Paediatric Radiology and Urology Teaching Program

17th -26th April 2013



Dr Padma Rao, Professor Paddy Dewan,

A project of Kind Cuts for Kids, in combination with Cape Town University and the Red Cross Children's Hospital, plus the Colorectal Unit of the Cincinnati Children's Hospital

Introduction

Kind cuts for kids has been involved with the Urological and Radiological community in South Africa since 2008, with the latest visit being the sixth year, three years of which have included contributing to the South African Urological conference.

On this occasion there were two components to the visit, the first a workshop at the Chris Hani Baragwanath hospital hosted by the Urology Unit of the University of Johannesburg. The second of the two weeks saw the team travel to Cape Town, where a change of focus for the Kind cuts for Kids organisation resulted in that candidates from throughout the African continent being funded to attend a workshop hosted by the Red Cross Children's Hospital, focussed on the Urology, Radiology and Surgery of anorectal anomalies, the latter involving faculty from the Cincinnati Children's, the Red Cross Children's Hospital, Dr Rao and Professor Dewan.

Johannesburg

The visit to Johannesburg was coordinated by Dr Greg Basiewicz, head of the Urology Unit at the Chris Hani Baragwanath Hospital in Soweto. The symposium was as follows:

Wednesday 17th April 2013	Radiology Meeting - Friends of Bara Auditorium
8:30 – 9:15	Registration + Welcome
9:15	State of the art lecture 1

9:15 State of the art lecture 1 10:15 State of the art lecture 2

- Dr Padma Rao - Royal Children's Hospital Victoria Australia

Renal Tract Obstruction in Children: Where are we Now? The role of Intravenous pyelography in children. Micturition Cystourethrogram in children: do's and don'ts. Ultrasound of the renal tract in children.

11:15 Discussion 12:00 <u>Tea</u>

12:30 <u>rea</u> 12:30 Case Presentations

12:30 – 13:30 Case presentations

LUNCH

ANVANCED URO-SONOGRAPHY IN CHILDREN

Friends of Bara Auditorium

14:00 – 15:30 Dr Padma Rao

Thursday 18th April 2013

8:00 – 8:15 Hypospadias repair

Case Presentation 1 – Registrar Lecture – Prof. P. Dewan

8:20 - 8:35	Vesicoureteric reflux Case Presentation – sting procedure – Registrar Lecture – Prof. P Dewan
	Live Cases – JD ALLEN Theatre 8
9:00 – 10:30	Major Hypospadias Repair – Prof. P Dewan
	<u>TEA</u>
11:00 – 12:00	Sting Procedure for Vesicoureteral Reflux – Prof. P Dewan
12:00 – 1300	LUNCH – FRIENDS OF BARA
13:00 – 13:15	Case Presentation 3 – Registrar
Subject:	Augmentation Cystoplasty in children
	Remarks – Prof. P Dewan
	Live Cases – JD ALLEN Theatre 8
13:30 – 15:30	AUGMENTATION CYSTOPLASTY WITH BLADDER NECK PLASTY URETERAL REIMPLANTATION
16:00 – 17:00	State of the art lecture
	Reflux and UTI in children
17:00 – 18:00 Subject:	Case Presentation Any submitted approved cases from Urology or Paediatric Surgery – MAX 3 Cases
Friday 19th April 2013	
	Friends of Bara Auditorium
7:45 – 8:00	Registration
8:00 – 8:15	Case Presentation 1 – Registrar
Subject:	UPJ Obstruction Repair
	Remarks – Prof. P. Dewan
8:20 – 8:35	Case Presentation 2 – Registrar
Subject:	Posterior Urethral Valve (PUV)

Remarks - Prof. P Dewan

Live Cases - JD ALLEN Theatre 8

9:00 – 10:30 UPJ Obstruction Repair – Prof. P Dewan

TEA

11:00 – 12:00 Posterior Urethral Valve (PUV) Ablation – Prof. P Dewan

12:00 – 1300 <u>LUNCH – FRIENDS OF BARA</u>

Remarks - Prof. P Dewan

13:00 – 13:15 Case Presentation 3 – Registrar

Subject: Non Palpable UDT

<u>Live Cases – JD ALLEN Theatre 8</u>

13:45 – 15:15 LAPAROSCOPIC ORCHIDOPEXY– Prof. P Dewan

Friends of Bara

16:00 – 17:00 State of the art lecture

Subject Upper Urinary Tract Obstruction

17:00 – 18:00 Case Presentations

Subject: Any submitted approved cases from Urology or Paediatric Surgery

- MAX 3 Cases

Sponsors for the Johannesburg Workshop









Joburg

11 cases - 4 girls + 7 boys

14 operations on 3 children – 2 boys and 1 girl

Gender	DOB	Date	Operation	Pathology
M	1/01/2000	19/04/2013	Cystoscopy	Neuropathic blad; ARA
М	1/01/2000	19/04/2013	Excision of perianal polyp	Anorectal perianal granulomatous tag
M	1/01/2000	19/04/2013	Urodynamics	Neuropathic blad; ARA
М	1/01/2000	19/04/2013	Vesicolithotomy	Vesical calculus
М	1/01/2000	19/04/2013	Young Dees Bladder neck recon	Low outlet urinary incontinence
F	22/11/2009	18/04/2013	Bladder flap continent diver	Bladder exstrophy - urethrovaginal fist
F	22/11/2009	18/04/2013	Bladder neck closure	Bladder exstrophy - urethrovaginal fist
F	22/11/2009	18/04/2013	Cystoscopy	Bladder exstrophy - urethrovaginal fist
F	22/11/2009	18/04/2013	removal of eroded sutures	Bladder exstrophy - urethrovaginal fist
F	22/11/2009	18/04/2013	Urodynamic study	Bladder exstrophy - urethrovaginal fist
F	22/11/2009	18/04/2013	Vaginoscopy	Bladder exstrophy - urethrovaginal fist
F	22/11/2009	18/04/2013	Wound revision	Bladder exstrophy - urethrovaginal fist
M	1/01/2012	19/04/2013	COPUM Fulguration	СОРИМ
M	1/01/2012	19/04/2013	Cystoscopy	СОРИМ

Gender	DOB	Date	Operation	Pathology
M	1/01/2000	17/04/2013	-	Anorectal anomaly low outlet incont.
F	1/01/2003	17/04/2013	-	Bilateral VUJ + ? Autoimmune disease
F	22/11/2009	17/04/2013	-	Bladder exstrophy - urethrovaginal fist
M	1/01/2012	17/04/2013	-	COPUM
F	1/01/2005	17/04/2013	-	Renal artery stenosis
F	1/01/2013	18/04/2013	-	Non-neuropathic neuropathic bladder
M		18/04/2013	-	PUJ Huge - no function
М	1/01/2011	19/04/2013	-	Hypospadias - proximal penile
M	30/06/2004	17/04/2013	-	Post augment dilatation
M	1/01/2003	17/04/2013	-	COPUM - post fulguration
M	1/08/2012	17/04/2013	-	Megalourethra

Johannesburg

Cape Town

21 cases – 10 girls + 11 boys 14 operations on 6 children – 2 boys and 4 girls

Gender	DOB	Date	Operation	Pathology
М	29/05/2003	21/04/2013	-	Anorectal anomaly - urethral div
М	24/11/2008	21/04/2013	-	Myelomeningocele
F	18/04/2013	21/04/2013	-	Anorectal anomaly - Cloaca
F	30/06/1998	21/04/2013	-	Meningomyelocele - neuropath
F	24/03/1997	21/04/2013	-	Bladder exstrophy
F	17/11/2011	21/04/2013	-	Anorectal anomaly - cloaca
М	17/03/2011	21/04/2013	_	VUR c Cohen + obstruction
F	29/04/2012	21/04/2013	_	Anorectal anomaly - cloaca
F	24/04/2004	21/04/2013	-	Urine incontinence - VACTERL
М	27/12/2006	21/04/2013	-	Anorectal anomaly - cloacal exstrophy
М	15/06/2012	21/04/2013	-	Bladder exstrophy
М	20/03/2013	23/04/2013	-	Cystic fibrosis; meconium ileus
F	28/11/2007	23/04/2013	-	Vesicoureteric reflux - V
М	28/01/2013	23/04/2013	-	Cobb's collar
F	27/02/2007	23/04/2013	-	Anorectal anomaly - cloacal anomaly
F	3/11/1998	23/04/2013	-	Anorectal anomaly - cloacal exstrophy
М	30/06/2012	23/04/2013	-	СОРИМ
М	8/10/2012	23/04/2013	-	COPUM
М	4/01/2013	23/04/2013	-	Ureterocele + hydronephrosis
М	25/04/2013	25/04/2013	-	Urethral diverticulum - ARA
F	18/04/2013	25/04/2013	-	MCK - R; PUJ L - low

Gender	DOB	Date	Operation	Pathology
F	30/06/1998	21/04/2013	Ureterocystoplasty	Meningomyelocele - neuropath
F	30/06/1998	21/04/2013	Ureterostomy - TUU EP	Meningomyelocele - neuropath
F	24/03/1997	22/04/2013	Wound revision	Bladder exstrophy
F	24/03/1997	22/04/2013	Young Dees Bld Neck recon	Bladder exstrophy
М	29/05/2003	24/04/2013	Cystoscopy	deficient perineal body
М	29/05/2003	24/04/2013	Pena - perineal body	Urethral diverticulum
M	29/05/2003	24/04/2013	Pena – urethroplasty	Urethral diverticulum
F	24/04/2004	24/04/2013	EUA	Urine incontinence
F	24/04/2004	24/04/2013	Young Dees Bld Neck recon	Anorectal anomaly

Gender	DOB	Date	Operation	Pathology
M	25/04/2013	25/04/2013	Cystoscopy	Urethral diverticulum - ARA
F	18/04/2013	25/04/2013	Cystoscopy	MCK - R; PUJ L - low
F	18/04/2013	25/04/2013	DJ stent – L	MCK - R; PUJ L - low
F	18/04/2013	25/04/2013	Retrograde – L	MCK - R; PUJ L - low
F	18/04/2013	25/04/2013	Retrograde – R	MCK - R; PUJ L - low

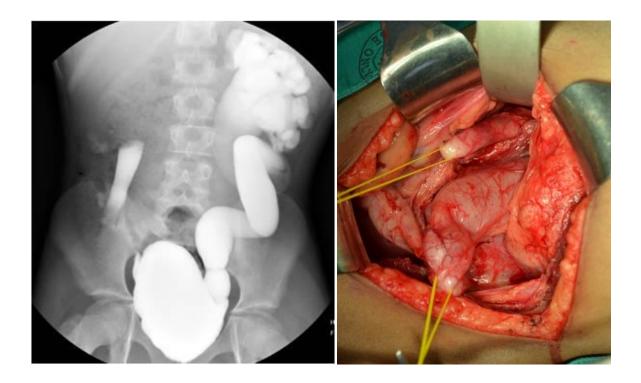
Lessons learnt in developing countries – Hospital Grand round – 200 people



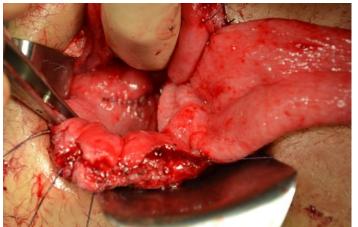


Clinical Work

Case Study 1



A thirteen year old girl with spina bifida suffered from recurrent urine infections was developing renal failure, despite using a catheter to drain her bladder several times each day. The images show the Xray contrast that was instilled into to her bladder refluxing up to her left kidney, from a deformed high pressure bladder. The operative photos show the success of the procedure to mobilize both ureters through a left flank incision (top right). The left ureter, at the bottom of that photo was then divided and connected to the right side ureter that is being pulled by the second yellow tape. To the right of the bottom left image the opened left ureter is seen next to the open bladder into which it was then sewn, producing a huge neo-bladder with the ureterocystoplasty; possibly only the second such procedure in South Africa.





Case Study 2



Case Study 3



