



Editorial

PEDIATRIC SURGERY – CHALLENGING SPECIALITY IN SAARC REGION



Pediatric surgery is a relatively new speciality in developing countries that got its due recognition only about 4 decades back. It is a demanding speciality with the facilities, including the trained surgical faculty, nursing and technical staff. The Federation of Association of Pediatric

Surgeons from SAARC (South Asia Association for Regional Co-operation, FAPSS), a scientific body was established in 2004 for the closer interaction and sharing of knowledge on common pediatric surgical diseases being managed under almost similar economic conditions.

Present status of the specialty in SAARC region:

The main strength of pediatric surgery in developing countries is the massive clinical work load. SAARC countries deal with more than 600 million children less than 14 year of age, constituting about 40% of its total about 1.5 billion population. The clinical workload in the specialty is immense. Due to limited options available, the surgical work is mostly directed to major institutions in metro cities.

Most patients have to travel long hours even for short distances. The spectrum is wide dealing with the congenital anomalies, trauma, cancers and infection related complications in children, from newborns to 12 year age, or sometimes even 16 or even 18 year age in many centres. The antenatal care is limited and only 10-15% anomalies can be detected pre-natally, offering limited scope for termination even for major defects. Tumor load is also mammoth, patients

presenting with the bulkier and in advanced stage. The spectrum of trauma is also different. Instead of the fast motor vehicular with fatal injuries, in developing nations, the trauma constitutes from the fall from roof, drowning in the wells, hit by vehicles while crossing the road, buried under the collapsed house wall and so on. Pyloric stenosis, appendicitis, gastroschisis, Crohn's disease are much less common.

The private sector is blooming with specialists but is quite expensive especially for the treatment of newborns major malformation, requiring ICU care. The treatment for commonly seen malignancies in children is also very expensive. The specialist centres for high care areas are only a few and the diagnostic modalities are limited. The multimodality treatment for cancers remains beyond the reach of the common man. The insurance for the congenital malformations is almost non-existing and in general the cover is only for less than 2% population.

The awareness among the general population about the speciality is limited thus very few patients seek appropriate medical advice at the right time. They usually present late and have visited many places before they reach the proper place for treatment. Organ transplantation remains a major challenge due to lack of facilities, shortage of donors and the high maintenance cost involved. Well developed expertise in the field of endoscopy, urology, oncology and neonatal surgery is available only in limited centres.

Well equipped neonatal surgical intensive care units are present in only a few centres. Shortage of funds and job opportunities offer limited opportunities for transplant programs, conduct clinical and experimental research in molecular biology, tissue engineering and

stem cell therapy. However, by en large, the pediatric surgeons in the region have passion to work and learn. They remain committed to work even in the adverse situations and treat the children suffering from various surgical disorders.

Workshops, conferences and CME programs are being held in various countries quite often to create awareness and spread the current knowledge in the field. Journals are being published from India and Pakistan to keep abreast with the latest developments and also share the knowledge across the geographical barriers. The latest addition is the publication of the Journal of the Association of Pediatric surgeons from Bangladesh. Scientific books in General pediatric surgery, oncology, neonatal surgery and many others fields, have also been published for the documentation of the past experience gathered in the specialty from this region for the benefit of the future generations. Many national orations, medals and awards have been initiated to recognize the contributions made by the pediatric surgical fraternity across borders. International collaborative programs and exchange visits have also been initiated. The Lister and the Greenwood fellowships floated by the British Association of Pediatric surgeons, are the recent additions to promote exchange visits of the surgeons from SAARC to attend BAPS congress and visit some well known centres in UK.

Speciality with a difference :

Pediatric surgery is a speciality with a difference. The specialist requires knowledge, feathery touch, hard work and dedication. A pediatric surgeon before joining the training program in the specialty should demonstrate a commitment rather than just an opportunity coming on the way in the career. There are certainly many other branches of surgery which are much more lucrative and with better opportunities for career growth and remuneration. Persons with passion and mission only need to join the specialty.

Pediatric Surgery has developed quite well in developed nations and very competitive with general surgery, including in the field of minimally invasive surgery, robotic surgery and transplant surgery. The antenatal diagnosis and counseling has changed our thinking process and so also the management

strategies in the recent past. Reconstructions performed in the early childhood need to be followed up in adolescents to re-assess the efficacy and the acceptability. A single person is unlikely to be a perfect expert. A multidisciplinary expert group involving neonatologists, gynecologists, urologists, intensivists, pediatricians, adult surgeons, laparoscopists, parents and psychologists is required for the better management of the child.

Needless to say, a complete pediatric surgeon has a dual responsibility. He should not only be a competent and trained child surgeon but should equally be a good pediatrician. Our expansion of knowledge to deal with various systems of the body has necessitated the need to develop many subspecialties in this field. Nurses and technical staff also need to update and upgrade themselves to match with the progress and contribute effectively in delivering the services.

Surgical training is an art. It can not be learned from books and Journals. One has to work with a surgeon in a team to learn the art of diagnosis, investigative plan and the craft of surgery and not to forget the postoperative care. One should not follow the newer operative techniques blindly. It is better to improve upon the techniques one has learned over the years to master the same and achieve better results rather than to switch over to new surgical procedures frequently. In the era of telemedicine and telesurgery, the distances have reduced. One should make use of such opportunities by collaborating with well established centers in the world for closer interaction. It is also equally important that one does not become slave to the equipment and gadgets. These are only to assist the surgeon to facilitate and assist his technology. Absence of these should not render him helpless.

There is still a need to develop the pediatric surgery speciality in all Medical Colleges in SAARC Region for improving the teaching, research and patient care. There is a need to develop a few centres of excellence at the state level and national level with facilities for organ transplantation and dedicated molecular and experimental animal research.

We still have to go a long way to establish ourselves as specialists in pediatric surgery in this region competing with the general surgeons. We have to

continue to create awareness amongst the general public and emphasize to the pediatrician and surgical colleagues on the need for the child to be treated only by the specialists dealing only the children. We have also to ensure to utilize the available resources effectively and conduct only the need based research. Efforts should also continue to meet, exchange and share the experience to refine our treatment methodologies best suitable to the children in the region. Remember, the medicine should be practiced for the patients and not for the doctors.

In the end, I take the opportunity and congratulate the Editorial Board and the Association of Pediatric Surgeons of Bangladesh for taking the initiative and starting the new Journal in the speciality from Dhaka.

It would not only encourage the members to publish their clinical and research work but also promote closer interaction in the region across the boundaries.

Not to hesitate to mention that to start the journal may be easy but to maintain its circulation and the quality in publication and contents is more daunting.

Wishing you all the best on the inaugural issue of this Journal published.

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