



Paediatric Surgery Outreach
to
Papua New Guinea

Dr Paddy Dewan

Assisted by

Dr Kennedy James, Dr Alphonse Rongap,

Ms Annette Sete, Dr McLee Matthew,

Dr Lawrence Warangi, Dr Titus Pakop, Dr Raymond Paivut

and Dr Petrus Opum

2016 2017 2018

Executive Summary

Papua New Guinea has a bright future for the care of children needing surgery, a future that has not yet reached the potential that the children and the community deserve, not through a lack of resources, but because opportunities have been lost at a healthcare organisational level. Better leadership nationally, and an acceptance that minimal technology and maximal community and healthcare worker education is how to achieve the best results in PNG's challenging circumstances in the care of children with surgical disease.

There is now a collective of medical and nursing staff in a number of locations around that country that have the skill and dedication to enable PNG to be a great example to other countries in the region and around the world.

One change that would make developments for the care of children move forward would be the accreditation of general surgeons and urologists who operate on children under 16 years of age in PNG, including National doctors, expat surgeons and visiting specialists. The accreditation should include a list of medical conditions that would limit the number of doctors involved in major cases - to make it workable; diluting the experience too much is problematic; restricting practice not appropriate. A balance appropriate to PNG must be struck. Those surgeons not on the subspeciality list would be encouraged to perform surgery for circumstances such as the formation of a neonatal colostomy, but they would be expected to work in consultation with a person accredited to perform Paediatric Surgery.

To ensure continuous quality improvement the accredited surgeon would have to be appropriately registered with the medical board of PNG, they would have to provide evidence of ongoing involvement through a contribution to a database that should be national, and could be based on the Access database that a number of PNG surgeons are already aware of, and hopefully using. Mclellan Matthew, Ben Yapo and Titus Pakop are three of the many surgeons who have been taught the use of the database, and they are the three surgeons who have been funded to travel to other countries with a Kind Cuts for Kids team.



In the 2016, 2017 and 2018, Kind Cuts for Kids have had six visits to PNG and Titus Pakop, a surgical trainee from Alotau, travelled to Africa as part of furthering his education. The number of location visits totalled 12, including Rabaul and Alotau in both April and November 2016, Rabaul and Alotau in April 2017, Lae and Kimbe in August 2017, Alotau and Lae in February 2018, and Madang and Rabaul in September 2018.

Consultations

Patients with the following diagnoses were reviewed in the numbers indicated in the table. Most were seen during the clinics conducted soon after arrival of the team. Notably the total number of cases of **Hirschsprung in all of PNG**, a condition in which the nerves to the lower part of the bowel are missing, seen by the Kind Cuts for Kids team from **1993-2018** has been **89, 70 of whom have had reconstructive surgery**. And, **129 children** were born with and treated for an **anorectal anomaly**, namely they had either no anus or a misplaced anus, underwent **132 major reconstruction procedures** up to and including 2018. During the 2016, 2017 and 2018 visits, the pathology managed included the following case numbers, with a total of **241 consultations on 202 individual patients** over the three years.

Hirschsprung	38
Anorectal anomaly	30
Cloaca	1
Hypospadias	21
Hydrocele/Hernia	21
Undescended testicle	12
Urethral stricture	7
Tongue tie	1
Hydrocephalus	14
Pelviureteric Junction Obstruction	2
Wilms Tumour	1
Cystic hygroma	2
Sacral anomalies	6
Abdominal	7
Exomphalos/gastroschisis	2
Neonatal partial bowel obstruction	2
Other	23



Operative Surgery

Overall, between 2016 and 2018, **231 operations** were performed during **137 anaesthetics** performed on **125 patients**, indicating that 12 patients had more than one anaesthetics.



Some of the scenes from theatre in PNG during the visit from 2016 to February 2018

Operative Surgery

Operation #	Date	Gender	Operation	Anaesthetic #	Patient #	DOB
6	31-Oct-16	Female	Perineal body reconstrction	2	760	11-Jan-01
1	01-Nov-16	Male	Swenson	1	748	24-Dec-11
2	"	"	Colostomy closure	1	748	"
1	01-Nov-16	Female	Pena anoplasty	1	890	11-Aug-16
1	01-Nov-16	Male	Sacroccocygeal teratoma excisi	1	897	15-Nov-15
1	01-Nov-16	Male	Colostomy revision	1	882	16-Mar-16
1	02-Nov-16	Male	Groin exploration	1	898	12-Feb-15
2	"	"	Herniotomy - inguinal	1	898	"
3	"	"	Orchidopexy - scrotal	1	898	"
1	02-Nov-16	Female	Swenson	1	883	03-Sep-14
2	"	"	Colostomy closure	1	883	"
1	02-Nov-16	Female	Herniotomy - right	1	892	23-Jul-10
1	02-Nov-16	Male	Herniotomy - right	1	895	31-Jan-11
2	02-Nov-16	Male	Hypospadias - UB II	2	793	23-Mar-08
3	02-Nov-16	Male	Duplay - distal	3	751	05-May-06
4	"	"	Urethral fistula closure	3	751	"
1	03-Nov-16	Male	Inguinal herniotomy - right	1	896	09-Jan-10
1	03-Nov-16	Male	Inguinal hernia - right	1	878	29-Jul-07
1	03-Nov-16	Male	Herniotomy - inguinal	1	899	01-Apr-16
2	"	"	Herniotomy - inguinal	1	899	"
1	03-Nov-16	Female	Excision of sacral sinus	1	885	31-Dec-97
1	03-Nov-16	Male	EUA	1	884	30-Apr-15
1	03-Nov-16	Male	EUA	1	876	10-Dec-15
1	04-Nov-16	Male	Herniotomy - inguinal	1	881	13-Aug-16
2	"	"	orchidopexy	1	881	"
1	04-Nov-16	Male	orchidopexy	1	887	23-Jun-04
2	"	"	Herniotomy - inguinal	1	887	"
1	04-Nov-16	Female	Ventriculoperitoneal shunt ins	1	900	14-Sep-16
3	04-Nov-16	Male	EUA anal sounding	2	748	24-Dec-11
1	07-Nov-16	Male	Colostomy closure	1	904	01-Jan-13
2	"	"	Swenson	1	904	"
1	08-Nov-16	Male	Colostomy	1	399	02-Sep-16
1	08-Nov-16	Female	Sigmoidoscopy	1	903	01-Jan-00
2	"	"	Laparoscopy	1	903	"
3	"	"	Laparotomy	1	903	"
4	"	"	Rectosigmoidectomy	1	903	"
1	08-Nov-16	Female	Colostomy closure	1	907	18-Sep-09
2	"	"	Swenson	1	907	"
3	"	"	Wound revision	1	907	"
1	09-Nov-16	Male	Colostomy closure	1	314	01-May-13
2	"	"	Colostomy - Double barrell	1	314	"
1	09-Nov-16	Male	Chordee release	1	58	25-May-14
1	09-Nov-16	Male	Colostomy closure	1	947	13-Jun-14
2	"	"	Wound revision	1	947	"
1	09-Nov-16	Male	Urethral fistula closure	1	152	03-Mar-00
1	10-Nov-16	Male	EUA	1	902	01-Jan-11
2	"	"	Pena - for redo Hirschsprung's	1	902	"
3	"	"	Colostomy closure	1	902	"
1	10-Nov-16	Male	Colostomy - Double barrell	1	861	11-Apr-10
2	"	"	EUA	1	861	"
3	"	"	Laparotomy	1	861	"

Kind Cuts for Kids – Papua New Guinea: 2016 – 2018

Operation #	Date	Gender	Operation	Anaesthetic #	Patient #	DOB
1	10-Nov-16	Female	Per Anal stricturoplasty	1	311	07-Feb-08
1	11-Nov-16	Male	Rectrourethral fistula transec	1	312	01-Jan-86
2	"	"	Rectal resection - partial	1	312	"
3	"	"	Pena	1	312	"
2	11-Nov-16	Female	Pena - perineal body repair	2	665	09-Oct-98
1	19-Apr-17	Male	Chordee release	1	915	27-Oct-08
1	19-Apr-17	Female	Inguinal herniotomy - left	1	913	07-Mar-14
1	19-Apr-17	Male	Orchidopexy	1	916	06-Oct-05
2	"	"	inguinal herniotomy - left	1	916	"
1	19-Apr-17	Male	Laparotomy	1	884	30-Apr-15
3	19-Apr-17	Male	dilatation of anus	2	745	08-Sep-10
4	"	"	insertion of distal catheter	2	745	"
6	19-Apr-17	Female	EUA anorectum	3	755	24-Jun-02
7	"	"	Pena redo	3	755	"
8	"	"	Perineoplasty	3	755	"
1	20-Apr-17	Female	Cystoscopy	1	908	21-May-15
2	"	"	Vaginoscopy	1	908	"
3	"	"	Vaginoplasty	1	908	"
4	"	"	EUA post anoplasty	1	908	"
2	20-Apr-17	Male	Anal dilatation	1	884	30-Apr-15
3	"	"	colostomy - double barrel	1	884	"
1	20-Apr-17	Male	Laparotomy	1	914	11-Jul-13
2	"	"	Swenson	1	914	"
1	20-Apr-17	Male	Hypospadias - UB II	2	782	15-Jun-03
1	21-Apr-17	Male	Laparotomy	1	909	11-Jun-10
2	"	"	Rectal resection	1	909	"
3	"	"	Pena - redo	1	909	"
1	22-Apr-17	Female	Pena	1	912	06-Feb-13
2	"	"	Rectal plication	1	912	"
3	"	"	Faecalomaectomy	1	912	"
1	24-Apr-17	Male	Inguinal hernia	1	926	07-Nov-12
1	24-Apr-17	Male	Inguinal hernia	1	918	07-Sep-14
1	24-Apr-17	Male	Inguinal hernia	1	922	14-May-14
1	24-Apr-17	Male	Inguinal hernia	1	927	20-Jan-12
1	25-Apr-17	Female	Excision of dermoid	1	930	02-Apr-12
1	25-Apr-17	Male	Inguinal hernia	1	937	11-May-09
4	25-Apr-17	Male	EUA dilatation	2	902	01-Jan-11
4	25-Apr-17	Male	closure of colostomy	2	861	11-Apr-10
4	"	"	Plication of distal bowel	2	861	"
4	"	"	rectal resection	2	861	"
5	"	"	Swenson - redo	2	861	"
1	26-Apr-17	Female	umbilical hernia repair	1	931	28-May-11
1	26-Apr-17	Male	Colostomy closure	1	934	15-May-05
2	"	"	Swenson	1	934	"
3	"	"	Faecectomy	1	934	"
1	26-Apr-17	Male	Hypospadias - UB 1	1	519	21-Dec-11
1	26-Apr-17	Male	inguinal hernia - left	1	928	24-May-14
4	26-Apr-17	Male	Stricturoplasty	2	312	01-Jan-86
1	27-Apr-17	Male	Swenson	1	906	28-Oct-14
2	"	"	closure of colostomy	1	906	"
1	27-Apr-17	Male	Herniotomy - L	1	796	23-Dec-12
1	"	"	Herniotomy - R	1	796	"
1	"	"	Orchidopexy - L	1	796	"

Kind Cuts for Kids – Papua New Guinea: 2016 – 2018

Operation #	Date	Gender	Operation	Anaesthetic #	Patient #	DOB
1	"	"	Orchidopexy - R	1	796	"
1	27-Apr-17	Male	Rectal resection	1	938	01-Jan-02
2	"	"	Faeectomy	1	938	"
3	"	"	Pena	1	938	"
4	"	"	Laparotomy	1	938	"
1	28-Apr-17	Female	Laparotomy	1	945	25-Sep-15
2	"	"	Colostomy closure	1	945	"
3	"	"	Colocolostomy	1	945	"
4	"	"	Closure of rectouterus fistula	1	945	"
5	"	"	Pena	1	945	"
1	28-Apr-17	Male	Laparoscopy	1	929	03-Aug-15
1	28-Apr-17	Female	Closure of colostomy	1	935	02-Feb-05
2	"	"	EUA anorectum	1	935	"
1	28-Apr-17	Male	Foot amputation - distal	1	933	05-Oct-14
1	07-Aug-17	Male	Pena - high fistula	1	956	10-Jun-11
1	07-Aug-17	Female	Sacroccxyl teratoma excision	1	952	27-Jul-17
1	08-Aug-17	Male	Rectal resection - anterior	1	965	28-Sep-09
2	"	"	EUA - anal dilatation	1	965	"
3	"	"	Laparotomy	1	965	"
4	"	"	Colostomy closure	1	965	"
1	08-Aug-17	Male	Hypospadias - UB I	1	951	11-Jan-15
1	08-Aug-17	Male	Orchidopexy - right	1	958	21-Dec-07
2	"	"	Appendix testis removal	1	958	"
2	"	"	Herniotomy inguinal right	1	958	"
1	09-Aug-17	Male	Hypospadias - UB I	1	677	13-Mar-06
1	09-Aug-17	Female	Colostomy closure - distal	1	955	08-Jun-08
2	"	"	Ileorectal anastomosis - 10cm	1	955	"
1	09-Aug-17	Male	Orchidopexy - right	1	953	10-Feb-07
2	"	"	Herniotomy inguinal left	1	953	"
2	"	"	Herniotomy inguinal right	1	953	"
2	"	"	Orchidopexy - left	1	953	"
1	09-Aug-17	Female	EUA anal dilatation	1	959	05-Oct-06
1	10-Aug-17	Male	VP shunt	1	962	03-Mar-17
1	10-Aug-17	Male	Anoplasty/Perinoplasty	1	954	06-Jun-14
1	10-Aug-17	Male	Swenson	1	966	16-Jun-13
2	"	"	Colostomy closure	1	966	"
1	10-Aug-17	Male	Herniotomy - inguinal	1	957	06-Dec-11
1	11-Aug-17	Male	Laparotomy	1	969	21-Mar-11
2	"	"	Colostomy closure	1	969	"
3	"	"	Swenson	1	969	"
4	"	"	rectal resection	1	969	"
5	"	"	Imbrication descending colon	1	969	"
6	"	"	plication neorectum	1	969	"
1	11-Aug-17	Female	Pena	1	967	14-Jun-11
2	"	"	Closure rectovaginal fistula	1	967	"
1	12-Aug-17	Male	Pyloromyotomy	1	963	17-Jun-17
1	12-Aug-17	Male	Cystoscopy	1	964	17-Jul-86
1	"	"	Urethroplasty	1	964	"
1	14-Aug-17	Male	Colostomy take down	1	972	01-Jan-14
2	"	"	Repair of parastomal hernia	1	972	"
3	"	"	Colostomy revision	1	972	"
4	"	"	Imbrication prestomal	1	972	"
5	"	"	Biopsy	1	972	"

Kind Cuts for Kids – Papua New Guinea: 2016 – 2018

Operation #	Date	Gender	Operation	Anaesthetic #	Patient #	DOB
1	14-Aug-17	female	Incision and drainage	1	975	12-Jan-16
1	14-Aug-17	Male	Cystoscopy	1	976	01-Jan-62
2	"	"	Urethral dilatation	1	976	"
3	"	"	Cystolithotomy	1	976	"
4	14-Aug-17	Female	Colostomy closure	2	912	06-Feb-13
5	"	"	EUA anus	2	912	"
1	15-Aug-17	Male	Pena	1	971	11-Oct-16
9	15-Aug-17	Female	Closure of colostomy	4	755	24-Jun-02
10	"	"	Strictureplasty	4	755	"
11	"	"	EUA anus	4	755	"
1	16-Aug-17	female	Herniotomy - left	1	980	06-Jul-05
1	16-Aug-17	Male	Orchidopexy - Left	1	978	06-Jan-15
2	"	"	Orchidopexy - right	1	978	"
1	16-Aug-17	Male	Cystoscopy	1	979	01-Jan-65
1	"	"	vesicostomy	1	979	"
1	16-Aug-17	female	Pena	1	973	30-Jun-15
2	"	"	Rectal plication	1	973	"
1	17-Aug-17	Male	Tongue tie release	0	981	18-Feb-17
1	17-Aug-17	Female	removal of ear FB	1	983	28-Apr-10
1	17-Aug-17	Female	Laparotomy	1	984	01-Jan-03
2	"	"	Appendix abscess drainage	1	984	"
1	17-Aug-17	Male	I + D - probably TB	1	982	08-Dec-05
1	19-Feb-18	Male	Cystoscopy	1	1001	17-Sep-90
2	"	"	Urethral dilatation	1	1001	"
1	19-Feb-18	Intersex	Laparoscopy	1	991	30-Apr-17
1	19-Feb-18	Male	Pena - cutback	1	1003	09-Jul-15
1	19-Feb-18	Male	Colostomy revision	1	996	29-Apr-17
1	19-Feb-18	Female	VP shunt insertion	1	992	11-Jan-18
1	19-Feb-18	Male	Hernia - inguinal right	1	1005	01-Jan-14
1	20-Feb-18	Male	Scar release - L little finger	1	999	18-Apr-15
2	"	"	Scar release - L index finger	1	999	"
1	20-Feb-18	Male	Swenson	1	995	19-Aug-17
2	"	"	Colostomy closure	1	995	"
1	20-Feb-18	Female	Excision of scar	1	1000	05-Oct-06
1	"	"	Hernia repair - exophalos	1	1000	"
1	21-Feb-18	Female	Cleft lip repair	1	986	10-Nov-13
1	21-Feb-18	Male	Urethrourethrotomy	1	1007	01-Jan-88
1	21-Feb-18	Female	Excision of deep sacral dimple	1	987	18-Apr-16
1	21-Feb-18	Female	Reversed coccyx - Excised	1	925	02-Nov-13
1	21-Feb-18	Female	Colostomy revision	1	993	01-Jan-11
1	22-Feb-18	Male	Excision of nipple dermoid	1	990	08-Jul-15
1	22-Feb-18	Male	Pyeloplasty	1	1013	03-Nov-17
1	22-Feb-18	Male	Urethrourethrotomy	1	1006	01-Jan-83
1	22-Feb-18	Male	VP shunt insertion	1	1007	29-Aug-17
1	22-Feb-18	Female	Laparotomy + closure	1	1016	22-Feb-18
1	23-Feb-18	Male	Excision of exostosis	1	1006	15-Apr-13
1	23-Feb-18	Male	Pena	1	1015	12-Feb-11
1	23-Feb-18	Male	Orchidopexy	1	994	24-Jul-17
1	23-Feb-18	Male	achilles tendon lengthening	1	1009	05-Jul-07
2	23-Feb-18	Male	Hypospadias - UB 2	2	519	21-Dec-11
1	23-Feb-18	Male	Herniotomy - inguinal	2	994	24-Jul-17

Surgery Rabaul – 2018

Date	Gender	Operation	Operation #	Anaesthetic #	Patient #	DOB
10-Sep-18	Female	Colonic Biopsy	1	1	1038	12-Jul-18
10-Sep-18	Female	Colostomy	1	1	1038	12-Jul-18
10-Sep-18	Female	Laparotomy	1	1	1038	12-Jul-18
11-Sep-18	Male	Excision Meningomyelocele	1	1	1025	07-Jul-18
11-Sep-18	Male	Pelvic cyst excision	1	2	1026	19-Jul-15
11-Sep-18	Male	Pena	1	2	1026	19-Jul-15
11-Sep-18	Male	Cystoscopy	2	1	1029	24-Mar-16
11-Sep-18	Male	EUA and ultrasound	1	1	1029	24-Mar-16
11-Sep-18	Male	Epigastric Hernia repair	1	1	1031	29-Nov-07
12-Sep-18	Male	Colostomy revision	2	2	882	16-Mar-16
12-Sep-18	Male	Hypospadias - UB I	1	1	1028	17-Oct-15
12-Sep-18	Male	herniotomy inguinal right	1	1	1032	18-Feb-17
12-Sep-18	Male	herniotomy inguinal right	1	1	1035	27-Jun-16
13-Sep-18	Female	Colostomy revision	5	2	786	27-Sep-11
13-Sep-18	Male	EUA	4	2	909	11-Jun-10
13-Sep-18	Male	Hypospadias - Duplay tube	1	1	1037	30-Apr-16
14-Sep-18	Female	Colostomy closure	1	1	1036	19-Jun-11
14-Sep-18	Female	Pena	2	1	1036	19-Jun-11
14-Sep-18	Female	Swenson	3	1	1036	19-Jun-11
14-Sep-18	Male	Hernia inguinal right	1	1	1040	01-Jan-05
14-Sep-18	Female	Abdo wall repair - haemangioma	1	1	1041	18-Aug-13
14-Sep-18	Female	herniotomy inguinal right	1	1	1043	22-Dec-08
14-Sep-18	Male	Lipomeningocele excision	1	1	1044	11-Mar-17

The Rabaul visits covered by this report were in both April and November 2016, and April 2017, and September 2018, undertaken with the assistance of Kennedy James, Alphonse Rongap and Petrus Opum. An additional, more detailed report will be produced for the 2018 visit.

Rabaul surgery is hampered by a lack of reusable equipment, the theatre infrastructure is well overdue for improvement and the transformer explosion resulting in limited backup for electricity is not surprising given the overall state of the hospital infrastructure. However, the HEO staff, the registrars and the consultant surgeons do very well within the limits of the facilities. Additional anaesthetic support and training should be seen as a priority.

A significant donation has been organised since the end of the visit to Rabaul. An operating table in Melbourne will be transported in October 2018.

Alotau – 2016, 2017 and 2018

The ward and theatre facilities in Alotau are much better than in Rabaul, and facilities such as the ability to video record operations is a great advantage to the retention of teaching material.



Alphonse Rongap, the newest Paediatric Surgical trainee, is seen in Alotau. He also played a significant role in visits to Lae and Rabaul

The third trip to Alotau reflected the continued improvement in service development for children in the Milne Bay Province. Kennedy James and Alphonse Rongap have been important contributors to the development of the both in PNG in general, and in Alotau.

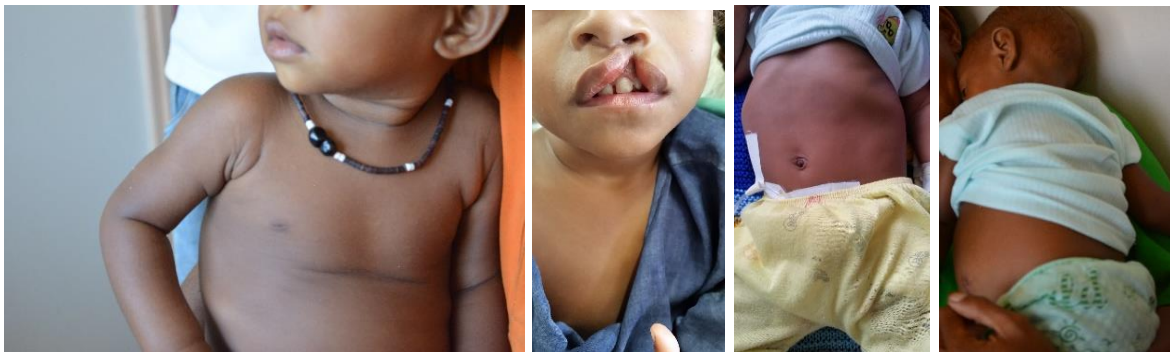
From 18th – 24th February 2018, Dr Paddy Dewan, Dr Alphonse Rongap (a surgeon from Lae, PNG) and Dr Keno Temo (a Port Moresby Anaesthetist) assisted the local Alotau surgical and anaesthetic teams to complete five days of operating, preceded by a clinic on the Sunday. Dr James and Dr Rongap are shown discussing a post operative patient in the ward in the above picture.

The visit was supported by the Regional Health Authority and financed by Kind Cuts for Kids, including the disposable materials that were supplied to supplement those available locally; the Alotau logistics were managed by Dr Kennedy James with the support of Dr Titus Pakop.

There were several groups within the hospital that assisted with the work, and were involved in ensuring the maximum output for the visit, including the impact of the medical and nursing teaching, as well as the community education that comes from discussion about the clinical problems and their solution with parents and relatives.

The groups of staff who contributed included not only those directly involved with the care of the following staff:

1. Junior Surgical residents
2. Theatre anaesthetic ATO's
3. Anaesthetic registrars
4. Theatre nurses and assistances
5. Ward nurses
6. Outpatient clinic staff
7. Laboratory technicians
8. Radiographer



There are aspects of the medical services provision that *should* be, but are not available, including the lack of urine culture, serum electrolyte tests are not able to be performed, histology cannot be done and results are often delay when specimens are transferred to Port Moresby, which many take months. On deficiency is the lack of the drug propranolol for congenital lymphovascular lesions.

The importance of some of the deformities is highlighted that children with colostomies for an anorectal anomaly or Hirschsprung's disease usually to not attend school, partly because of the lack of availability of colostomy bags. There still issues with the formation of colon stomas, but much less so than previously. One, however, had the difficult complication of a skin fistula, the outcome of which was discussed at length as a surgical solution was created during the visit.

Radiology services are limited, but there is an excellent portable ultrasound machine that was invaluable in providing care to the patients. The five ultrasounds included:

1. Evaluation of hydrocephalus – 2
2. Renal for obstructive pathology – 3 studies on one patient
3. Parotid gland – sialectasis
4. Scrotal fluid - to confirm hydrocele

Kimbe 2017

As always there are many people who assist with the visit to any one centre in any one country. In Kimbe, the anaesthetic and administrative teams were particularly important, as was the support of the radiology department and the assistance by Dr Kennedy James, from Alotau, and the nursing staff of the ward and the theatre.

The anaesthetic team consisted of:

Thomas Paugan
Otto Siftele
Natalie Lesi
Daniel Posenu
Operating Staff
Sr M Leana
Sr R Utunge

Sr Lamina
Sr Toua
Nrs Tony
Nrs Taulo
Nrs Angi
Sr Samson
Sr Romalus
Nrs Pia



Jackson Nuli with the radiology team. Also shown is the ward and the nurse unit manager

Background to Kimbe

Kimbe is on the North Coast of West New Britain, and has not been visited by a Kind cuts for Kids team previous. However, patients have been part of the program by their care being provided in other locations, with their records being maintained in the KCFK's database

A recently appointed surgeon, Dr Jackson Nuli has a particular interest in Paediatric surgery, and is to form part of a Kind Cuts for Kids team to Africa at some stage. Like for the previous week in Lae, Dr Kennedy James was part of the team and was a valuable contributor to the teaching of the junior staff and to the provision of patient care, while learning from the cases managed spurred by teaching he has received from Dr Mclellan Matthew, who has previously worked with KCFK. The Lae visit has been of particular significance on a number of fronts, not least of which is the expectation of an encouraging future for Paediatric surgery through the energy and ability of a new generation of surgeons dedicated to the welfare of child with surgical problems in PNG.

Other notable features were:

1. The collaboration with surgeons in Lae.
2. The inclusion of Dr Kennedy James from Alotau on a Kind cuts for Kids scholarship.
3. Improved:
 - a. operating lights and beds in theatre.
 - b. Ward facilities
4. The skill and dedication and organisation skills of Dr Alphons Rongap, a surgeon who wishes to focus on the care of children.
5. The inclusion of Dr Keno Temo, anaesthetist from Port Moresby was a superb inclusion in the team.
6. The donated items from Australia were an invaluable contribution to the resources for the treatment of the 18 children who had surgery.
7. Nursing, anaesthetic and surgical staff worked long days, and on Saturday enthusiastically.
8. The documentation of cases with photography has become common practice in Lae.
9. Ventriculo-peritoneal shunts have become available for the treatment of hydrocephalus through staff donations.
10. Management of complex urethral strictures in PNG needs a systemic review, with which the KCFK's team can assist.
11. Two additional, minor surgical conditions added to the teaching, namely the incision of tongue tie without anaesthetic in a young baby and successful reduction of rectal prolapse in a young child, the most important aspect of was the maintenance of the reduction with the post operative care.
12. Fine dissection with a needle point diathermy, plus supply of additional such resources.
13. Supplementation of the availability of fine sutures.
14. Efficient movement surgery with safe reduction of operative times, especially inguinal herniotomy, and including midline scrotal incision when performing bilateral orchidopexies.

Recommendations for Kimbe

A highlight of the Kimbe service is the radiology, but a notable lack is of ultrasound equipment and training, which would be both inexpensive and easily achieved. A case in point was the child who had been diagnosed with a Wilm's tumour, who, in fact had an abdominal wall abscess. Ultrasound would have assisted, as would have been a clinical discussion and the earlier use of plain abdominal films.

Two patients had undergone the formation of a colostomy and had developed the post operative complication of parastomal herniation, and stomas were performed with eversion of the mucosa, indicating the relative inexperience with Paediatric surgery of those performing the surgery. Experts should be consulted for patients requiring a stoma for diversion of the faecal stream.

Some aspects of the infrastructure in Kimbe need to be addressed urgently, namely the very poor lighting in theatre and the lack of town water in theatre during the day.

Recommendations for Kimbe (cont'd)

Recommendation 1: Improved ultrasound machines should be made available in Kimbe.

Recommendation 2: ultrasound training to a basic level should be wide-spread in PNG.

Recommendation 3: Complex cases should always be discussed clinician to clinician – the above case, referral to Dr Alphonse Rongap via the internet in the initial phase, rather than referral for a CT scan would have been of great assistance.

Recommendation 4: All bowel stomas should be managed in consultation with a PNG surgeon with an interest in the subspeciality.

Recommendation 5: Important infrastructure issues be addressed at the Kimbe Hospital urgently.

Lae – 2017 and 2018

Lae ANGAU hospital has undergone significant change since the Kind Cuts for Kids teams first visited as part of the Ausaid. Many buildings have started to fall down, then have been taken down and similar low profile wards have been built. The theatre complex is in need of an upgrade. Supplies of disposable materials such as catheters and suture, as for the rest of the country are a problem and simple tests are not easily performed, and biopsy results are often delayed or not received.

Overall there is much to improve for the service development for the case of Paediatric surgical cases. The major problem has been the lack of a coordinated plan and a country wide approach that looks beyond politics and personalities.



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