A project of Kind Cuts for Kids,

supported by

Paradise Hospital, Port Moresby

Papua New Guinea

Professor Paddy Dewan

May 2026

Introduction

The visit to PNG on this occasion is the 28th visit of Professor Dewan. This particular visit seems to have had the most profound impact on the well-being of children with surgical pathology, because of the vision and commitment of many, including Dr Kennedy James and Dr and Mrs Sios, owners of the Paradise Hospital. The mission and the potential significant nation-wide advances in the care of children being a mutually held dream of the Paradise Hospital CEO, Dr Chalau and Professor Dewan, since 1993. Dr James, Professor Dewan, Dr Chalau and Janet Sios are pictured below during the airport arrival.

While the success of the outcome for the patients is the primary achievement, there are many other aspects that deserve mentioning, particularly because they will take Papua New Guinea to a much higher level of near-future achievement for the care of kids.

Firstly, there has been excellent collaboration between the Port Moresby General Hospital, for which particularly thanks owed to Dr Kone Sobi, the POM Gen Director of Medical Services. However, the children cared for were facilitated by Dr Duggam and Dr Apamumu, for which they deserve recognition – with the contact being enabled by Dr Jack Mulu, Paediatric Surgeon to POM Gen,

Secondly, the involvement of the media enabled additional patients to be identified and the message of the prospect of better outcomes from collaboration and sharing expertise. The stories were showcased in major newspaper articles and in an interview on NBC's "Current Affair" program.

Thirdly, and very importantly, the owners and senior staff of Paradise Hospital have had the vision of where Paediatric Surgery can go into the future with collaboration that focuses on the clinical ability of PNG doctors.

It is hoped that the collaboration developed during this visit, with the expectation of a PNG Kind Cuts for Kids being set up to promote and sponsor Paediatric Surgery development will result in both country-wide improved services and the creation of a tertiary centre of excellence at the Paradise Hospital.

Clinical Care

In the 7 days providing clinical care, 15 patients were reviewed, including 4 legacy patients from several years ago, including one with an anorectal anomaly who was first treated during the March 1993 outreach trip.

Seven children (3 girls and 4 boys) had 20 operations during 8 anaesthetics, with the longest operation being 9 hours. They ranged in age from 9 months to 10 years.

The operations performed were:

Anorectal angle enhancement
Colostomy – divided
Division of adhesions
Drainage of superficial abscess
EUA Anus – 3
Evacuation of Faecoma
Excision of large sacral lipoma
Laparotomy – 2
Pelvocutaneous anastomosis – R
Pena anorectoplasty – 2
Pyeloplasty
Rectal resection – partial
Rectosigmoidectomy
Renocutaneous anastomosis – L
Sigmoid to anal canal

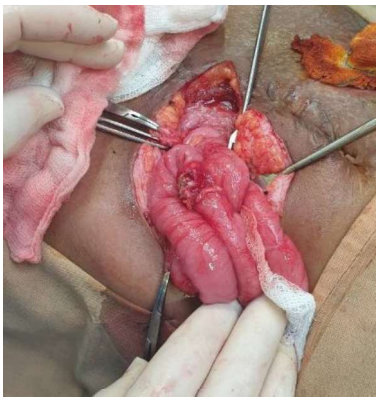
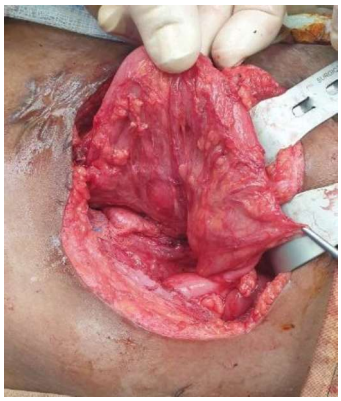
Professor Dewan and the Paradise Hospital nursing staff on the final operating day.

Case Study 1

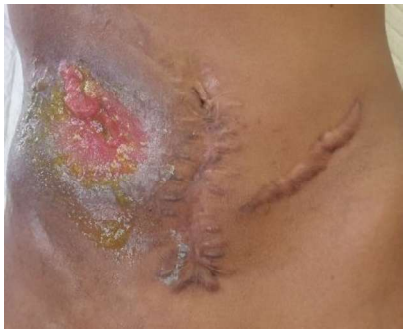
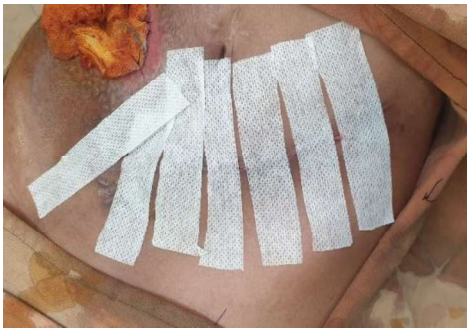
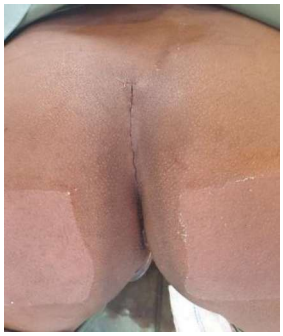
Our first and longest operation was on a 10-year-old girl who had undergone 7 previous procedures for Hirschsprung's. She had developed virtually complete obstruction of the bowel just above the anus that had required the reestablishment of her colostomy, but only after an episode of life-threatening illness. Her operation on the first day of surgery during this visit, began with her previous transverse scar being excised, and extended. The marked adherence of the bowel loops meant a lengthy operation that eventually enabled to sigmoid colon to be released sufficiently for the second phase of the operation to be possible. The abdominal wound was closed and a second operation commenced after she was placed in the face-down in what is known as the prone-jackknife position.

The second incision led to an operation that combined the procedures used for two different conditions; thus, the bowel was able to be attached to her anal area. The girl had a trouble-free recovery and will return home within a week of her marathon operation.

The images below show the adhesions of the bowel (left), with the freed sigmoid colon (middle) and the pouting bowel after pulling it into the second part of the operation.

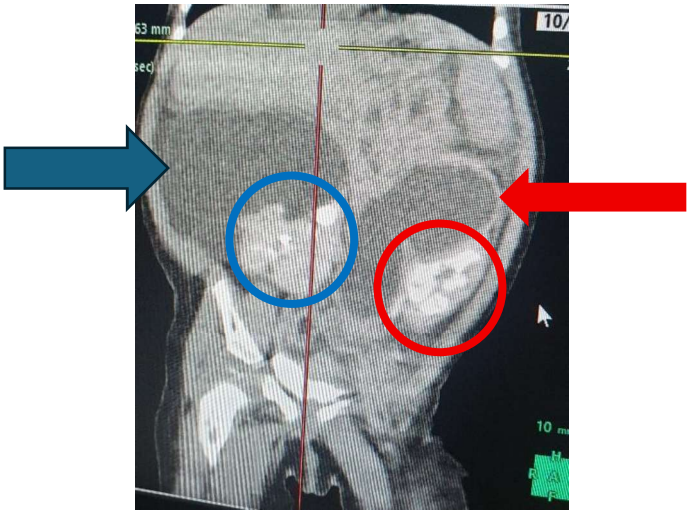




The further three images show the abdomen with the right sided stoma and the problematic incisions that have been tidied during the operation. The third image is of the cut in the midline between the buttocks – yes, the third image above was 30 minutes before the one below.

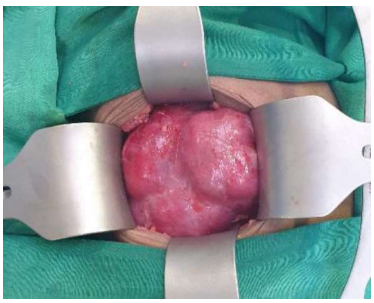




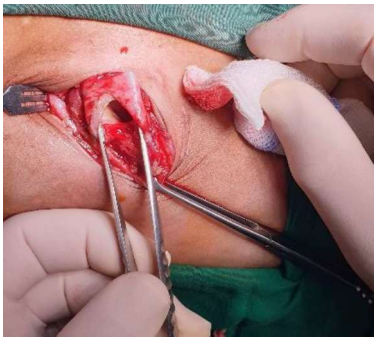
Case Study 2

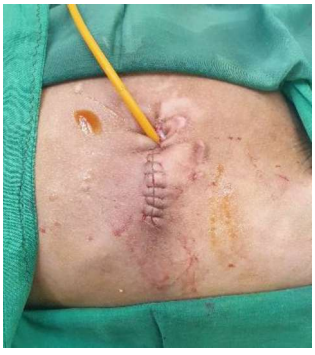
A nine-month-old girl had been in hospital since September with recurrent infection in her urine, having had attempts to drain two large urine collections that were formed because she has a double kidney on each side. One of two CT scans is shown below with the ***red circle*** indicating the functioning lower part of the left kidney and the ***blue circle*** highlighting the functioning lower part of the right kidney. She has had the life-saving surgery of joining the obstruction upper components of bilateral double kidneys to the skin.



The ***red arrow*** in the above image is pointing at the dilated upper pole of the kidney that is seen through the incision in the below image (top left). The bottom left photo is the open pelvis of the right kidney in the region of the ***blue arrow*** (above). The two right images are the left (upper image) and right operations of joining the upper part of the respective kidney to the skin.

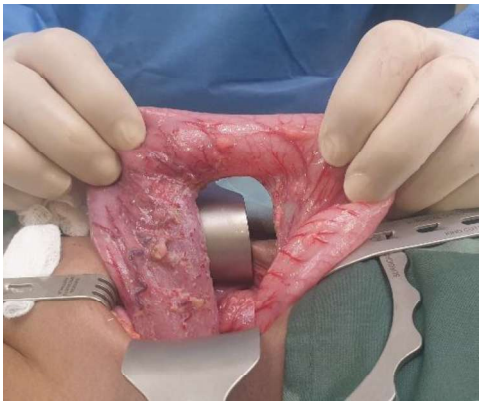
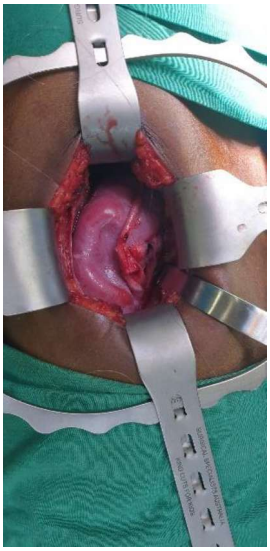


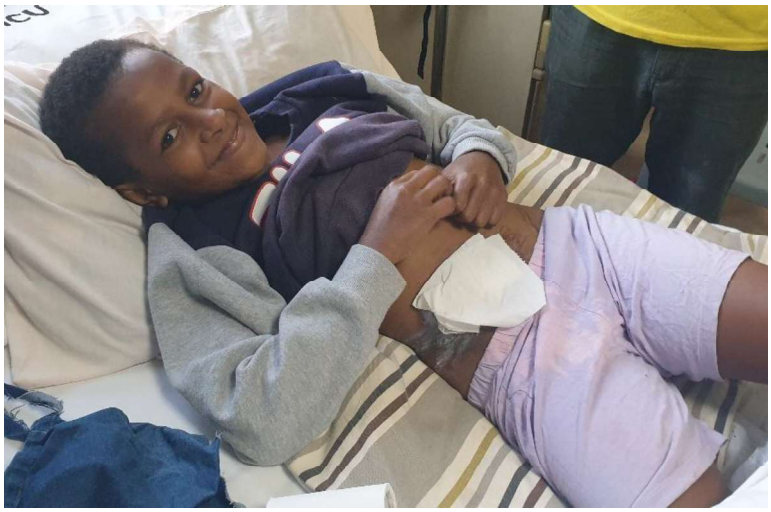




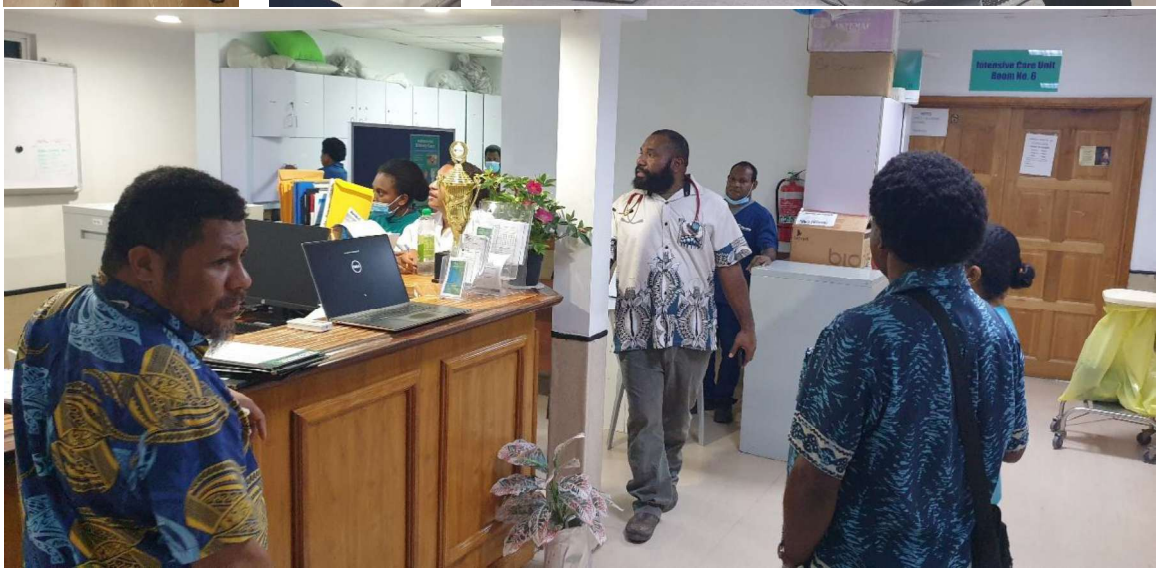
The Pictures Tell the Story – The Patients






The Pictures Tell the Story – The Work



Lessons Learnt

1. Fixation of colostomy before opening the lumen.
2. Palmar grip of the needle holder.
3. Appropriate limitation of the use of three-dimensional radiological imaging.
4. Appropriate planning of abdominal incisions.
5. Critical thinking in the management of complex duplex kidneys.
6. Managing renal obstruction without stenting.
7. Megarectum management.
8. Treatment of Gallstones in children.
9. Wound revision in redo surgery

Future Direction

Paediatric Surgery in Papua New Guinea has been developing over the last 34 years, particularly with the support of Kind Cuts for Kids. However, despite the development of a University teaching program for the specialty, there is still a vast need for improvement in the care of children with surgical disease. And, while resource limitation is a significant challenge, much of the need can be satisfied by clever use of current resources and developing strategies for the maximisation of the use of PNG surgical skills, combined with clever use of out of country assistance.

There has been an under utilisation of telehealth to empower local surgeons and, as is the case throughout the medical world, there is over reliance on the use of diagnostic tests. Also, there has been a less-than-ideal level of collaboration between those who are able to assist with the surgical care of children, plus systems of continuous quality improvement that should be maximised to reduce complications and improve access to care.

The enhanced collaboration between public and private demonstrated during this visit needs to be enhanced, the muted Kind Cuts for Kids, PNG will improve access of surgeons to patients and patients to surgeons.

The future of Paediatric Surgery is looking very bright, and with the trainees tapping into teaching opportunities through partnering with colleagues in Africa both remotely and via fellowships in African centres of excellence, there is likely to be the realisation of Paradise Hospital becoming a tertiary centre of excellence and PNG being a regional hub for Paediatric Surgical expertise.