

The second Paediatric Surgical/Urology visit to Papua New Guinea for 1993 was very successful, achieving more in the same period of time than the July visit because of the early educational follow-up, and myself being more aware of the PNG system.

The visit was from Monday 4.10.93 till Saturday 9.10.93. during which 5 lectures were given, 9 major operations were performed, 2 minor procedures and one further major case was conjointly managed in the operative and peri-operative period. The total theatre time was 29 hours. 28 cases were discussed, including those who subsequently had an operation. Other time was spent on the 7 ward rounds conducted with registrar and resident staff, at the surgical department meeting, reviewing the thesis of two of the master of surgery candidates, and discussing a collaborative paper which was commenced during the July visit.

Some thoughts on my involvement in Papua New Guinea:-

1. There seems to be an advantage for the paediatric surgeon involved having extensive, urology experience as there are a number of paediatric cases with urology problems and there are always large numbers of adult urology patients for discussion, with which the visitor can be of assistance.
2. The theatre staff gave every assistance to facilitate the large amount of work done, allowing me to operate late on the three operating days. They should be specifically thanked.
3. The theatre complex would be well served by sufficient funds to; (a) a supply of disposable syringes, and thus discard the often use glass syringes, (b) for an uninterrupted supply of sterile gloves, preferably non-powdered, (c) improved the supply of surgical instruments of appropriate size for paediatric use, (d) improve the availability of 5/0 and 6/0 sutures for use in children, (e) provide a set of percutaneous nephrostomy catheters.
4. At present visiting surgeons should bring their own theatre clothing, any special sutures required, and any finer instruments with them that they usually find appropriate to use.
5. Amber's in is adequate accommodation for a short visit, and car hire is not necessary if Amber's Inn is used (provided that the hospital staff are willing to shuttle the visitor). I would suggest the Islander and a car for the first visit, but I consider the business class ticket is an inappropriate expense when resources are limited.
6. The limited number of nurses, anaesthetist (only 2) and radiologists (only 2) are all major limiting factors to the future development of Paediatric surgery, as is the current arrangement of the paediatric surgical patients being house either in the adult surgical ward or the paediatric surgical ward. A separate ward, with specialist nurses, a

specialist anaesthetist and radiologist and a specialist paediatric surgeon should be part of the long term aim of care for children in PNG.

I wish to thank the Surgery staff of the University of Papua New Guinea for their assistance and IDP for giving me the opportunity of returning to Port Moresby for a second time in 1993, to complete the work left undone in July. I hope the above comments are of assistance in the development of Paediatric Surgical services in Papua New Guinea.

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