



RCS Global Christmas Appeals Update for Donors Winter 2020

For the past three years, our Christmas appeals have had a global focus and as the festive season approaches again after what has certainly been a turbulent year please see below an update on the appeals that received your generous support.

Christmas 2017

Improving Survival from Gastroschisis in Sub-Saharan Africa - Raised £16,987

Despite all the challenges of 2020 due to the Covid-19 pandemic, the project led by Miss Naomi Wright has been able to proceed as planned. Thankfully the new Gastroschisis Care Protocols were implemented last year and the project was fully up and running when the pandemic struck.

There have been many obstacles to overcome to improve the survival for neonates with gastroschisis in the Sub-Saharan setting but in spite of this, their progress is good. In the 2 years prior to the study, there were just three survivors across all seven study sites - all specialist paediatric surgery centres. Since the study commenced there have already been 50 survivors and they are only 80% of the way through the 2-year study.

Before the study the mortality was 97% across the seven study centres (compared to 2% in the UK and other high-income countries). The overall mortality is now down to 75% with some centres achieving a mortality rate of 50%. This project is giving more neonates a chance at life as they are now seeing many more presenting with gastroschisis from further away who were previously dying in the community without referral.

The mortality is still fairly high but the reduction achieved so far is a major stepping-stone. We are learning so much from the process and of course for the mothers and families of the 50 neonates who have survived it means the world.

Your donations enabled a paediatric gastroenterologist to join the team and visit every hospital in the study to help establish a way of providing IV nutrition for newborns. This was successful in six of the seven centres and they continue to try to get IV nutrition from Zambia to Malawi for the last study site so they have this resource too. This not only benefits the babies with gastroschisis in the study, but many more babies who cannot feed in the first few weeks of life either because of a surgical problem or because they are premature.

Earlier in 2020, Miss Wright developed a series of short videos demonstrating every step of gastroschisis treatment from birth to discharge. These videos have been distributed to enable refresher training and training of new team members. The outputs from the study are far reaching having been shared on websites and social media to over 10,000 followers.

Take a look the videos: <http://globalpaedsurg.com/gastroschisis-care-protocol-videos/>

Naomi wishes to reiterate her thanks for the support of the Royal College of Surgeons of England Christmas Appeal that funded a Paediatric Gastroenterologist and Neonatal Nurse Specialist to accompany her to each study site. They provided the vital multi-disciplinary team training and expertise to make this project a reality - together we have been able to achieve so much more.



Royal College
of Surgeons
of England

ADVANCING SURGICAL CARE

Christmas 2018

We funded the first surgical high dependency unit in eastern Uganda - Raised £25,009

Mbale Regional Referral Hospital (RRH) in eastern Uganda serves a population of over 4.5 million, and before our 2018 appeal had no high dependency unit (HDU) for intensive care following surgery.

The hospital has 470 beds, sees over 60,000 inpatient admissions and performs more than 5000 major operations each year. It is the only hospital in the region with a casualty department and receives major trauma patients on a daily basis. Patients who required a higher level of care would have had to travel six hours by road to the nearest HDU, in Kampala.

Funded by the Royal College of Surgeons of England 2018 Christmas Appeal, the first High Dependency Unit (HDU) in Eastern Uganda opened on 15 March 2019.

The unit has now been open and accepting patients for 18 months. Everyone who donated to this project helped to turn the dream for high quality surgical care in Eastern Uganda into a reality and to date the unit has admitted 420 patients.

COVID-19 has led to a significant drive from the Ministry of Health to expand the Intensive Care capacity across the country and due to the success of the unit; they have expanded to accommodate two intensive care beds. This expansion has only been limited by availability of nursing staff.



In the summer of 2019, they admitted a 6-month-old baby to the HDU following major surgery. The baby was very unwell with an obstructed bowel and a large segment of dead gut had to be removed during an emergency operation. She was admitted to the ward and was able to receive the close monitoring she required. The nurses were able to protect her airway despite her vomiting, administer oxygen and carefully provide the appropriate quantity of intravenous fluids. Thanks to the excellent care she had received, her condition improved considerably. Just four days later and against the odds, she recovered and was discharged safely to their surgical ward. Undoubtedly, the surgical HDU played a crucial role in her survival.

This project has already had a significant impact on mortality rates. Of the patients admitted to the HDU, 68% are emergency laparotomies. Mortality rates of this subset of patients before opening were 17% and have now dropped to 10% since opening. In the first year, the HDU saw a 44% relative reduction in the number of deaths following laparotomies.



Christmas 2019

Improving access to surgical care for children with inguinal hernia in Nepal – Raised £16,750

Inguinal hernias in children are one of the most common surgically treatable conditions. Many of these are untreated in Nepal because of a lack of access to safe surgical care for children resulting in premature deaths due to bowel obstruction. The aim of this project is to train rural doctors to perform surgery safely in rural Nepal.

In early February 2020, Health Partnership Nepal (HPN) and RCS England surgeons Ms Shabnam Parker (Paediatric Surgery Consultant, St George's Hospital London), Ms Jessica Ng (Paediatric Surgery Registrar, Royal London Hospital) and team travelled to Nepal for 2 weeks to set the groundwork for the project. It was a packed schedule travelling between two hospitals at opposite ends of Nepal but extremely fruitful.

HPN's first visit to Bayalpata Hospital in Achham

This hospital serves a population of over 1 million covering eight districts and it can take patients a week to travel there. It is one of the most remote and deprived districts in Nepal with one of the highest mortality rates for children.

Dr Bikash Gauchan, the medical director and lead doctor at Bayalpata Hospital, welcomed them.

They held a Paediatric Inguinal Hernia Workshop with doctors and nurses so the HPN/RCS England team could learn more about the hospital and their existing practices. The following day they were in theatre and observed an emergency caesarean section and a sick child needing surgery for an infected broken tibia bone. The 24/7 surgical team were slick during these emergencies and it was quite clear the Bayalpata team had all-round skills and were resourceful with limited equipment.

HPN assisted with a planned inguinal hernia surgery in a case on a 9-year old boy. They use regional rather than general anaesthesia, as it is safer in the remote rural hospital setting. While there, the visiting team established that the surgical team and remote facility at Bayalpata Hospital were skilled and motivated enough to receive additional training for inguinal hernia surgery, making it a good candidate for future visits.





Returning to the Pilot Project at Charikot Hospital in Dolakha

The HPN team met again with Dr Binod Dangal, the medical director and lead rural doctor for the Charikot Hospital, which is based within the epicentre of a devastating earthquake in 2015. They spent time talking through the hospital staff's experience of caring for children with inguinal hernias since the last visit. The Charikot team had performed a further 15 cases since HPN's departure and there had been no post-operative complications or recurrence of inguinal hernia to date. However, they encountered some technical difficulties during surgery relating to the delicate tissue handling in children.

The Charikot team had 5 children scheduled for the inguinal herniotomy operation (performed under sedation and regional anaesthesia) and this enabled them to work with the HPN team and help to further advance their surgical technique.

The HPN team delivered 2 days of additional training on caring for sick children including simulation training in resuscitation in a variety of situations. Nurses and doctors found this extremely useful particularly when caring for children undergoing emergency surgery.

What's next for Paediatric Inguinal Hernia project?

HPN had planned to revisit Nepal in autumn 2020 to continue the project however; due to the Covid-19 pandemic they are now reviewing the timing of the return trip. When they do return, they will revisit the Charikot and Bayalpata hospitals as well as two new ones in Salyan and Sangkhuwasabha.

Thank you once again for your kindness and generosity that make all these projects possible.