

## PAGES Operation Hope

### Mission Report 2017

#### INTRODUCTION

PAGES' 27<sup>th</sup> annual cleft lip and palate mission was located in Angeles City at Ospital N Angeles from 3<sup>rd</sup> – 11<sup>th</sup> February 2017.

#### PROCESS OVERVIEW

All patients attending for potential surgery progress through the following process:-

- Registration
- Blood test – FBC / CBC
- Chest X-ray
- Weight measurement
- Medical assessment
- Surgical assessment

This year we collected data and initiated a database to not only inform this report but to build epidemiological data with the aim to inform and educate locally and internationally regarding cleft lip and palate in the indigenous Filipino population.

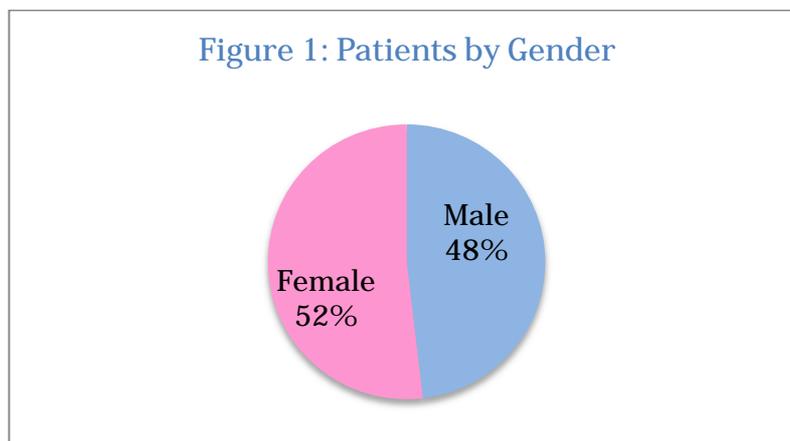
#### SCREENING

136 patients attended for screening in total. Excluded from the data were a small number who registered but did not advance further through the screening process. That is to say they did not meet a member of the PAGES team and had their wishes discussed. No further information was available as to why they had attended but did not stay for further evaluation.

**Table 1: Basic demographics**

<b>Male</b>	65
<b>Female</b>	70
<b>Youngest</b>	1 month
<b>Eldest</b>	39 years
<b>Average age</b>	6 years
<b>Median age</b>	3 years
<b>Mode age</b>	2 years

**Figure 1: Patients by Gender**



119 patients were scheduled for surgery.

- 3 patients did not re-attend for surgery.
- One patient was cancelled on the day as no consent obtained for local anaesthetic – general anaesthetic contraindicated due to possible pregnancy.
- One patient was cancelled as local ENT surgeon no longer available (necessary to assist and provide equipment required).
- One patient was found to have acute necrotizing gingivitis at operation, had teeth extracted and washout, surgery discontinued, antibiotics commenced and re-scheduled for later in the week (which proceeded and completed).
- One infant operation cancelled due to anaesthetic difficulties.

**Table 2: Not scheduled for surgery**

<b>Surgery not appropriate / necessary</b>	3
<b>Deferred until older</b>	3
<b>Parents cancelled</b>	2
<b>Not medically cleared</b>	2
<b>Medical treatment advised</b>	2
<b>Did not wait to see specific team member</b>	1

One parent cited the child was too scared and hence cancelled.

Two children were not medically cleared; one had complex congenital heart disease (partial anomalous pulmonary venous connection), one had severe faltering growth suspected to have Edward's syndrome with limited life expectancy and counseled accordingly.

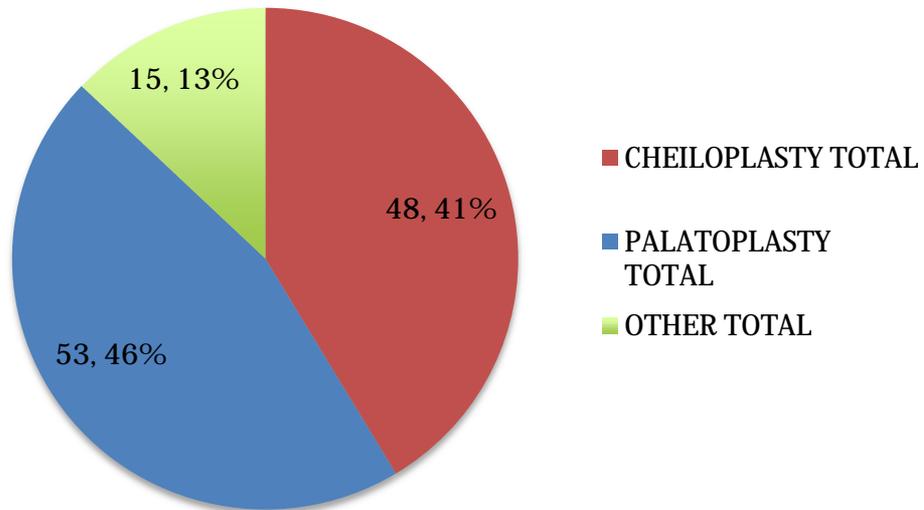
At least 3 children had pre-operative antibiotics for chest infection identified at screening and surgery postponed for later in the week, with pre-op review. All proceeded to surgery. Two children had peri-operative IV ampicillin and post-operative oral antibiotics cardiac prophylaxis for clinical diagnosed VSD, as per European Society of Cardiology guidelines.

Reasons for no surgical clearance include further investigations required (CT head), prosthesis advised, speech understandable and surgery not necessary, substantial grafting and surgery necessary so deferred to another year/centre due to time constraints, microtia and deferred until at least 8 years old, medical treatment with propranolol suggested for haemangioma.

## **SURGERY**

In total 116 procedures were undertaken on 113 children, as far as the author is aware. Some patients had a secondary procedure planned as a possibility. The author is confident that the primary planned procedure was completed; for those in which this was not the data collectors were informed. However the authors are aware that not all secondary procedures are necessarily accounted for e.g. child planned for palatoplasty with possible lip revision.

Figure 2: Breakdown of Procedures



## CHEILOPLASTY

Figure 3: Cheiloplasty by location

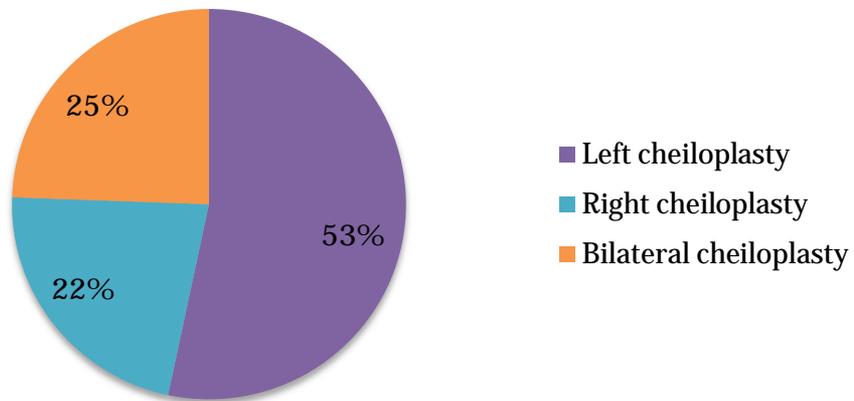
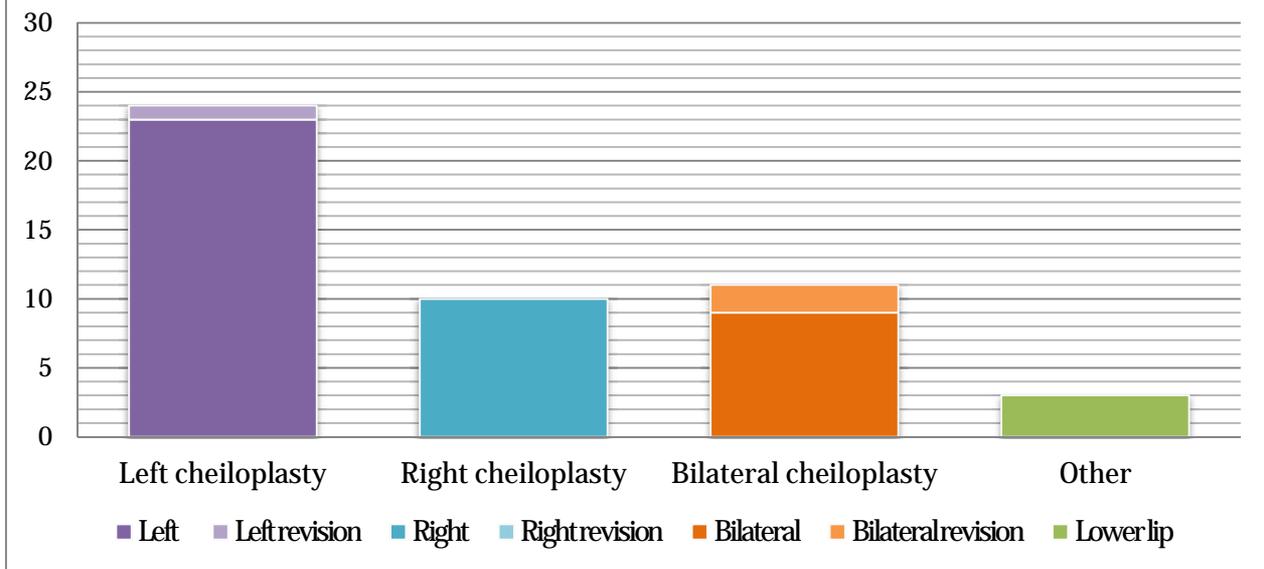


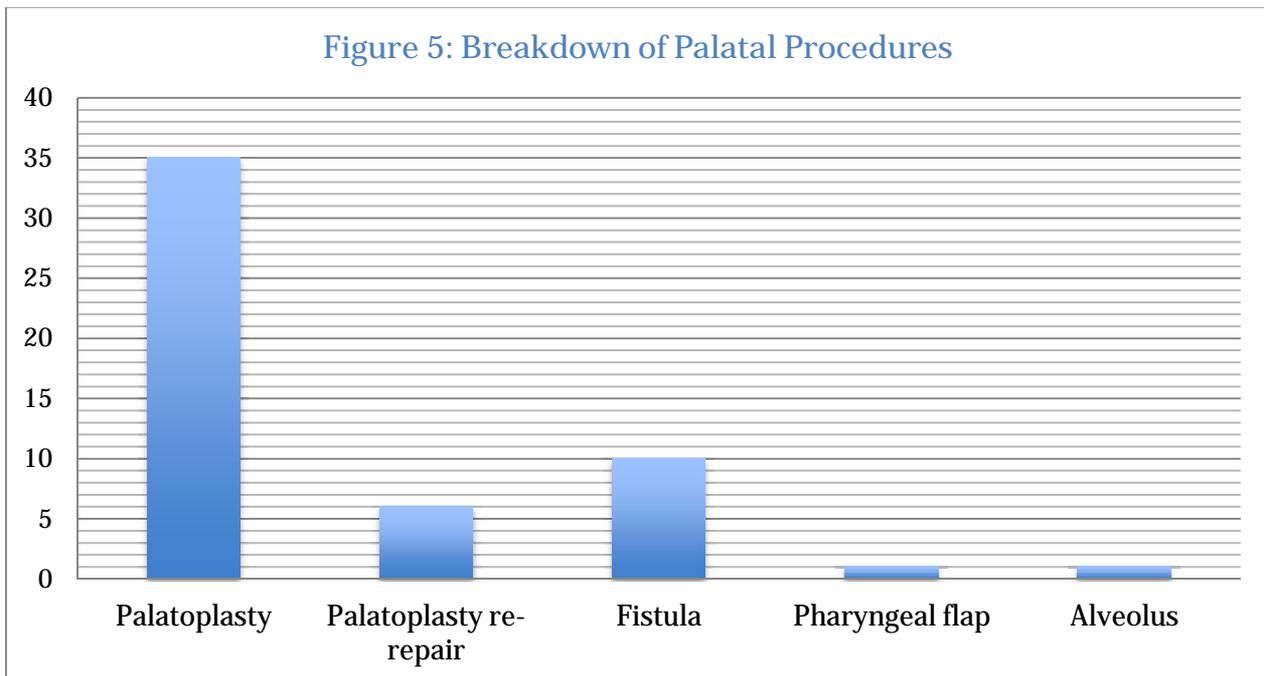
Figure 4: Breakdown of Cheiloplasty by Location



Lower lip cheiloplasty - two children who had lower lip pits (van der Woude syndrome) and a third patient who had previous noma disease and reconstructive surgery.

## PALATOPLASTY

Figure 5: Breakdown of Palatal Procedures



Further information breaking down the palatoplasties [as per surgical screen] by site (left, right, soft, incomplete etc).

## OTHER

15 procedures classified as other were undertaken as follows:-

**Table 3: Other Procedures**

Frenectomy	2
Nose revision	2
Tooth extraction	2
Bilateral wedge excision toenails	1
Syndactyly release	1
2nd stage nasal reconstruction	1
Right tesser 7	1
Excision lump ?cyst	1
Mucocoele dissection	1
Removal foreign body	1
Excision naevi + lumps	1
Gingivoplasty	1

## EDUCATION

In addition to on-site training and education, formal lectures and demonstrations were given by Dr Elmer David MD and Eden Trinidad RN on subjects including neonatal and paediatric life support.

## CLINICAL GOVERNANCE

### *Problem 1*

Possible pregnancy revealed on day of surgery

### *Solution*

Incorporate question into routine screening of all post pubertal females and have testing kits available.

### *Problem 2*

Infant re-attended with diarrhoea after oral antibiotic administration at home. Antibiotics dispensed, not reconstituted, to ward in patient own bag with English and Tagalog instructions, though prescription specific details (dose and frequency) only in English. Post-operative nursing staff gave general advice to parents on mass regarding antibiotic reconstitution and administration, depending on parents who did not understand to ask.

Parents took teaspoon of antibiotic powder then added small amount water to this and gave to child, rather than reconstituting whole bottle. One dose given and diarrhea ensued. Parents contacted PAGES and re-attended. Patient admitted for observation.

### *Solution*

Antibiotics dispensed to ward evening prior to discharge. Night nurses reconstituted medicines. Each patient given individual discharge advice and medication instructions.

Tagalog post-operative instructions to be developed further to include specific prescription details.



### *Problem 3*

Infant fluid overloaded. No IV fluid regulator “Dial-A-Flo” sets available this year. Child reviewed by paediatric team, fluid discontinued and monitored.

### *Solution*

Purchase IV fluid regulator sets to be used in all children < 6 months old and high risk patients for future missions.

### *Problem 4*

Parent counseled as to significant concern for severely faltering growth in child, clinical diagnosis of underlying life limiting condition and short life expectancy. No confidential or private consultation area to break bad news.

### *Solution*

Identify area prior to screening commencement to conduct consultations requiring privacy, either for examination and or discussions.

### **Acknowledgements**

Many thanks to the PAGES team, volunteers, sponsors and patients. Specific thanks to the staff of Ospital Ng Angeles and the admin team for their invaluable patience and assistance in collecting the data, looking after the patients and contributing to another successful PAGES mission.

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