

Vietnam Paediatric Surgery and Radiology Collaboration

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A project of Kind Cuts for Kids,

Funded by DEK Technologies, and supported by the National Pediatric Hospital, Hanoi



Introduction

The National Pediatric Hospital has a proud history of being a leader in the development of children's services in the South East Asian region through local innovation and the development of collaborations with multiple centres throughout the world, having progressed from being solely a recipient of education visits from other institutions to being a provider of visiting educational teams into South East Asia since Kind cuts for Kids first visited in 1998. This is the third visit of Kind cuts for Kids, but the first to include a third country and the first to include radiology.

The visit was initiated through a request from DEK technologies, a Vietnam/Australian company that has previously partnered with Rad Kivette of VinaCapital Foundation to assist children in need of medical care in Vietnam.

The Collaboration in Hanoi was through in International Department of the National Pediatric Hospital with the enthusiastic support of Dr Phuc Pham and his staff, involvement of the head of Urology, Dr Le Anh Dung, ably assisted by the newly appointed Vice-director Dr Nguyen Duy Viet. The radiology component of the mission was administered by the head of radiology, Dr Tran Phan Ninh.

Large numbers of patients were reviewed in a hand over session, a complex case paediatric urology clinic and a paediatric surgery clinic, plus there were numerous cases in which Dr Boateng was involved to enhance the educational value of his visit. In reality, Vietnam has contributed to improving the standard of care for and African nation. Many more patients were managed with the collaboration of Dr Rao with not only the Radiology Department, but with the clinical teams involved in the many sessions in which she was included.

The hospitality of the National Pediatric Hospital was note-worthy and included the hosting of two dinners and the provision of superb lunches. In addition, the Australian Embassy in Hanoi hosted a reception during which equipment was donated from Kind cuts for Kids to both Vietnam and Ghana; also the Australian Consul-General have supported the projects potential reach into Ho Chi Minh City.

Report from Dr Boateng Nimako

The Hanoi Team

An excellent group of polite, hardworking, and very accommodating people. I had good interactions with the locals. There was provision of assistance from them whenever needed. A visit to the city center was interesting as I ended up teaching English to both high school and university students who had been sent out to practice the language with any foreigner on site. There were even lower graders who ask permission to speak before approaching. These are group of disciplined and hardworking people who seem to have kept their cultural norms intact over the years. I was totally surprised by their attitude— making the best use of the little resources at their disposal. For someone coming from a similar environment of developing country, this was a priceless experience. Such interactions provide invaluable information on different ways of achieving a country's set goals using local resources.

The hospital has found ways of maximizing space by converting pre-anaesthetic rooms into operating rooms and has also tried to integrate current technologies into the medical practice. Professional development has been tailored to provide services for the country and outcomes look excellent from my perspective. There are areas of improvement, as it is in all setups but the overall impression was excellent.

Interaction with the local surgeons were excellent, although we started off slowly. The surgeon attached to our team had willing ears and listening attitude in a ready-to-learn mode. My personal interactions with the other surgeons were very informing.

Visiting Team

This consisted of Prof Dewan, Dr Rao (radiologist), and myself (Dr Nimako). We were all accommodated in the same hotel and picked up in the morning and brought back by transport provided by the hospital. Daily interactions between the team members were excellent and spanned from professional to social. Various avenues to provide help to deprived areas like my center were discussed. My other team members, with lots of experience, were always willing to provide answers to any questions I posed. I had personal fruitful interactions with Prof Dewan. Our waiting times in the operating theatre were filled with case discussions and He was so willing to impart his knowledge and experience— a very excellent teacher indeed.

In a semi-formal visit to the Australian embassy in Hanoi, an offset cystoscope was donated to me for provision of much needed services to the children of Ghana. This was a total surprise and the impact it will have on the provision of care is immeasurable. The good Professor provided advices and instructions on how to take good care of the piece of equipment. He also asked me to provide a list of instruments I need for provision of care in my hospital. This is a clear demonstration of his “teaching to fish” attitude.

The approach to management demonstrated by Prof Dewan during the visit was legendary. I had a lot experience in managing complex clinical conditions using limited resources imparted to me. On top of it all, he is willing to come to my hospital in Kumasi-Ghana to provide care and impart knowledge. A

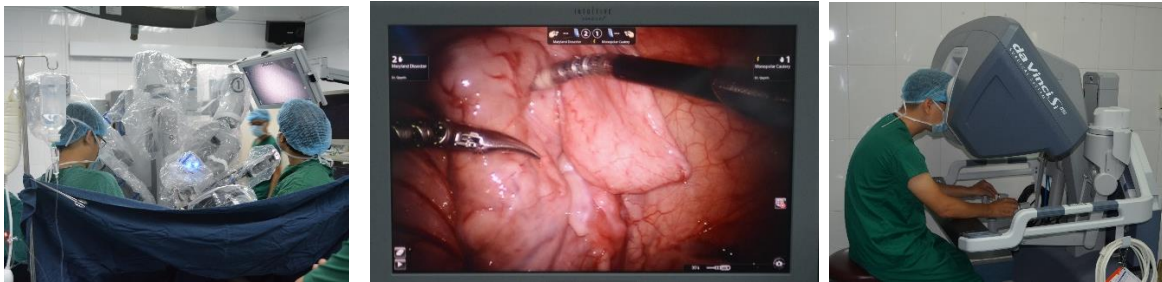
visit which is bound to happen because I would organize all the logistics necessary to make his visit a success.

Dr Rao has offered to help train some of our radiologists in the provision of pediatric radiologic service. We do not have pediatric radiologist in hospital and probably the whole country. With the planned visit to Ghana being an opportunity to interact with our radiologists, her experience would be so much welcomed. The visit would provide information on the scope of necessary assistance we need.

Radiology Report

Surgical Technique Advances

In the 15-year interim between the 2001 and 2016 the National Paediatric Hospital has had significant progress in the infrastructure, including the acquisition of a Da Vinci Robot, and the development of great building facilities that are yet to develop for the operating theatre.



There were a number of circumstances that could be further developed with minimal resources that the Urology Unit were receptive. Notable short-falls included:

1. Urine drainage units are previously intravenous fluid containers – below left.



2. Diathermy tips are modified, rather than built for purpose – above right.
3. Urethral catheters are latex, not the safer silicone.
4. Bladder drainage is via the urethra after augmentation, rather than suprapubic.
5. Management of urological endoscopic equipment would allow for better longevity of the equipment – below left.



6. Diathermy pads are single use but are reused – above right.

And were aspects of care that were able to be enhanced by the contribution of the visiting team, including:

1. Nephrostomy tubes can be removed with a pressure modulated approach, by elevating the container above the patient.
2. Anterior osteotomies are useful additions to the closing of the pelvis in the management of cloacal exstrophy and bladder exstrophy.
3. Skin closure uses interrupted subcuticular sutures, rather than a subcuticular continuous suture.
4. Diathermy tips are changed to be safe, rather than the best equipment alternative being available.
5. Midline incisions for laparotomies – not usual in most paediatric surgery centres.
6. Single layer bowel closure is now international best practice.
7. Purpose built nephrostomy tubes do not seem to be available.
8. The role of visiting experts could be better defined.
9. Surgical lectures were underutilized and not serviced by an interpreter service.

Lectures given by Professor Dewan

1. COPUM
2. Tricks of the trade
3. PUJ obstruction
4. Urine infection and VUR
5. Urological rarities

Clinical Activity

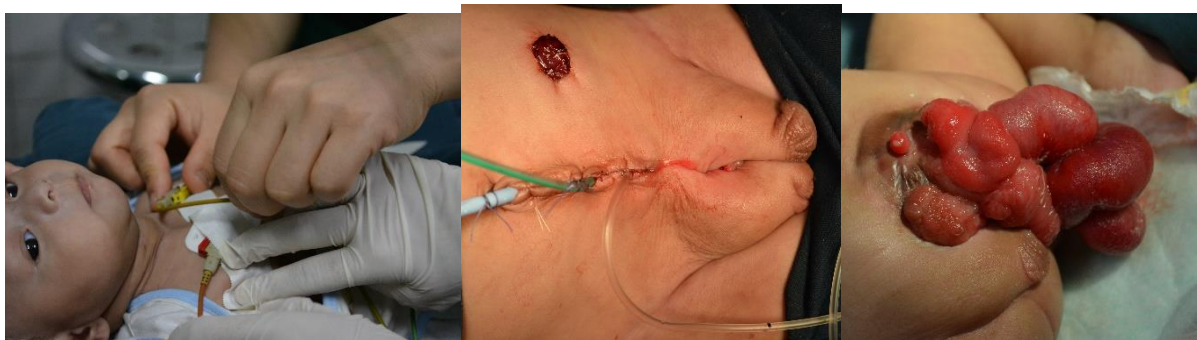
Professor Dewan was involved in the care of 25 patients and 45 treatment episodes and but was also involved in review of multiple other patients in the ward and clinic in both the National Children's Hospital in Hanoi and Pediatric Hospital #2. Professor Dewan was involved in 12 operated cases.

Clinical Surgical Cases

Case 1



Case 2

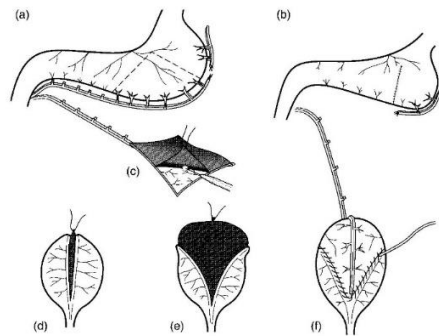
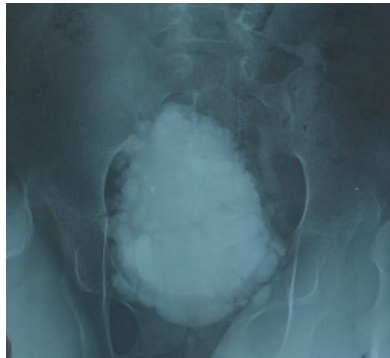


Case one and two are similar, they both have cloacal exstrophy in which the bowel and the bladder are joined and open together onto the skin in the lower part of the abdomen. In case 2 a further complication has occurred resulting in the bowel telescoping through the external hole, a process known as intussusception. In the first case, the fragile state of the patient resulted in only closure of the bowel component, whereas the little boy was able to have both the bowel and bladder components of the problem managed.

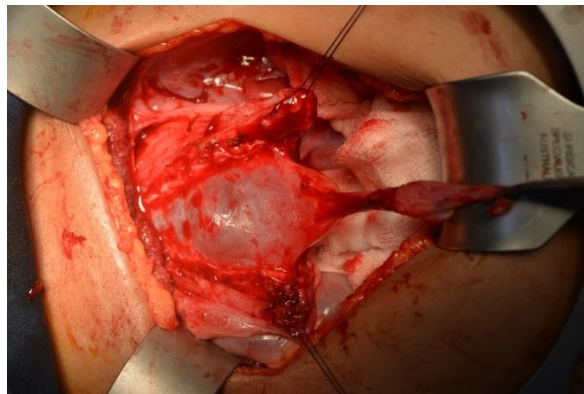
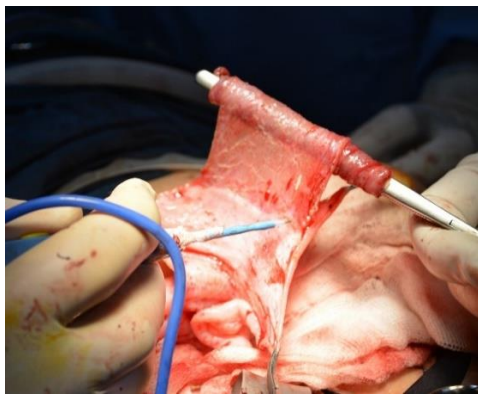
Clinical Surgical Cases (cont'd)

Case 3

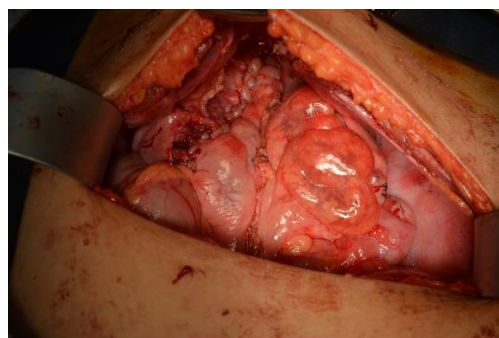
In 1998 the technique of ureterocystoplasty was used for the first time in Vietnam, during a visit of the Kind cuts for Kids team. On this occasion a 11-year old girl with incontinence underwent a Autoaugmentation demucosalised colocystoplasty. The first images shows the cystogram that indicates that state of her bladder, the second is an illustration from the laboratory work of the original publication of the technique that used the stomach;



a patch of muscle from the bowel is denuded of the gut lining (the mucosa is rolled onto the instrument), and added to a created bubble of only the lining of the bladder, seen in the second picture.



The bladder, now a combination of bowel and bladder, but with only bladder lining is sutured along each of the edges, then placed into the abdomen.



Australian Embassy Diplomatic Event - Hanoi



A reception was held on October 4th at which the Ambassadors wife and Mr Layton Pike hosted the event at which donations were made to both the National Children's Hospital, through Dr Phuc and Dr Dung, show with Professor Dewan and Mr Pike in the left photo. Dr Nimako is photographed with Professor Dewan and Mr Pike – enthusiastically receiving a cystoscope donated to his Paediatric Surgery unit in Ghana.

Ho Chi Minh City

The time spent in Ho Chi Minh City was to further the relationship with the staff of the company that has funded the visit to Vietnam, collaborate with Vena Capital through meeting with Rad Kivette, and to inform and seek assists for future Vietnam/Australian collaboration in a meeting with the Consul-General for Australia, the Honorable Karen Lanyon. We also undertook to make contact with the urology staff of the Pediatric Hospital number two.

A presentation of the work of kind cuts for Kids was attended by a significant proportion of the DEK staff in the HCMC office, which was followed by a lunch meeting at the Australian Consulate, followed by a visit to the Urology Unit to meet with the head of unit Dr Phan Tan Dux and his associate Dr Ho Minh Nguyet, a visit during which a proposal for a mission to deal with complex cases at the Paediatric Hospital #2 was provisionally with a return visit early in 2017.



Following a presentation to the DEK technology staff, Rad Kivette, Loan, Professor Dewan and Daniel Tedesco was hosted to lunch at the Australian Consul Karen Lanyon, following which Professor Dewan visited the Paediatric Hospital #2, where he met with the Urological staff and was introduced to patients and staff on the ward.



Conclusions

Since the previous visit of Kind Cuts for Kids to Hanoi there have been major developments, including:

1. Ureterocystoplasty was introduced then and has since been used extensively.
2. Trainees have gained access to training in Australasia.
3. The hospital has a surgical robot.
4. The Hospital has substantially more building infrastructure than previously, but the development of the operating theatres is yet (soon) to happen.
5. Various consumables remain a problem, but less so than previously.
6. Urological endoscopic management would be appropriately improved by education and the purchase of new equipment.
7. Further visits to Ho Chi Minh and Hanoi for the educational exchange in both Paediatric Urology and Radiology would be appropriate.

Donors

The principle donor for the visit to Vietnam was DEK technologies, with an additional contribution from the Kind cuts for Kids fundraising, to which the following donors contribute. Cook Urology Australia also contributed equipment to the mission. The National Children's Hospital in Hanoi also provided substantial support for the visit with the provision of transport and meals both during the day and the evening.



LAWSON DELANEY

