

# Surgical care in-transition from paediatrics to adulthood

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### *Wikipedia*

*Transitional care refers to the coordination and continuity of health care during movement from one healthcare setting to another as care needs change during the course of chronic or acute illness.*

## Differences in adult-oriented and child-centered care

### Adult care

- Patient is expected to be independent
- Consensus guidelines to guide clinicians in the treatment of young adult patients are often missing

### Paediatric care

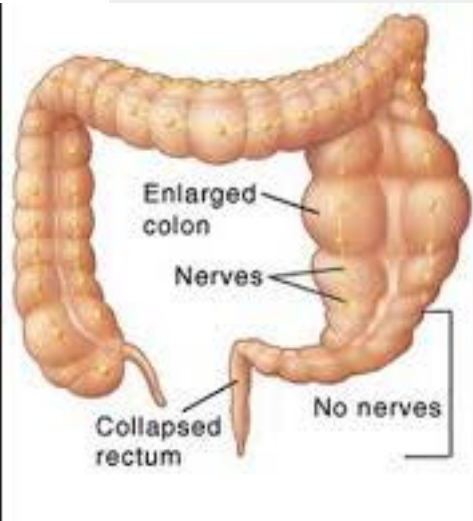
- Family-focused
- Child reliant on parents
- Few communication channels exist between paediatric and adult health care systems

## How to facilitate smooth transition

- ☐ Combined first visit
- ☐ Paediatric surgeon remains available
- ☐ Adult provider should receive detailed medical records
- ☐ Transition treatment protocol
- ☐ Patients associations and specific support groups may help

Specific paediatric surgical  
conditions often needing care into  
adulthood

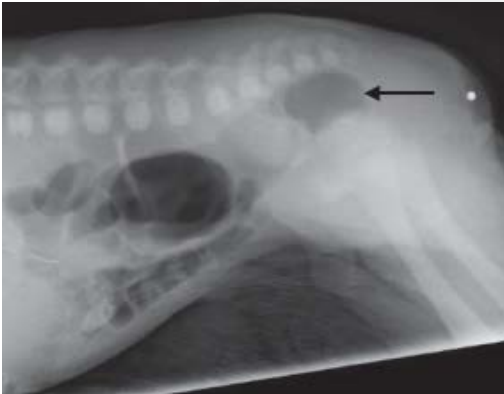
## Hirschsprung's Disease



### Potential long-term problems:

- ☐ Dysmotility
- ☐ Hirschsprung associated enterocolitis
- ☐ Strictures, adhesions
- ☐ Stooling difficulties
- ☐ All of above impacts on quality of life in adulthood

# Anorectal Malformation



- Spectrum from mild or “low” to severe or “high”
- Longterm outcome depends upon the extent of the disease
- Other congenital associated abnormalities are common and can have an impact on longterm morbidity

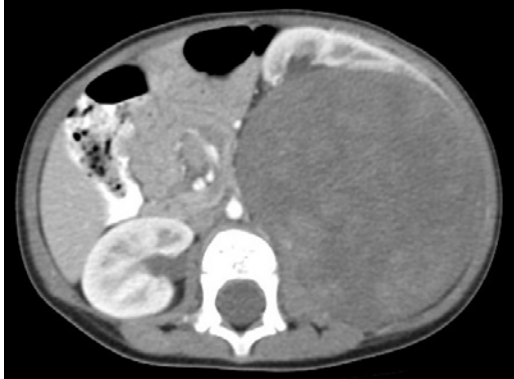
## Short bowel syndrome



- ❑ Initial insult requiring massive bowel resection
- ❑ Provision of parenteral nutrition (PN)
- ❑ Risks of PN: PN associated liver disease, venous thrombosis
- ❑ Enteral nutrition (EN) promotes intestinal adaption
- ❑ Dysmotility and enteral dilatation can cause bacterial overgrowth and sepsis



## Wilms tumor



### Nephrectomy for Wilms tumor

- May affect renal function
  - Single kidney
  - Nephrotoxic chemotherapy
- Regular BP, electrolyte and renal function checks
- Caution with nephrotoxic drugs, NSAIDS
- Risk for adhesions and bowel obstruction

## Germ cell tumors

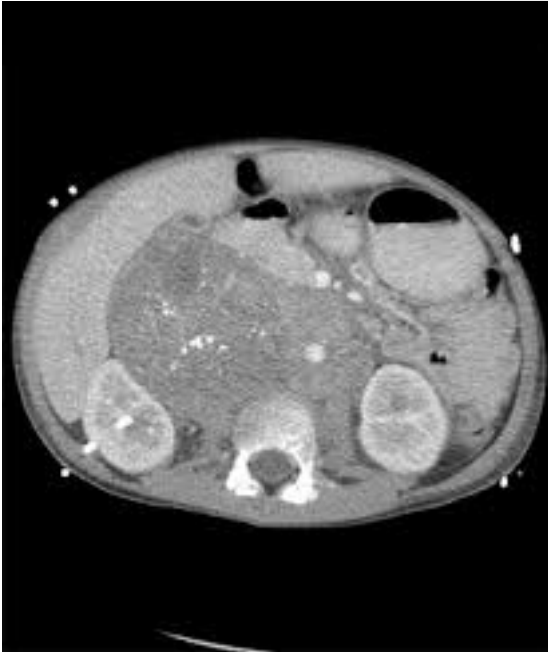
Ovaries and testes may need to be removed when affected by germ cell tumors

- Fertility after unilateral removal of an ovary is about 75%
- After removal of one testis, fertility is 85% with surgery alone; 70% with additional chemotherapy

## Hodgkin's lymphoma

- ❑ Splenectomy as part of staging laparotomy no longer a standard practice in children
- ❑ Fertility 80% (men) to 90% (women)
- ❑ Radiation and its side effects

# Neuroblastoma



- ❑ Spinal surgery and /or radiotherapy can lead to scoliosis and kyphosis
- ❑ Yearly spinal exam until growth is completed
- ❑ Cardiotoxicity of chemotherapy

## Secondary malignant neoplasms

- ❑ In about 10-30% of long-term childhood cancer survivors
- ❑ Chest Radiotherapy is associated with Ca of the breast  
Lumpectomy may not be possible
- ❑ Radiation increases risk for sarcomas, GI malignancies and thyroid cancers

## **References:**

- Seminars in Pediatric Surgery 24 (2015)**