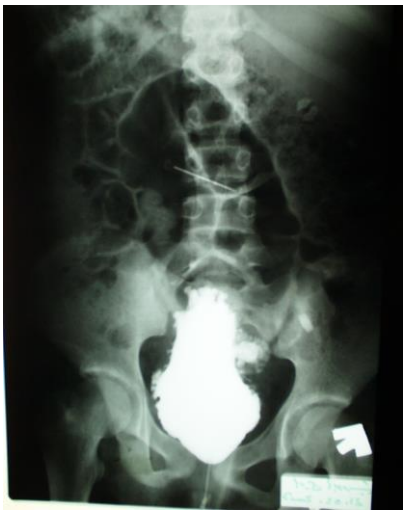
Distal hypospadias repairs	18
Major hypospadias repairs	6
Ureters reimplanted	9
Cystoscopy	9
Epispadias repairs	4
Orchidopexy	4
Urethral diverticulectomy	3
Pyeloplasties	2
Transureteroureterostomy	2
Suprapubic cystostomy	2
Laparoscopy	1
Nephroscopy	1
Nephrectomy	1
Ureteric stent insertion	1
Incision of COPUM	1
Cystolithotomy	1
Excision of penile lesion	1
Suprapubic endoscopy	1
Retrograde pyelogram	1
Perineovaginostomy	1
Ureterectomy	1
Urodynamics study	1
Vaginoplasty – small bowel	1
Ureterocystoplasty	1
Urethral dilatation	1
Y-Dees BN reconstruction	1
Anorectoplasty redo procedures	5
Posterior Osteotomy	2
Ileostomy	1
Colostomy revision	1
Anal skin bridge removal	1
Sistrunk's procedure	1
Rectal resection	1

A total of ***87 operations*** were performed on ***53 patients***, who had a total of ***57 anaesthetics***. The number of diagnoses is greater than the number of patients, as several of the patients had more than one abnormality.

Surgical Cases

Case 1:

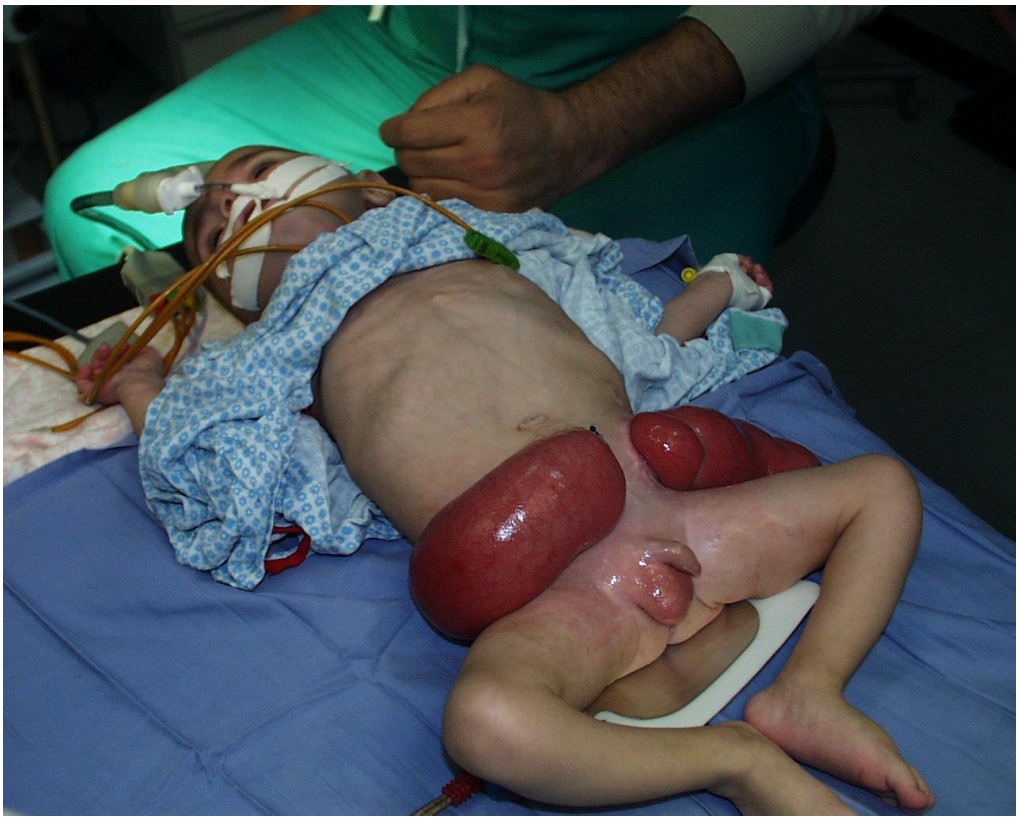
Arej had been known for years to have problems with wetting and infections that controlled her life. Investigations in early 2006 showed that her bladder was high pressure and that her kidneys were becoming damaged. She was admitted to the ward as an emergency and described as the "time bomb"; such was the state of her renal tract. The ultrasound showed very little kidney tissue around gross hydronephrosis and a bladder study that confirmed the "nasty" state of her bladder. This had been despite some interim measures that had helped her renal tract. Bladder catheterization and anti-bladder-spasm medication commenced the new control regimen and improved her blood tests of renal function. During the surgery Arej's bladder was enlarged using her huge left ureter, and her left kidney was diverted across to the right side. Her recovery after the operation was excellent and her blood tests for renal function continued to improve. Arej's bladder was the worst ever seen by Professor Dewan. Arej is pictured on the morning of her operation, and the irregular outline of the bladder is shown in the xray.

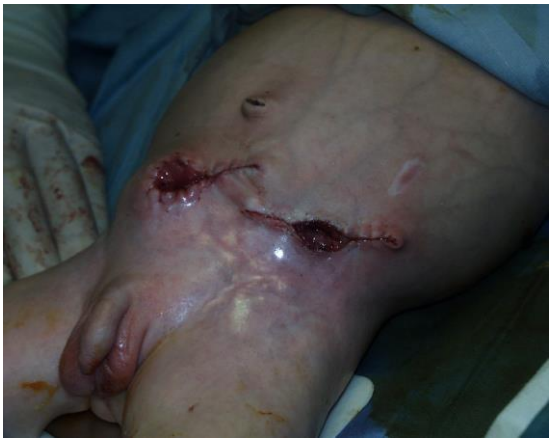


Case 2:

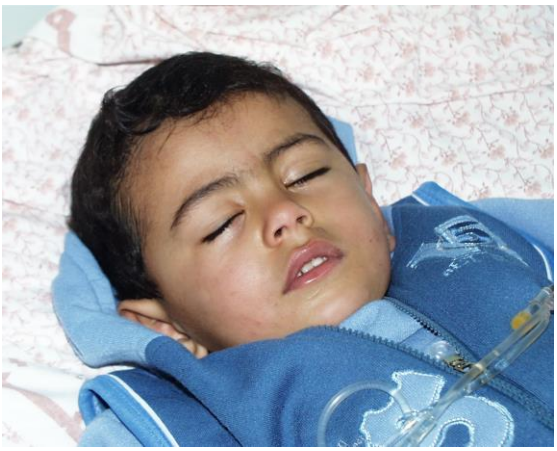
Baby Ahmad was one of the more than 11 children seen who had been born with an imperforate anus, thus needing the formation of a colostomy as a temporary solution before his bowel was later to be connected to his anal region. The obstructed bowel was initially so huge that is was difficult to form a stoma that was likely to be trouble free.

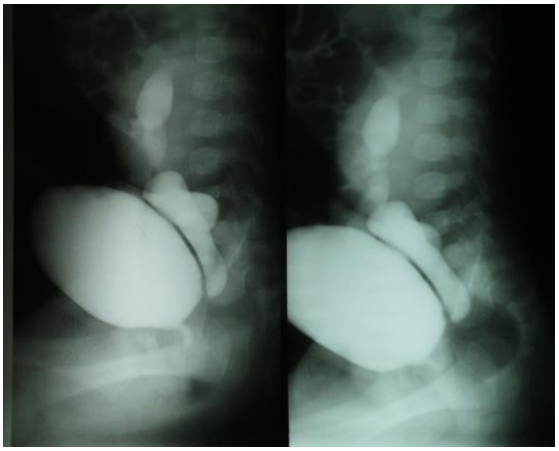
Unfortunately, several previous attempts had not resolved the prolapse problem shown in the first of this gorgeous little boy's pictures. An operation by the visiting team demonstrated the cause of the problem, and brought a solution for this and future cases. Ahmad went home well two days after his operation with an abdominal appearance his mother was much more able to cope with (third image).





Case 3:

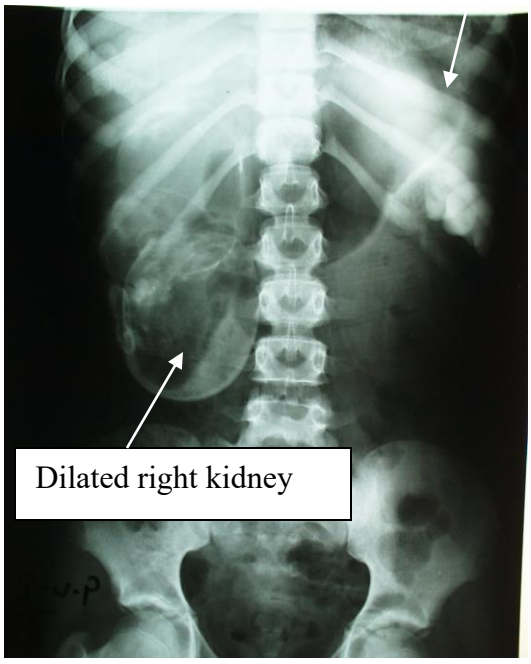




Isam, a three year old boy was known before birth to have abnormal kidneys. When he came to the clinic, (front page,) his pleading eyes told more about his kidney function than did his general state. He looked generally well, but blood tests showed that his kidneys were failing. The early radiograph (above right) shows contrast material refluxing from Isam's bladder into an obstructed system; a problem now resolved.

Surgery had been performed to have most of his urine coming out through a hole on the left side of his abdomen, but there had been failure to appreciate that his right kidney was also partly blocked, and he obviously needed a better outcome than dribbling urine onto his clothes. As a consequence of the previous surgery the lower left ureter had been irretrievably lost. During a challenging procedure his left ureter was connected to his right and the lower right ureter blockage was removed, and the ureter replumbed into the bladder. The post-operative view (below) shows two urine bags attached to the cot that allowed for monitoring of the "post-obstructive diuresis". Thus, Isam was an example of where the patient becomes the focus of education related to fluid management in children with compromised renal function.

Case 4:



The smile on Islam's face tells nothing of the story of a girl who has now had three operations on her kidneys, and who has been on the brink of needing a renal transplant. After a urinary tract infection Islam was found to have a dilated kidney, but the uneducated family failed to understand the importance of the follow-up; Islam seemed well, and medical care takes time and money! Then Islam bled into the right kidney after a minor accident, so much so that it was thought the kidney was not worth saving. The left kidney was operated on, but the blockage remained unsolved. At the time of arrival of the third Kind Cuts for Kids visit, Islam already had failing kidneys. A right kidney operation was performed as an emergency and the left operation was repeated the following day. Islam is now infection free, pain free and with normal kidney function. The nine surgeons involved in the teaching saw the timing of the surgery, and the nature of the surgery and the management that allowed for early removal of her nephrostomy after the procedure. Despite two operations, Islam still has a smile for Professor Paddy (below).

Teaching and Future Direction

This year's visit has added to the achievements of the earlier two, with a number of new techniques, and variations on procedures were taught, reinforced and expanded upon.

The teaching included the daily ward rounds, the many outpatient sessions and ongoing discussions during the approximately 115 hours of operating, during which several Palestinian surgeons were usually present. Caudal anaesthesia is now always performed by the anaesthetic staff in the appropriate genito/perineal cases, the fluid and catheter management in the ward is now much more reliable.

Various rescue techniques for hypospadias anomalies of the penis were demonstrated in patients requiring complex follow-up surgery, as well as repeat lessons on catheter elevation for early catheter removal, retrograde pyelography, guide-wire insertion of a Foley catheter, diathermy dissection, and catheterless ureteric reimplant. Other techniques shown included:

1. Anterior anal sphincter plication.
2. Posterior anal sphincter plication.
3. Pena anorectoplasty - single stage.
4. Skin crease incision orchidopexy.
5. Hypospadias rescue repair.
6. Lumbotomy nephrectomy.
7. Laparoscopy.
8. Ureterocystoplasty.
9. Transureteroureterostomy.

Nursing staff were given instruction of the care of the patients and how to better manage the post operative care of the children. Information that was shared with the surgical team during the bed-side discussions, included analgesia, antibiotic management, catheter management, charting of urine output and treatment and prevention of bladder spasms, some of which reinforced the skills learned during previous visits.

Other features of the visit included areas that would be changed in the future such as: the use of powdered gloves; attention to the organization of the theatre instrument trolleys; poor use of sharps containers; the dangerous diathermy machine; donations of diathermy handles and diathermy tips were essential; instruments were often sterilized by soaking; instruments were of a poor quality; there was no paediatric cystoscope; sutures were far from adequate. All of these problems were overcome by either donation that had come with the team or by being inventive.

As previously stated, the hospital would also do well to instigate a theatre management committee and recruit a Paediatric Anaesthetist, and to acquire a Paediatric Anaesthetic machine.

The team of doctors and nurses are seen during one of the many ward rounds. The positive team spirit and enjoyment that came from the success of the visit to Gaza was evident during the visit and is obvious in the photo.