



A project of Kind Cuts for Kids,
supported by
Oceania University of Medicine
And
The Samoan Department of Health

Professor Paddy Dewan

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Introduction

Oceania University of Medicine (OUM), a Samoan medical school established by an Act of Parliament, was one of the sponsors of the Gold Coast Medical Association (GCMA) 2023 Conference held in Apia. Professor Dewan was invited as a speaker in his position as OUM's Dean for Australia and Aotearoa New Zealand.

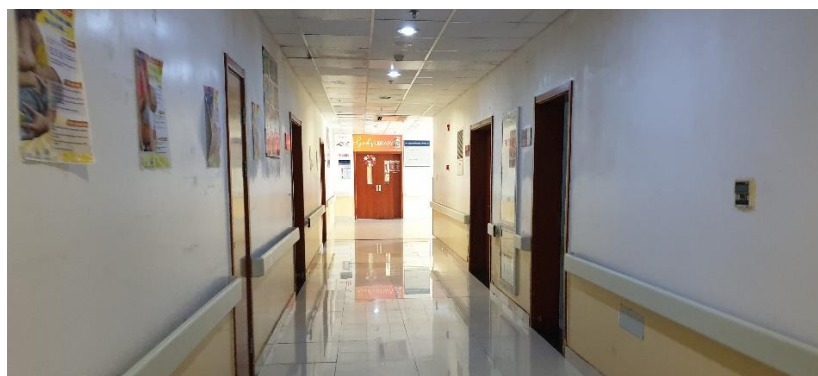
With the association of Kind cuts for Kids with PNG and the Solomon's previously, a proffered surgical teaching visit was warmly welcomed by the Samoan surgical team, which resulted in a well organised clinic on the day after the conference.

During the conference Professor Dewan talked of lessons learnt by teaching in developing countries, and the clinic reviewed 18 complex patients.

Samoa has a population of 220,000 people (38% are children = 83,000) on two main islands with no subspeciality Paediatric surgeons. There are, however, well-developed Paediatric services, although limited to some extent because of considerations of access and facilities.

The bulk of the speciality Paediatric care is provided in Apia, and much of the common Paediatric surgery is conducted by skilled general surgeons.

Visits for Paediatric surgical care have previously been undertaken by other organisations, but further work in the empowerment of the local team seems appropriate and necessary.



Clinical care

During the one-day clinic and four days of operating, 18 patients were treated, of which 11 had an operation, with a total of 22 operations: one patient had two anaesthetics and one had a procedure under local anaesthetic. An additional 9 patients were listed for review but were unable to attend: The following surgical procedures were performed on the 11 operative patients.

Closure of RV fistula	– 1
Colorectal anastomosis	– 1
Colostomy closure	– 2
Colostomy to SP incision	– 1
Contrast enema	– 1
Examination under anaesthetic	– 1
Inguinal herniotomy	– 1
Laparotomy	– 1
Pena anorectoplasty	– 1
Omentectomy	– 1
Resection of left colon	– 3
<u>Rectal biopsy</u>	<u>– 1</u>
<u>Redo 1st stage hypospadias repair</u>	<u>– 1</u>
Removal of stick	– 1
Swenson's Hirschsprung	– 1

Notably, the 9 patients who did not present for review had a range of significant pathology, including two patients with an anorectal anomaly, four with Hirschsprung disease and a stoma, two boys with inguinoscrotal pathology and one child with a vitello-intestinal anomaly. A visit is now planned for 10th to 18th February to deal with the backlog of cases, noting that many of those that did not attend the clinic that forms the basis for this report were unable to because of the difficulties of transportation and communication.

The relatively large number of cases is consistent with a similar incidence of disease internationally, but influence by a backlog due to the lack of Paediatric Surgical expertise.



The operating theatre staff, including the nurses and anaesthetist worked hard during the few days of surgery.

Case Studies

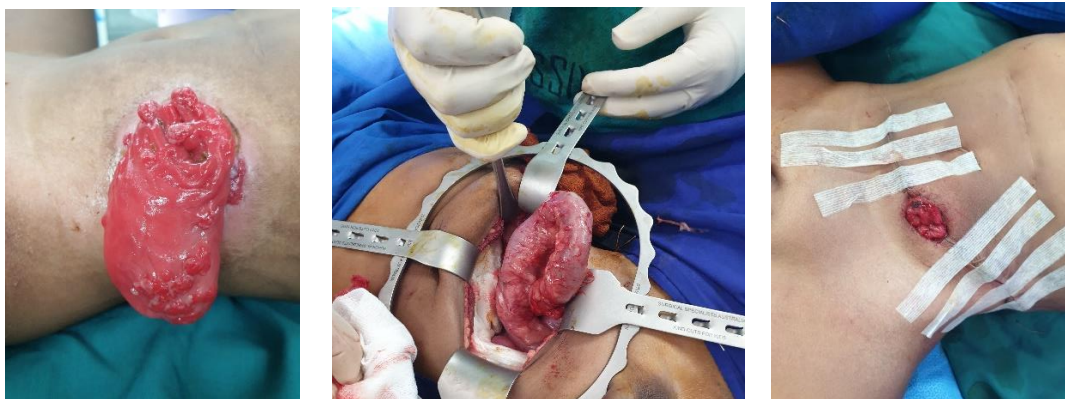
Female Anorectal anomalies

Three girls had an anorectoplasty for an anorectal anomaly, namely that their anus did not open in the current place. Of note, one was considered to have an anorectal anomaly that is known as a cloaca, which means there is only one opening in the perineum – an interpretation that had been an inaccurate assessment during a previous Paediatric surgical visit – probably because a cloaca is a very rare anomaly that is only treated frequently by teams who work around the world, as does Kind Cuts for Kids.

Hirschsprung Disease

Four children had surgery for the condition in which the lower end of the bowel does not have the normal nerves, which results it not being able to relax, and therefore become functionally obstructed. The photos, of one of the children, illustrate the incisions and colostomy placement lessons that were pivotal during the visit.

In this case, the boy had a prolapsing colostomy (left, below) and not well positioned for enabling the definitive surgery. On mobilization of the stoma, he was found to have a long length of very abnormal bowel distal to the stoma, which was assumed to be aganglionic and therefore needed to be removed (Centre, below). The last of the three photos shows the stoma in good position, with the surgery having been conducted via the suprapubic operation that will enable the definitive surgery to be subsequently performed.



Equipment

In planning the visit to Samoa, the local surgical team was contacted about what disposable materials would be appropriate following which the equipment was sourced and paid for by Kind Cuts for Kids, including catheters, sutures, tapes. They were packed with the required additional instruments, including the cystoscope that is used to investigate the bladder of children. The two-suitcase consignment is seen on display in the theatre.



One particularly important piece of equipment was the ring retractor that is shown being received by the theatre staff.



The Pictures Tell the Story – The Children



The Pictures Tell the Story – The Work

