Royal Jordanian Medical Society

Paediatic Surgery Workshop and Conference

20th October – 2nd November 2018

Professor Paddy Dewan and Dr Padma Rao

A project funded by the Kind Cuts for Kids charity, and supported by the Royal Jordanian Medical Society and Queen Rania Al Abdullah Hospital for Children.

Introduction

The visit to Jordan eventuated from an invitation from the Royal Jordanian Medical Society for Professor Paddy Dewan to participate as the keynote lecturer for the 9th Annual congress, to be held at the Dead Sea in Jordan, with a surgical workshop planned for the three days prior to the conference commitments. Contact with the Paediatric surgeons has been made during a similar visit to the Jordan University in 2016, since when Professor Ahmad Al Raymoony extended the invitation and coordinated the arrangements for what has been a very productive collaboration.

The timetable expanded to meet both the need and the opportunity for teaching and patient care, thus including Dr Padma Rao in the 32-patient clinic on Friday 26th October, then 3 days of telecast surgery, followed by the conference at the Deed Sea, during which three lectures by Professor Dewan were delivered in the two sessions devoted to the subspecialty. Two additional patients were reviewed.

During the 8 days, 34 patients were assessed clinically and plans developed with the large number of attending surgeons and trainees. Ten patients underwent an operation during which several surgeons were in a conference room watching the telecast operations that numbered a total of 39 separate procedure on 10 patients. Some of the clinic (left) and theatre staff are shown below.

Records show that in the 128 visits by Professor Dewan, there have been more than 6872 separate consultations, 2790 occasions on which patients have had surgery to have 4766 operative procedures, since 1993.

Do the two papers on urethral and/or penile duplication

Need the photos of the YD bladder neck reconstruction from Majed

Donation of DB ring

Diathermy adaption

Needle holders with worn feet

Us without images

MCU without urethrogram

Not the use of the term - colodynamic study as part of a distal loop-o-gram

neuropathic bladder Rx with lap reimplants! – Rakan

ureterodynamics - Rakan

DO THEY HAVE A UROLOGY XRAY MEETING.

Orthopaedic involvement in the bladder exstrophy and cloacal exstrophy work.

Radiologist in threatre

Clinical Work

A total 34 children were reviewed and 10 underwent surgery. All operated cases included two senior Jordanian Paediatric surgeons, and a number of people in the nearby auditorium, who were able to hear the ongoing commentary and provide input to the procedures.

Consultations

Gender	DOB	Pathology
Male	1/1/2011	Traumatic urethral rupture
Male	12/1/2000	Bladder exstrophy/epispadias
Male	27/4/2015	Bladder exstrophy
Male	17/8/2006	POMU - rectal fistula
Male	17/2/2012	Ectopic Ureters
Male	16/1/2015	COPUM - good kidneys
Male	20/11/2011	Single kidney
Male	15/2/2012	Anorectal anomaly; urethral duplication
Male	1/1/2016	Anorectal anomaly; single kidney VUR
Male	1/10/2006	Epispadias - incontinence
Male	22/11/2012	COPUM - single hydro
Female	20/9/2006	Cloacal anomaly
Male	1/1/2009	Traumatic urethral rupture
Male	4/7/2012	COPUM - No R function
female	15/5/2002	Sacral agenesis
Male	17/8/2004	Bladder exstrophy/epispadias
Female	24/9/2015	PUJ obstruction
Male	1/1/2016	Vesicoureteric junction obstruction
Female	24/10/2002	Cloacal exstrophy
Male	1/1/2016	Bilateral inguinal hernia
Male	1/1/2014	Hypospadias

Operative surgery

Of the 10 patients operated on, all were complex surgeries undertaken to resolve complex pathology of deal with problematic outcomes from previous intervention.

many had investigation as part of the procedure, and others had redo surgery for complex urology or anorectal anomalies. Noted lessons during the procedures included understanding of the reinterpretation of the anatomy of posterior urethral obstruction, catheterless ureteric reimplantation, urothelial lined bladder augmentation, resection of fistulous connection from the rectum to the urethra via a posterior approach, the use of caudal anaesthesia in urogenital surgery, anterior osteotomy for pelvic closure in bladder exstrophy, and perineal body reconstruction in redo anorectal anomaly surgery. Students of these lesions included, Paediatric surgeons, anaesthetist, surgical trainees and their interns, Urologists and a Paediatric orthopaedic surgeon.

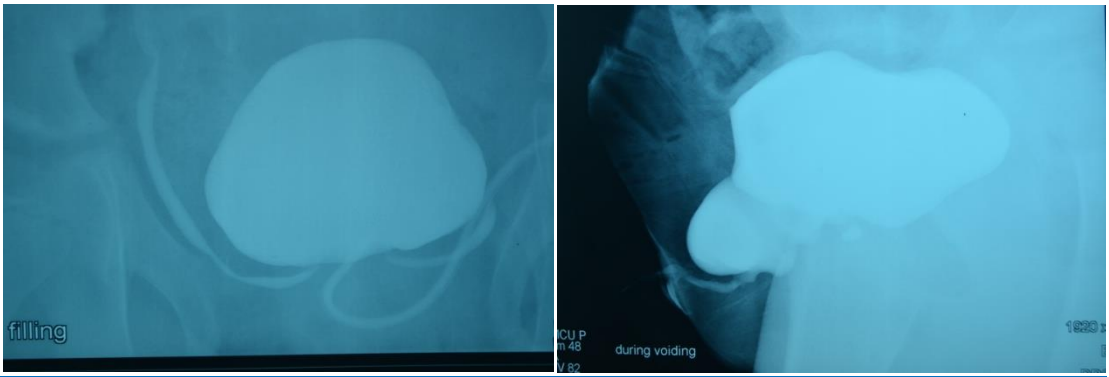
Gender	DOB	Operation
Male	27/4/2015	Bladder exstrophy redo
Male	22/11/2012	COPUM fulguration
Male	4/7/2012	COPUM fulguration
Male	12/1/2000	Cystoscopy
Male	17/2/2012	Cystoscopy
Male	15/2/2012	Cystoscopy
Male	22/11/2012	Cystoscopy
Male	4/7/2012	Cystoscopy
female	15/5/2002	Cystoscopy
Male	17/8/2004	Cystoscopy
Male	4/7/2012	Endoscopy via bladder
Male	17/2/2012	Endoscopy via Mitrofanoff
Female	24/10/2002	EUA abdomen
Male	15/2/2012	EUA Anus
Female	24/10/2002	Insertion of DJ stent
Male	27/4/2015	Omphaloplasty
Male	27/4/2015	Osteotomy - anterior left
Male	27/4/2015	Osteotomy - anterior right
Male	17/8/2006	Pena Anterior - fistula division
Male	15/2/2012	Perineal body reconstruction
Male	17/2/2012	urethral dilatation
Male	27/4/2015	Urethroplasty – partial
Male	15/2/2012	Urethroscopy
Male	12/1/2000	Urodynamics
female	15/5/2002	Urodynamics
Male	17/8/2004	Urodynamics
Male	27/4/2015	Wound revision

Gender	DOB	Operation
Male	1/10/2006	Young Dees bladder neck reconstruction

Clinical Case Examples

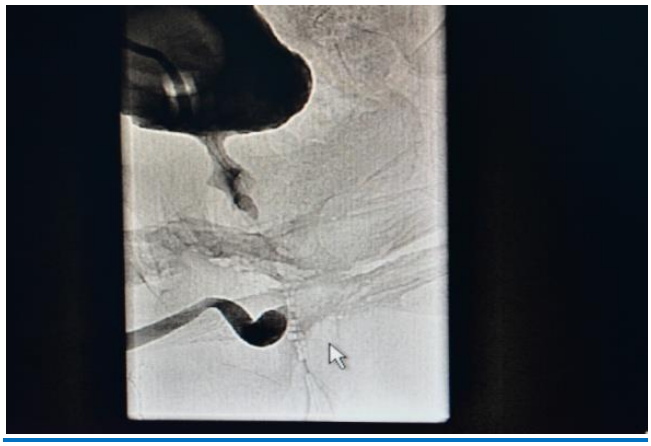
Case 1+2

Two of the boys reviewed had been born with bladder exstrophy; the 12 and 16 year old boys were incontinent of urine, but neither wants to have the alternative of bladder catheterization that is probably necessary for bladder control. IN both cases they were further investigated under anaesthetic that identified a large out-pouching from of the urethra, the closure of which would significantly improve their ability to hold urine. The first xray, below, shows a catheter into the bladder and reflux into each urethra; the second shows a second cavity below the bladder, the urethral diverticulum.



Case 3+ 4

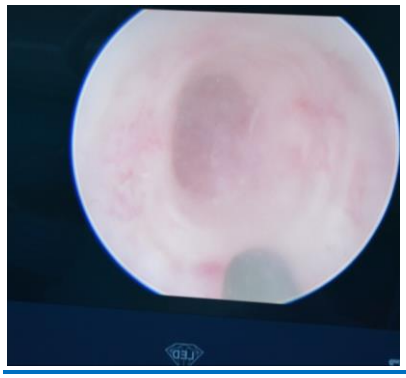
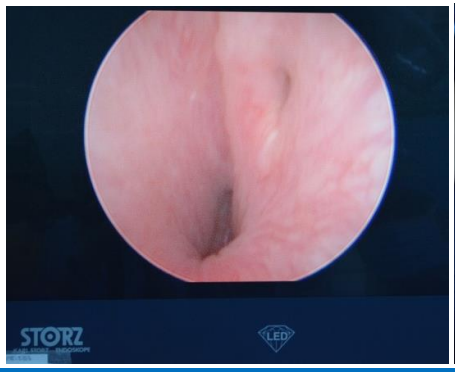
A six and eight year old boy had been involved in separate road traffic accidents that has resulted in both the fracture of their pelvic and rupture of their urethra, producing the situation shown in the xray. Both boys had lived with a catheter into their bladder for many months, as there is no connection of the urethra, having been completely occluded by the accident.



Case 5

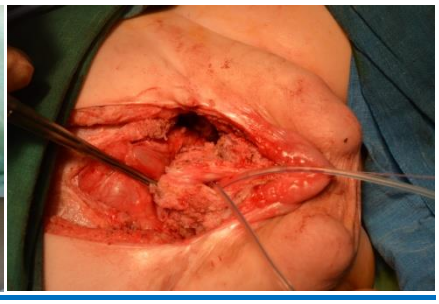
YB, the four year old boy mentioned in the introduction, presented at birth with an imperforate anus and the finding of two urethras for which he had a colostomy and an attempt at repair. Unfortunately, the repair, in a neighbouring country, had irreversibly damaged the urethra. The first of the endoscopic images is the point at which the urethra is seen to be blocked from below, the second is the inside of the bladder with the rudimentary connection to the bladder to the right which is the lesser of the two urethras; the main urethra having been completely occluded from the bladder neck to the level of the first image, which is at the base of the penis.

Sadly, the urethra could not be repaired, but fortunately, he was able to achieve an advantage from the Kind cuts for Kids international experience for his faecal continence. The option of further surgery for his anorectal anomaly was evident from the examination and history, leading to a procedure that repositioned the muscle around the rectum and anus, in a procedure that was minimal and involved operating through the perineum, without the need for a covering colostomy.

Case 6

Many KCFK's reports have included cases of redo bladder exstrophy; children who have been born with the inside of the bladder visible on the outside – first picture. Both Paediatric surgical and orthopaedic staff were involved in the application of an option that has been highly successful in many children around the world. The second image is just prior to the completion of the closure.

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