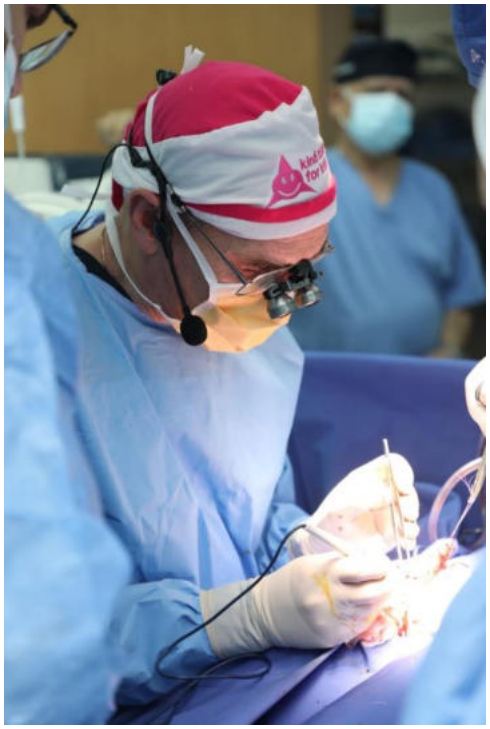
kind cuts for kids

Professor Paddy Dewan

Samoa, Mozambique, Kosovo, Turkey and Jordan

Outreach 2024



Introduction

The year started with a visit to Samoa, followed with a trip to Mozambique and included a mission that took Professor Dewan to Kosovo, Turkey and Jordan. The Samoan and the Mozambique visits were the second to those countries, the Turkey visit was the first teaching visit there, it was the 14th visit to Kosovo and the 5th to Jordan. The previous reports at www.kindcutforkids.net, for each of the countries, give the background for each of the centers involved. During the year, 14 lectures were given between Samoa, Turkey and Jordan; the Samoan lecture was a Radiology presentation at the Hospital Grand Round, in Turkey, eight lectures were given to an audience of 80 delegates, and in Jordan 5 lectures were given as part of the Jordanian Society of Surgeons' conference. And, in both Turkey and Jordan, surgery was performed while being telecast to a lecture theatre audience who had active participation through visual and audio interaction with the surgeon.

Clinical care

Surgical and clinical care is not all of what happens during these visits but seeing the patients and the operations are a critical component to the education of the surgical and medical staff. The table shows the number of cases seen in each country.

Country	*Start*	*Finish*	*Patients*	*Anaesthetics*	*Operations*	*Op Patients*
Samoa	10-Feb-24	18-Feb-24	32	15	22	15
Mozambique	31-May-24	14-Jun-24	58	33	77	31
Kosovo	11-Oct-24	17-Oct-24	29	11	20	11
Turkey	18-Oct-24	20-Oct-24	1	1	1	1
Jordan	21-Oct-24	27-Oct-24	33	13	26	13

In summary, 153 patients were seen across the five countries, 71 patients had a total of 73 anaesthetics for 146 operations, many having bladder exstrophy, hypospadias, or an anorectal anomaly. For the visit to Samoa, as well as the Paediatric Surgery, Associate Professor Padma Rao provided, and taught, Paediatric Radiology care, during her 28th mission with Kind Cuts for Kids. At the conclusion of the Jordan visit, Professor Dewan has undertaken 147 country visits.

Donations of Equipment

For each of the trips a range of equipment was provided, including sutures, urethral catheters, feeding tubes and diathermy tips, to name just some of the almost $15,000 of donated equipment for Samoa, Mozambique and Europe/Middle East, as see in the case (left).

Benefits to Children and Education

Overall

Much needed disposable equipment was provided, many children were managed, some were operated on, and many surgeons and trainees were further educated. Again, the benefit of posterior plication for anorectal anomalies was made clear in four of the five locations.

Samoa: Complex operations, for which there is no practitioner in Samoa to perform, were undertaken and, in particular, the inappropriate abdominal incisions used in neonatal laparotomy were identified and highlighted, as seen in the photos.

Mozambique: The management of oesophageal atresia was demonstrated, most importantly, the need for timely surgery for this condition. Also, the role of good fluid management intraoperatively was a repeat focus, during surgery for complex urology cases that involved both the treatment of children and the teaching of local surgical consultants and trainees.

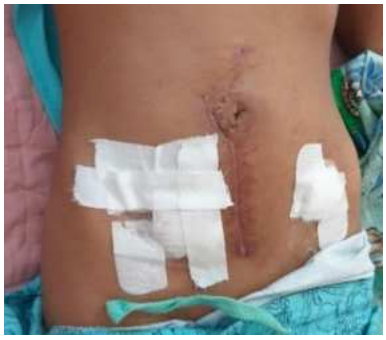
Kosovo: The main focus of this visit to Kosovo was the care of hypospadias patients, which is an abnormality of the penis that is common around the world, and for which there has not been subspeciality care in Kosovo.

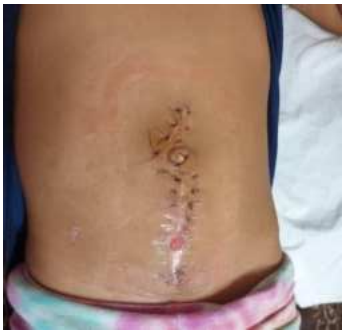
Turkey: An audience of approximately 80 surgeons, trainees and students participated in the lessons of one operative case and eight lectures that delved into the detailed care of hypospadias, with a major focus on "working with nature".

Jordan: There are well developed Paediatric Surgical services in Jordan; the role of Kind Cuts for Kids is to value add and assist with very complex cases, include training for outreach care.

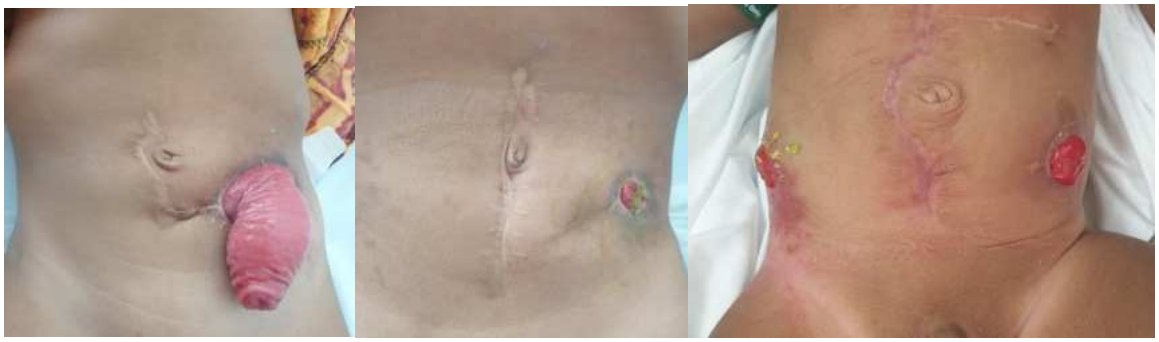
Case Studies – Samoa

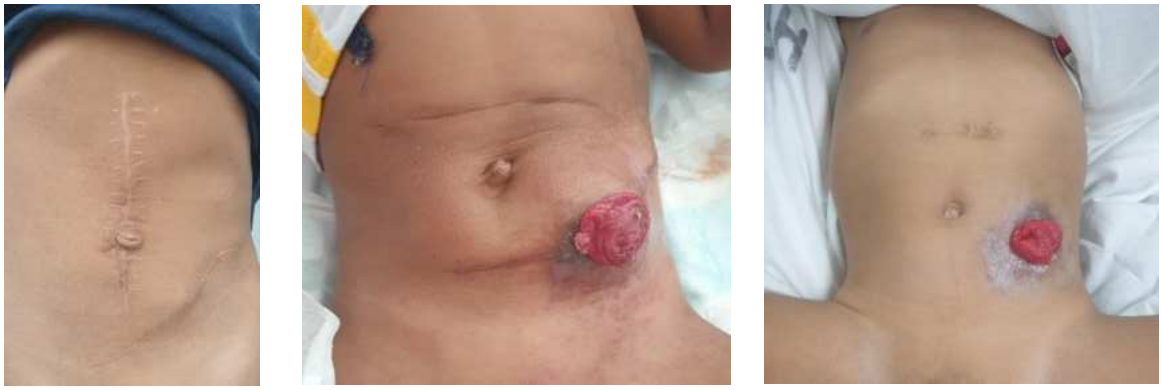
Unfortunately, despite a lengthy Royal Australasian College of Surgeons provision of training in Samoa there is an ongoing problem in the development of Paediatric Surgery services, particularly with early intervention procedures such as anorectal anomalies and Hirschsprung Disease that involve the formation of colostomies. Rather than seeking phone-call refresher advice that might influence the management, relatively junior surgeons and trainee operate on the patients, resulting in opening of the abdomen that worsens the subsequent cosmetic result. The same is seen with appendicectomy Paediatric patients who have a midline abdominal incision, rather than one in the right lower abdomen as should be used – the first two images are examples of the latter point.





The further images show 1. A poorly formed prolapsing colostomy. 2. A repositioned stoma after inappropriate midline abdominal exploration. 3. Two stomas in the same patient – which is a "never" event. The second line of photos show yet a) another patient with a very long midline incision which is not the Paediatric Surgical standard, and the last two images b +c) indicate the use of a transverse abdominal incision that is also not an appropriate standard of surgical care for these children who had their initial surgery when they were neonates.



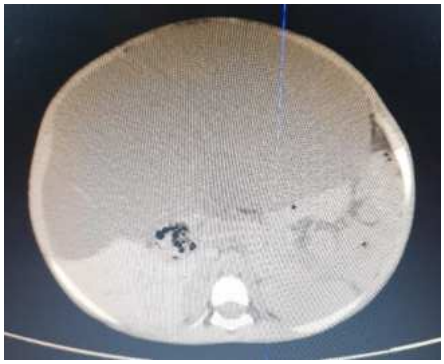


Case Study – Mozambique - 1

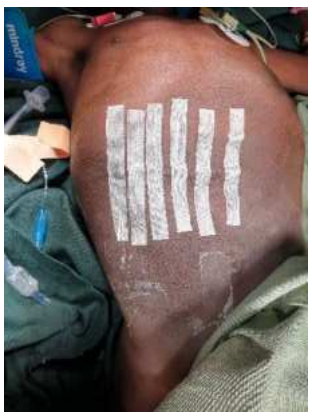
This girl presented with an abdomen that was shown to have 4.2 liters of dark red/brown fluid in the abdomen as shown on the CT scan. Under local anaesthetic, in the ward treatment room, the fluid was drained, thus, making the diagnosis and leading to a successful removal of an omental cyst. After many years of suffering the girl was diagnosed and treated with a great outcome, using limited resources that included the Kind Cuts for Kids donated catheter.

The images show the distended abdomen that was seen to be due to a localized fluid collection that was aspirated using the KCFC donated drain seen in the third picture. The first picture in the second row, is the appearance of the abdomen at the end of the brief procedure (which was tolerated well by the girl). The urine drainage bag shows some of the 4.2 liters of fluid and the abdomen at the end of the operation is shown in the final picture.

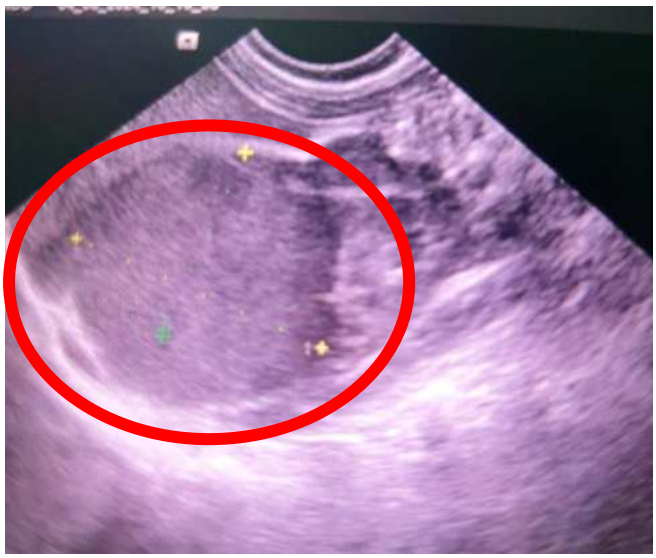
The girl made a remarkable recovery, eating and drinking normally … and smiling … in the first few days after her operation; she can now live a full and normal life.

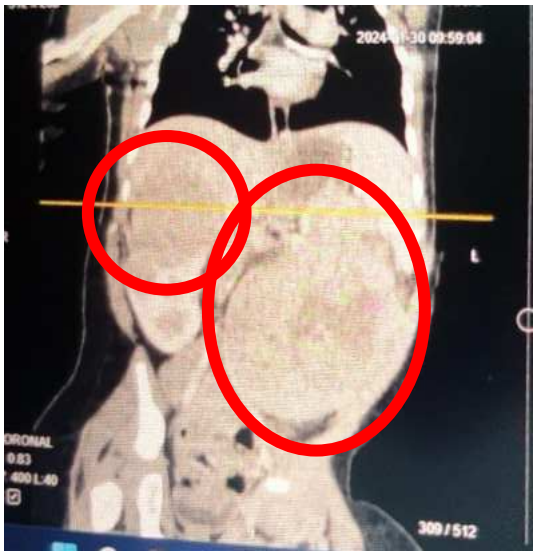







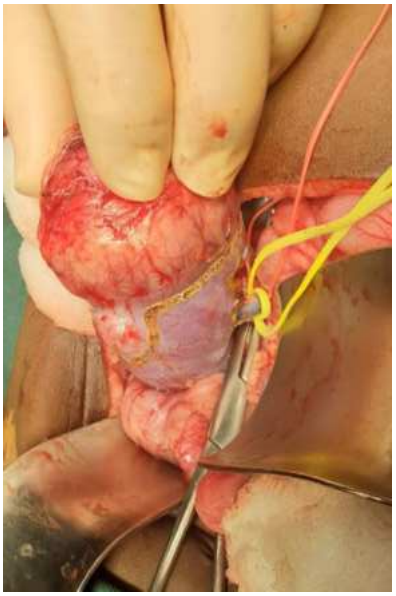
Case Study – Mozambique - 2



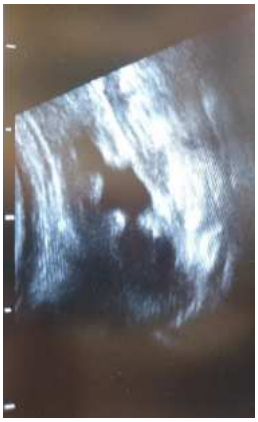


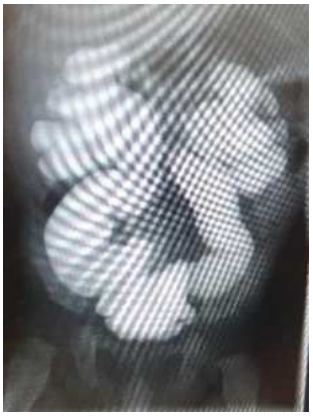
Wilms tumour is a cancer of the kidney that can be on both sides at the same time, in young children. The boy, in Mozambique is one of two children in 2024 who had surgery for this disease. The ultrasound above shows one of the tumours (seen in one of the images below in the fingers of the surgeon) sitting on top of the kidney.

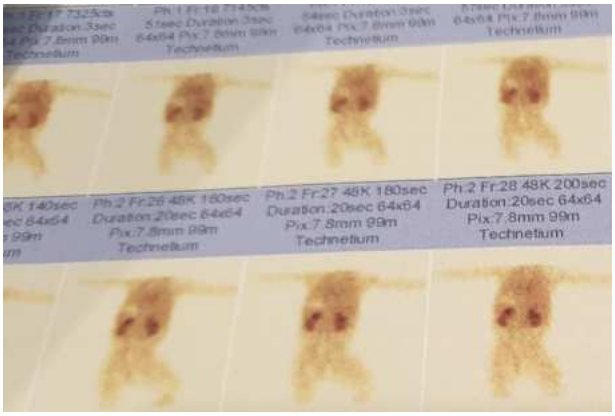
The CT scan (above) shows large tumours in both kidneys before the chemotherapy decreased the size to a dimension that made removal of both safe. The post operative photo shows the early state of the child, who remained in intensive care for a small number of days. The last image of the child was sent as a video by the parents, with the boy happily riding around on his tricycle.

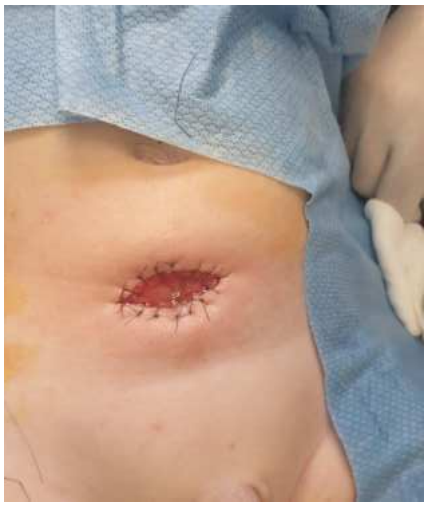


Case Study – Kosovo



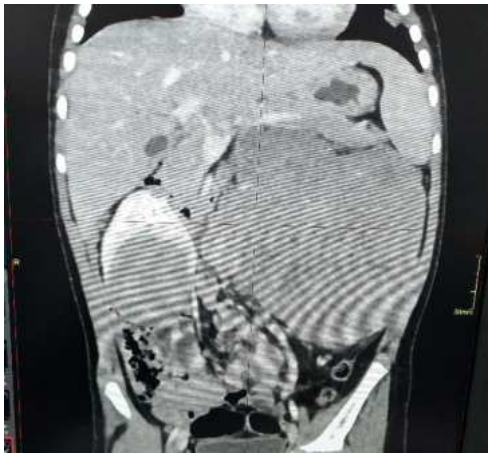


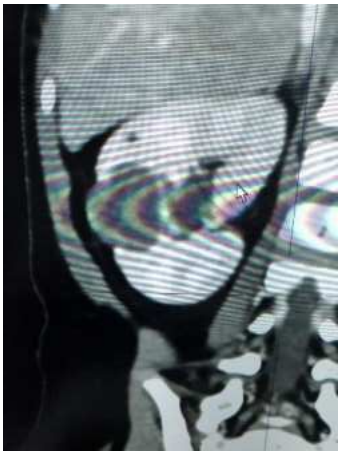




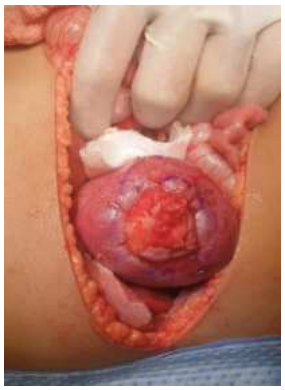
This 10 month old boy had damaged kidneys associated with high grade vesicoureteric reflux from the bladder to the kidneys. The top-left image shows one of the dilated kidneys on ultrasound, the radiograph shows contrast going from the bladder into both kidneys, that are shown to be damaged on the nuclear medicine study. The baby had post obstructive diuresis after the operation that opened the bladder to the skin, call a vesicostomy … as pictured in the lower left image. The picture above that shows the baby sleeping peacefully the day after the operation.

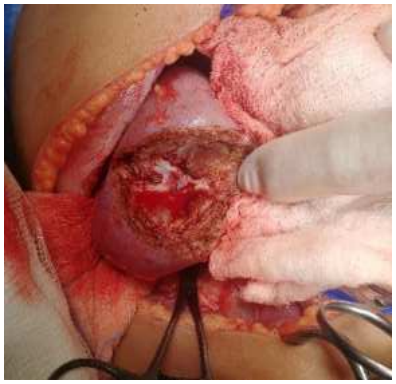
Case Study – Jordan

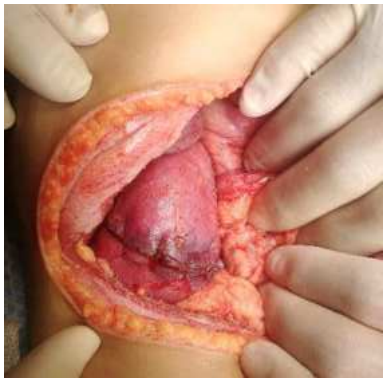




This little boy was found to have a similar tumour to the patient in Mozambique, but a more difficult to remove tumour from the least affected kidney (shown in the right, above image). The dark round area is the tumour after chemotherapy. Being in the middle of the kidney made risk of losing the kidney during the procedure much higher. Therefore, in consultation with the oncologists and local surgeons, we elected to operate only on the right side initially, particularly as the remove of the kidney and tumour and kidney on the left was relatively straight forward, but only appropraite if the right kidney survived the partial nephrectomy. The Tumour, the cut surface of the kidney and the closed, non-bleeding, well vascularized kidney is seen in the images below.

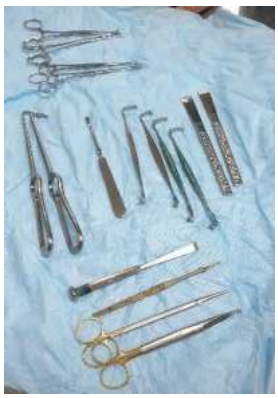


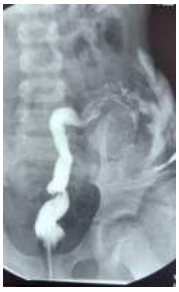


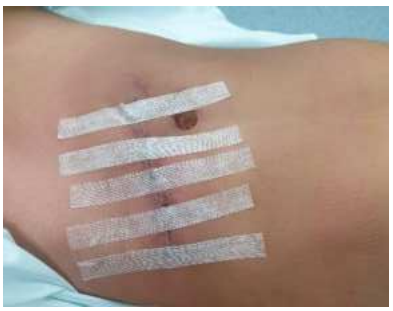


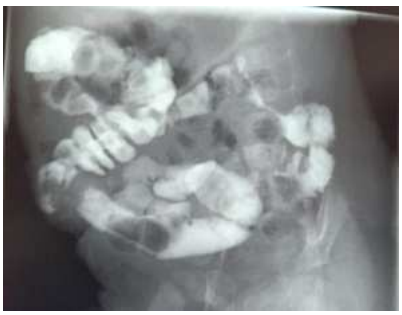
The image on the left, one the first post operative day was MOST gratifying. You can see that the urine is amazingly free of blood. A great outcome.

The Pictures Tell the Story – Samoa

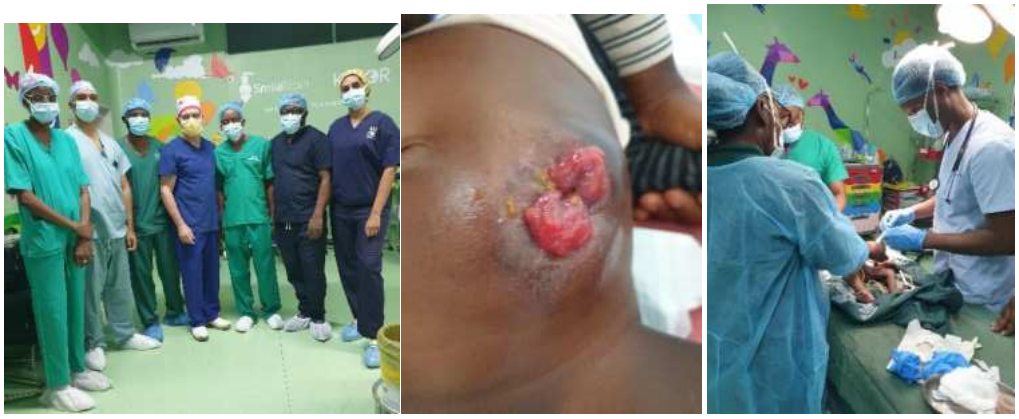


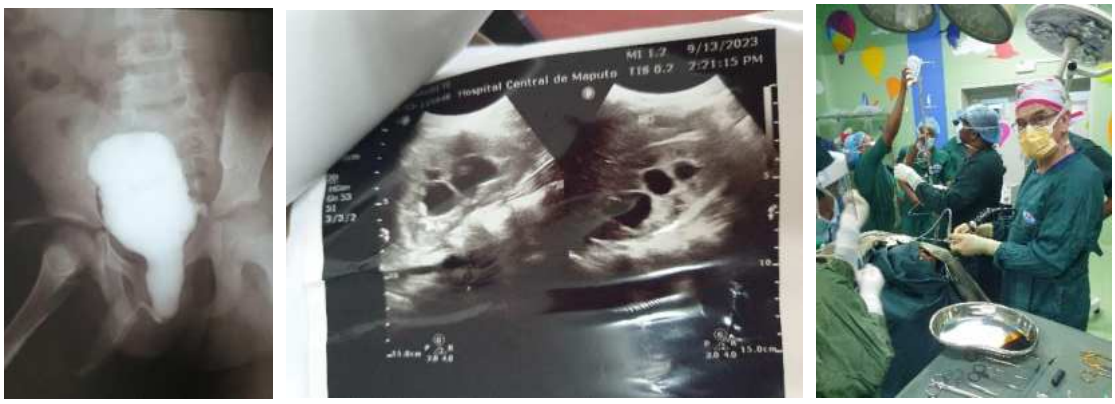






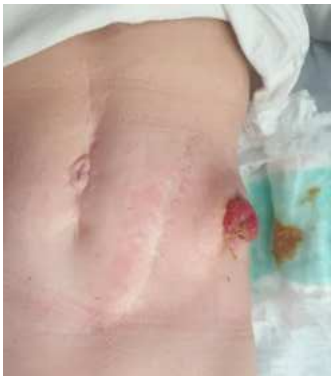
The Pictures Tell the Story – Mozambique

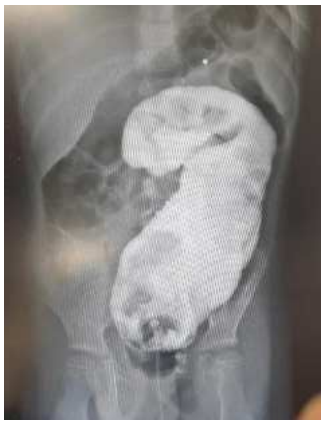
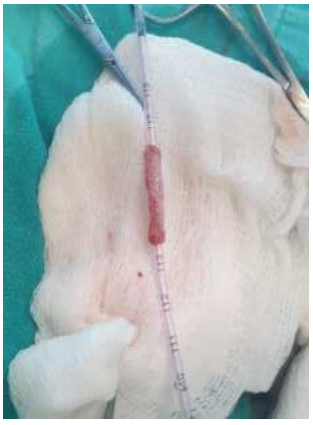


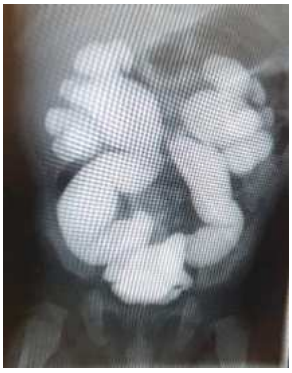
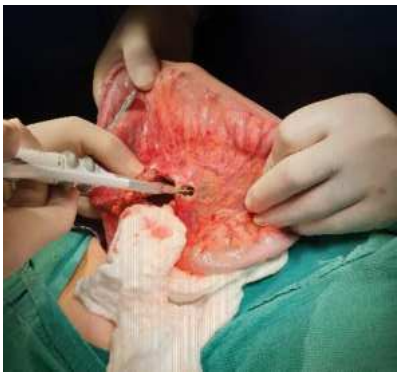
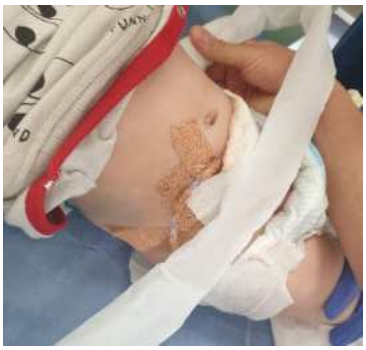
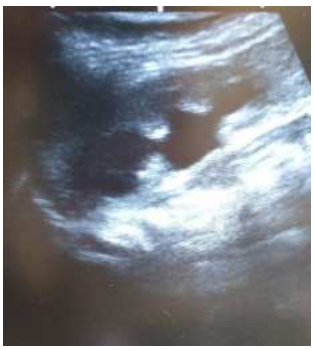


The Pictures Tell the Story – Kosovo

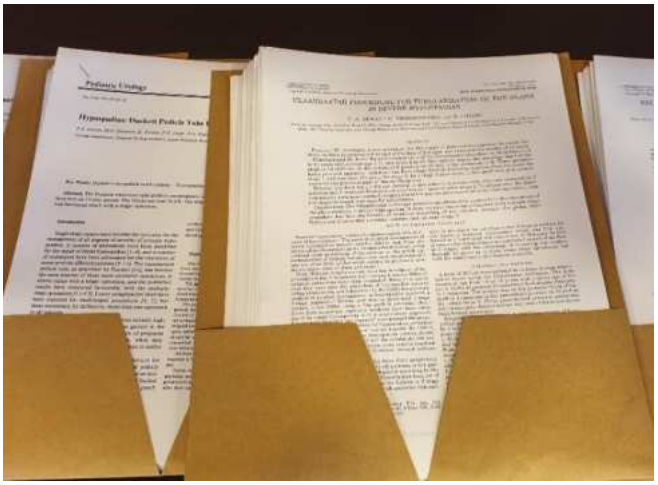





The Pictures Tell the Story – Turkey



The Pictures Tell the Story – Jordan