



The top section of the slide features a composite image. On the left is the circular logo for the Pacific Association of Pediatric Surgeons (PAPS) 2019 meeting. The logo contains a stylized landscape with mountains, a green vine, and a blue wave, surrounded by the text '20th Annual Meeting of the Pacific Association of Pediatric Surgeons', 'CHRISTCHURCH', and '10 - 14 MARCH 2019'. To the right of the logo is a photograph of the Christchurch Fountain at night, with its central figure illuminated and water spraying upwards. The word 'Christchurch' is faintly visible in the background of the photo.

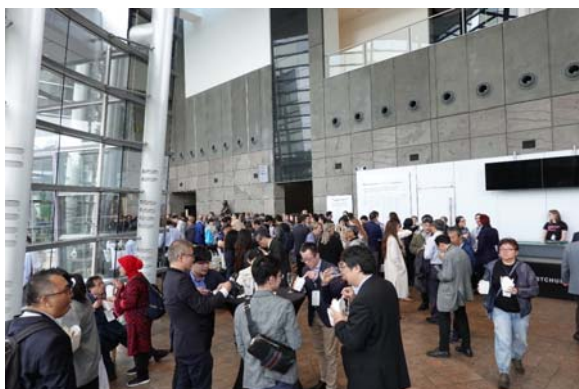
Pacific Association of Pediatric Surgeons Meeting
10-14 March 2019
Christchurch, New Zealand



Welcome reception Christchurch Art Gallery



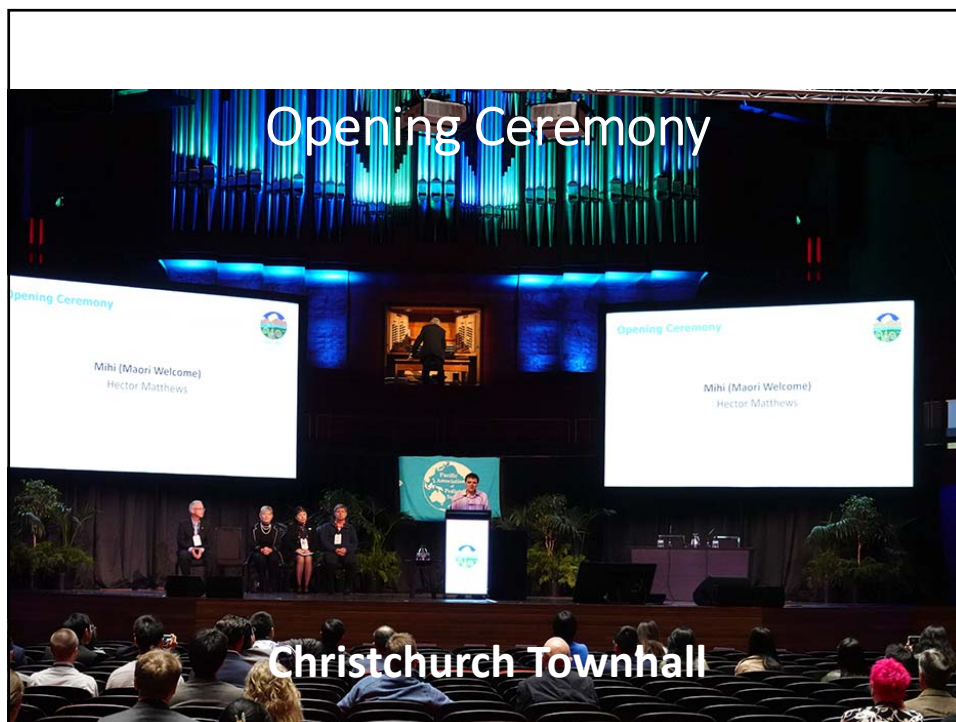
Welcome reception



Welcome reception



Opening Ceremony



Christchurch Townhall



Lianne Dalziel, Chirstchurch Mayor



Academic Session

6.00am - 5.00pm



VARIABLE PRESENTATION OF INTESTINAL MALROTATION IN EXTREMELY PREMATURE INFANTS

Mark D Stringer (Presenting Author) - Paediatric Surgeon Department of Paediatric Surgery, Wellington Children's Hospital;
Krishna Raghu (Author) - Dept of Paediatrics & Child Health, Wellington Children's Hospital

Results

<p>24 week gestation 715g ♂</p> <ul style="list-style-type: none">recurrent unexplained Gram -ve sepsisintermittent abdominal distension and feed intoleranceacute abdominal distension, apnoeas and pneumatis at 19wkslaparotomy: intestinal malrotation + midgut volvulus		<p>24 week gestation 614g ♀</p> <ul style="list-style-type: none">abdominal distension and bilious aspirates day 30AXR suggested intramural gasupper GI contrast showed intestinal malrotationlaparotomy and Ladd's procedure	
<p>26 week gestation 940g ♂</p> <ul style="list-style-type: none">intestinal perforation treated by primary peritoneal drainage at 9 daysprogressive abdominal distension and apnoeas at 3wkslaparotomy: intestinal malrotation + volvulus		<p>26 week gestation 825g ♀</p> <ul style="list-style-type: none">severe abdominal distension at 5 weeksAXR showed gross bowel dilatation ? pneumatislaparotomy: intestinal malrotation + midgut volvulus (small bowel segmental resection)	

Hepatopulmonary Fusion in Congenital Diaphragmatic Hernia: A Case Series

Dalya M. Ferguson MD (Presenting Author) - Pediatric Surgery Research Fellow McGovern Medical School at UTHealth

Table 2: Operative Details

	All Patients n=7	Survivors n=3	Non-Survivors n=4
Operated on day of life, median (range)	6 (2-17)	7 (4-13)	5.5 (2-17)
Bedside (ICU) surgery, n	1	0	1
Defect type, n			
B	2	1	1
C	3	1	2
D	2	1	1
Complete separation of liver and lung, n	2	0	2
Patch repair, n	5	2	3
Hernia sac present, n	4	3	1
Chest tube, n	4	2	2

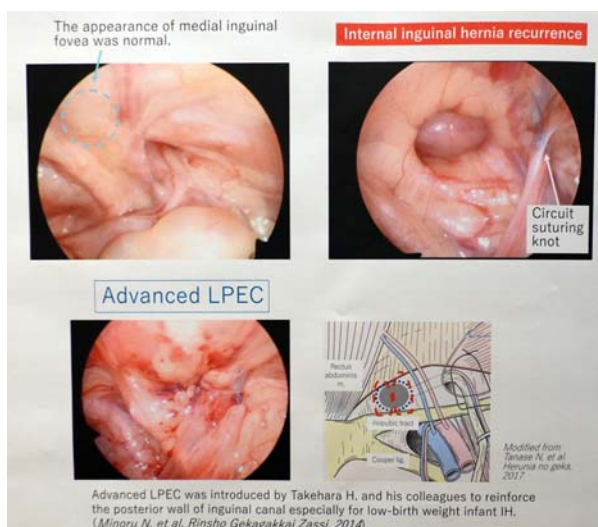
ICU = Intensive Care Unit

Conclusion

This is the largest HPF case series to date. Partial separation of liver and lung appears to be a reasonable surgical approach, as complete separation may result in bleeding complications.

A rare case of internal inguinal hernia recurrence after laparoscopic percutaneous extraperitoneal closure

Shohei Honda MD, PhD (Presenting Author) - Department of Gastroenterological surgery I, Hokkaido University Graduate School of Medicine



Damage Control Ileostomy for Neonatal Perforated Necrotizing Enterocolitis

William Winardi (Presenting Author) - Resident E-Da Hospital, I-Shou University

- Damage control ileostomy without bowel resection is a viable method for neonates who require emergent operation due to perforated necrotizing enterocolitis.

The Clinical Features and Prognosis of Patients with Alagille syndrome undergoing Kasai procedure: A Single Center Report and Meta-analysis

Zhen Shen (Presenting Author) - Children's Hospital of Fudan University

- Based on Meta-analysis, those received Kasai procedure have higher rate of liver transplantation than those who didn't(OR 6.52 95%CI [3.21,13.24]).
- Furthermore, total survival rate of patients undergoing Kasai procedure was lower (OR3.47 95%CI [1.65,7.28]).
- TB 3-6 months after surgery was not statistically different between patients who undergo Kasai procedure and who did not.

The critical influence of congenital heart disease on outcome in neonates with congenital diaphragmatic hernia.

Shunsuke Yamada (Presenting Author) - trainee Pediatric Surgery, Juntendo University Urayasu Hospital

- Overall survival rate of CDH was 75%, but only 42.1% (8/19) for CDH+CHD and 81% (84/104) for CDH without CHD.
- Major CHD impacts strongly on the clinical outcome of CDH, while minor CHD does not appear to affect survival.

Attracting the best into Paediatric Surgery

Angela D. McGregor (Presenting Author) - Taranaki District Health Board

- 357 students participated in the study; 66% were female.
- Paediatric surgery was considered the most attractive surgical specialty by 50 participants; 36 were female.
- Participants who selected paediatric surgery as their most attractive specialty were less likely to choose a career in surgery overall.
- Compared to other surgical specialties paediatric surgery was not perceived as being prestigious, well paid or emphasising technical skill.

LONG-TERM OUTCOMES OF GASTROSCHISIS IN NEW ZEALAND

Vivek Meiyappan (Presenting Author) - Paediatric Surgical Registrar Wellington Department of Paediatric Surgery

- Overall survival in gastroschisis was 94%.

- Staged reduction with silo 22%
- Median LOS: 26 days simple gastroschisis vs 81 days complex (P< 0.001)
- Neonatal mortality >> in complex gastroschisis (13% vs 2%, P = 0.001)

Growth, development and education (B4 school check at 4 years)

- Median height and weight, vision and hearing NSD vs controls
- Strengths and difficulties (parents and teachers) ↑ in cases vs controls
- Special education or reading recovery (19.7% vs 10%; P<0.001)
- Completion of secondary schooling (72% vs 80%; P=0.7)
- Child protection notifications 36.7% gastroschisis vs 19% controls, P< 0.001

LONG-TERM OUTCOMES OF GASTROSCHISIS IN NEW ZEALAND

Vivek Meiyappan (Presenting Author) - Paediatric Surgical Registrar Wellington Department of Paediatric Surgery

Childhood medical outcomes

- 339 survivors & 1,043,730 controls followed for median 7.4 years
- Median hospital admissions (2 vs 0; P<0.001): abdominal symptoms (40% vs 5%; P<0.01)
- Abdominal/inguinal surgery >> in gastroschisis (P<0.001)

	Gastroschisis (%)	Controls (%)	P
Surgery for abdominal adhesions	19	0.1	< 0.001
Correction of bowel rotation	3.5	0.008	< 0.001
Umbilical/ventral/incisional hernia repair	13	0.2	< 0.001
Inguinal herniotomy	4.4	0.9	< 0.001
Orchidopexy	11	0.5	< 0.001

Establishing a National Prospective Surveillance System for Paediatric Surgical Conditions: a 12 year review

Paul R V. Johnson (Presenting Author) - Professor of Paediatric Surgery University of Oxford

Outcome Data

OA Study

- Total number of cases in 12 months = 151
- Mortality = 2.6%
- Leak rate = 8% (out of 121 type C)
- Stricture rate = 37%
- 'Average' no. of cases per Consultant per year = **1.5**
(only 2 centres had 2 or more cases per Consultant)

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Power Calculations based on BAPS-CASS Data

Complication	Complication rate (%)	Number of infants (surgeon years) needed to detect a 50% increase (relative risk of 1.5)	Number of infants (surgeon years) needed to detect a 100% increase (relative risk of 2.0)	Number of infants (surgeon years) needed to detect a 10% increase (relative risk of 1.1)
OA Mortality (actual)	2.6	1856 (1237)	527 (351)	
OA Mortality (postulated)	1	4923 (3282)	1402 (935)	
OA Leak	8	406 (271)	111 (74)	
OA Stricture	37	74 (49)	17 (11)	1815 (1210)
HD Mortality	2.9	1658 (829)	470 (235)	
HD Leak rate	5.7	814 (407)	229 (115)	
HD Cuff Stricture	1.4	3499 (1749)	996 (483)	
HD Enterocolitis	11.4	377 (189)	104 (52)	

80% Power; 95% Confidence (5% significance rate)

Establishing a National Prospective Surveillance System for Paediatric Surgical Conditions: a 12 year review

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Hirschsprung's – UK Practice

	Swenson N=16	Soave N=96	Duhamel N=68	P-value
Transition zone (as defined at surgery)				
Rectosigmoid	11 (69%)	77 (82%)	39 (63%)	0.016
Long segment	5 (31%)	16 (17%)	17 (27%)	
Total colonic aganglionosis	0 (0%)	1 (1%)	6 (10%)	
Diagnosed in a low volume (< median) centre				
No	3 (19%)	36 (38%)	32 (52%)	0.034
Yes	13 (81%)	60 (62%)	36 (48%)	
First attempted approach to the pull-through				
Open	5 (31%)	13 (14%)	46 (74%)	<0.001
Laparoscopic	1 (6%)	21 (22%)	14 (23%)	
Trans-anal	9 (56%)	33 (34%)	1 (2%)	
Combined laparoscopic and trans-anal	1 (6%)	29 (30%)	1 (2%)	
Stoma created prior to pull-through				
No	8 (50%)	74 (77%)	32 (52%)	0.001
Yes	8 (50%)	22 (23%)	30 (48%)	

Presentations from Thailand

- 7 presentations

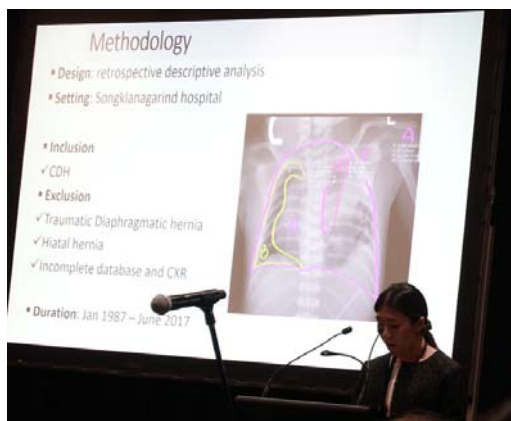
- Songkla 3
- Khon Kaen 2
- Chollapratana 2
- Chula 1

Chest radiography and clinical outcome of congenital diaphragmatic hernia in Songklanagarind hospital

Napasorn Phutong MD. (Presenting Author) - Division of Pediatric surgery, Department of Surgery,

Songklanagarind hospital

- Intrathoracic stomach finding in CXR were demonstrated as markers of poor clinical and possible PPH.
- Furthermore, pulmonary hypoplasia shape and severity of mediastinal shift were not correlated to any clinical outcome.



The survival outcome of hepatoblastoma: Who has the greatest chance of surviving?

*Kanokrat Thaiwatcharamas M.D. (Presenting Author) - Pediatric surgery staff,
Lecturer Khon Kaen University*



- The ability of tumor resection at the time of diagnosis and the recurrence of the disease are important factors in survival.
- The patients who lived longer than 3 years after surgery are likely to be survived.

Hirschsprung's disease in anorectal malformations: impact on the bowel functional outcome

*Piyawan Chiengkriwate MD. (Presenting Author) - Division of Pediatric Surgery
Department of Surgery Songklanagarind hospital*

- 247 patients who underwent surgical treatment for ARM during 1991 and 2008.
- HSD (7/247, 2.9%)
- The bowel functional outcomes after anorectoplasty for ARM with or without HSD were not related to the gender, subtype of malformation, and functional outcomes.



DOES AMBULATORY SURGERY WORK FOR OPEN APPENDECTOMY?: A REVIEW OF PAEDIATRIC CASES WITH APPENDICITIS TREATED IN A SINGLE INSTITUTION

*Paiboon Sookpotarom (Presenting Author) - Pediatric Surgeon Panyanaphikkhu
Chonprathan Medical Center*

- 25 who underwent appendectomy
- Mean length of hospital stay (LOS) was 21.84 ± 16.2 hours (range, 4.43 to 86.78 hours).
- There were 4, 16 and 5 patients that had a LOS of less than 12, between 12 and 24 and more than 24 hours, respectively.
- There was no complication in the study.



The study of chronic pancreatitis and pancreatic pseudocyst in pediatric patient, a case report

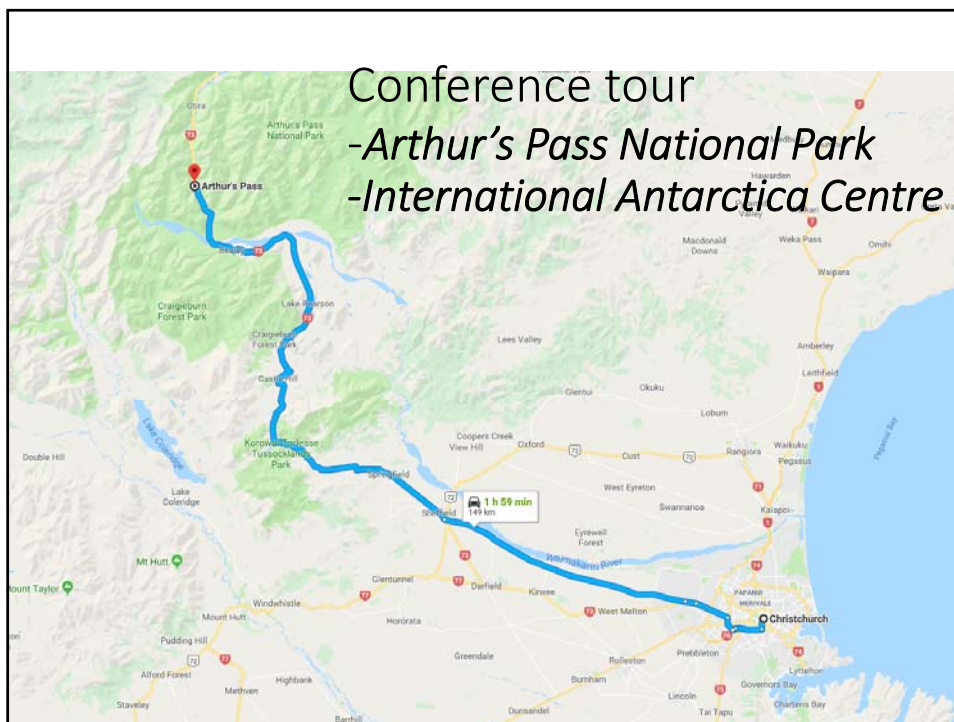
Kulpreeya Sirichamratsakul (Presenting Author) - Internist Prince of Songkhla university

- A patient with the diagnosis of chronic pancreatitis and developed a complication of pancreatic pseudocyst.
- We found a pancreaticobiliary malunion together with a SPINK 1 mutation at N34S codon which previously reported as one of the susceptible genetic disorders of chronic pancreatitis.
- A further study of this genetic mutation in her family and found that both of her parents are also a carrier of this mutation which suspected to be the main etiologies of pancreatitis in this patient.



Conference tour

*-Arthur's Pass National Park
-International Antarctica Centre*



Castle Hill



Castle Hill

Lord of The Rings
The Chronicles of Narnia



Arthur's Pass National Park



Arthur's Pass in Pictures



International Antarctic Centre



International Antarctic Centre



International Antarctic Centre Huggland ride



International Antarctic Centre

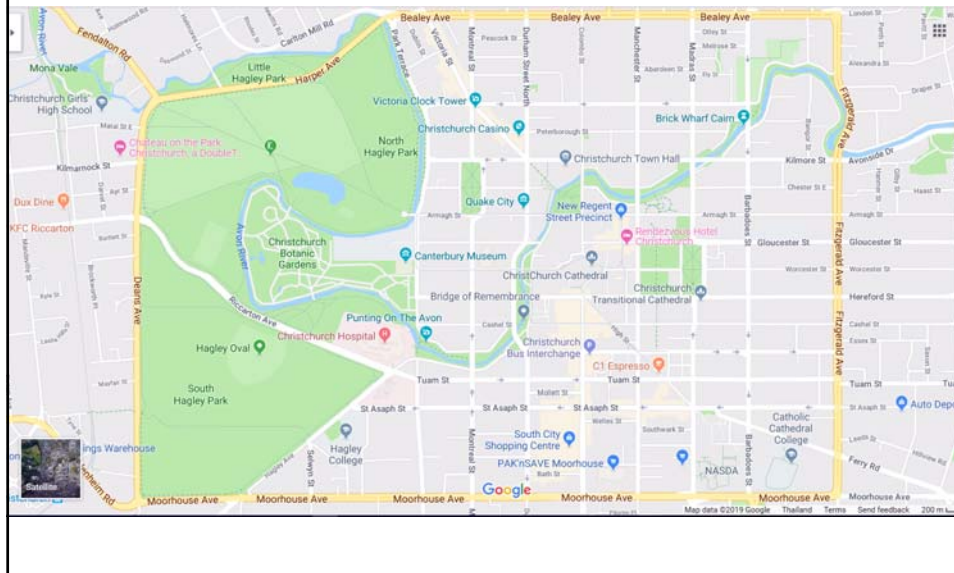


Topics

- Christchurch
- Kaikoura
- Akaroa
- Lake Tekapo & Lake Pukaki
- Unexpected incident



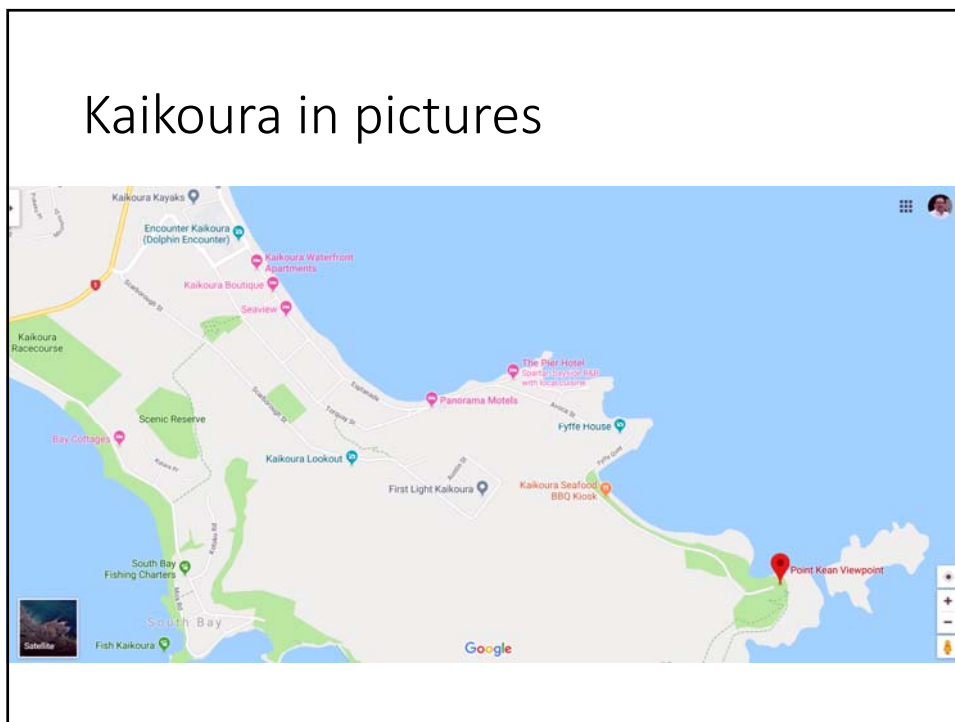
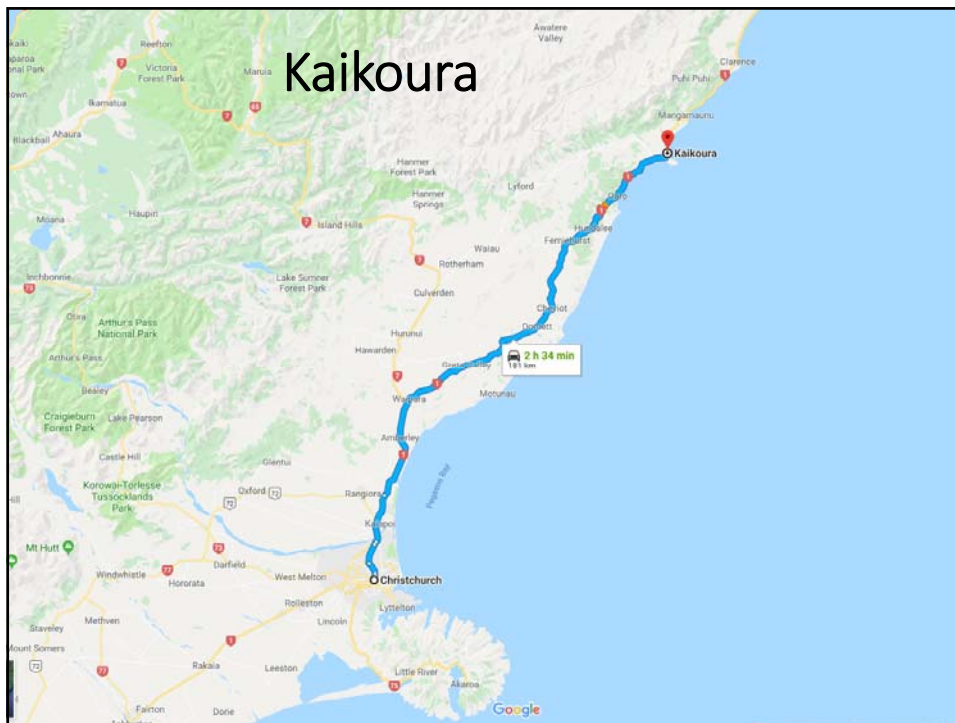
Christchurch & Around



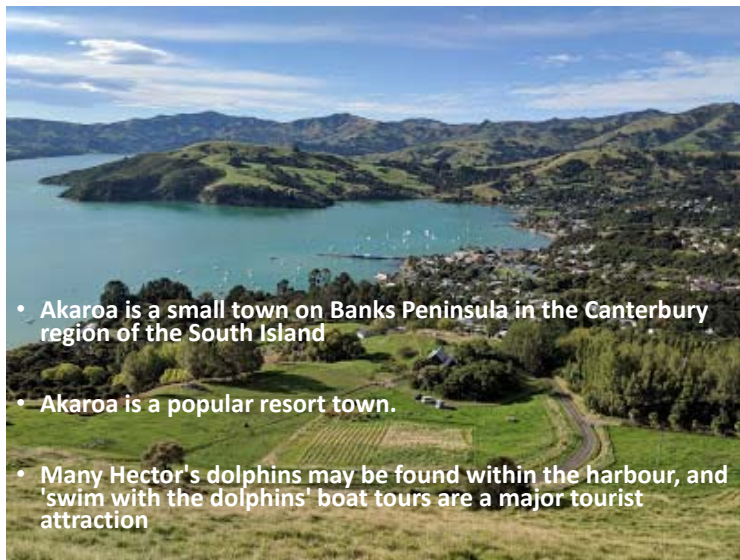
Kaikoura



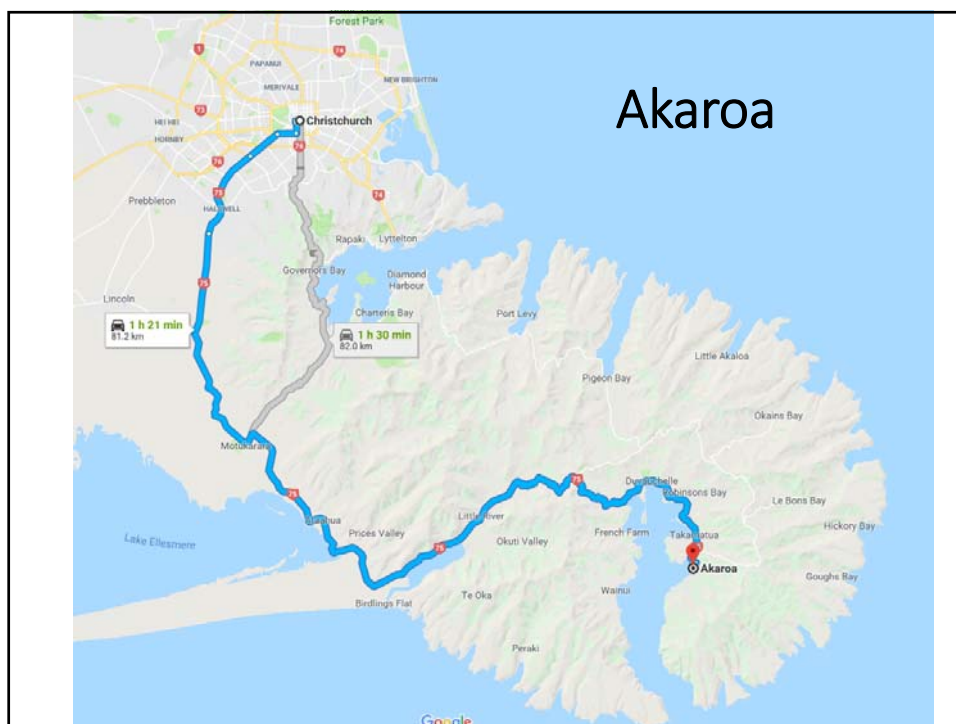
- Kaikoura is a coastal town on the South Island of New Zealand.
- It's known for its abundant wildlife and its sperm whale population.
- The Kaikoura Peninsula Walkway winds from the town centre to lookout points at Point Kean.
- Close by, the rock platforms are home to a colony of New Zealand fur seals.



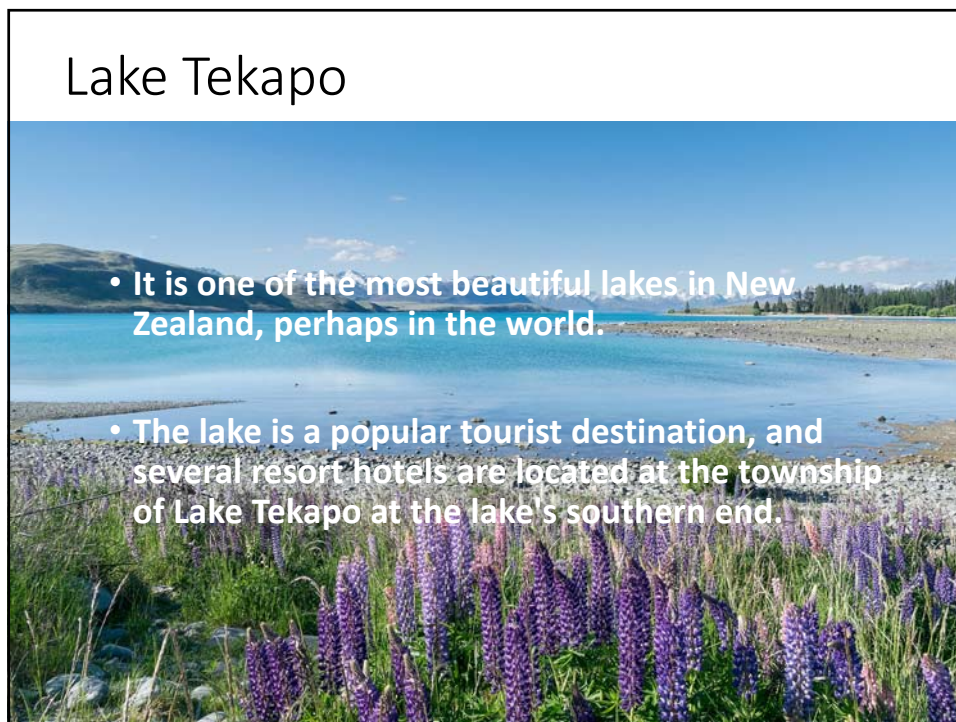
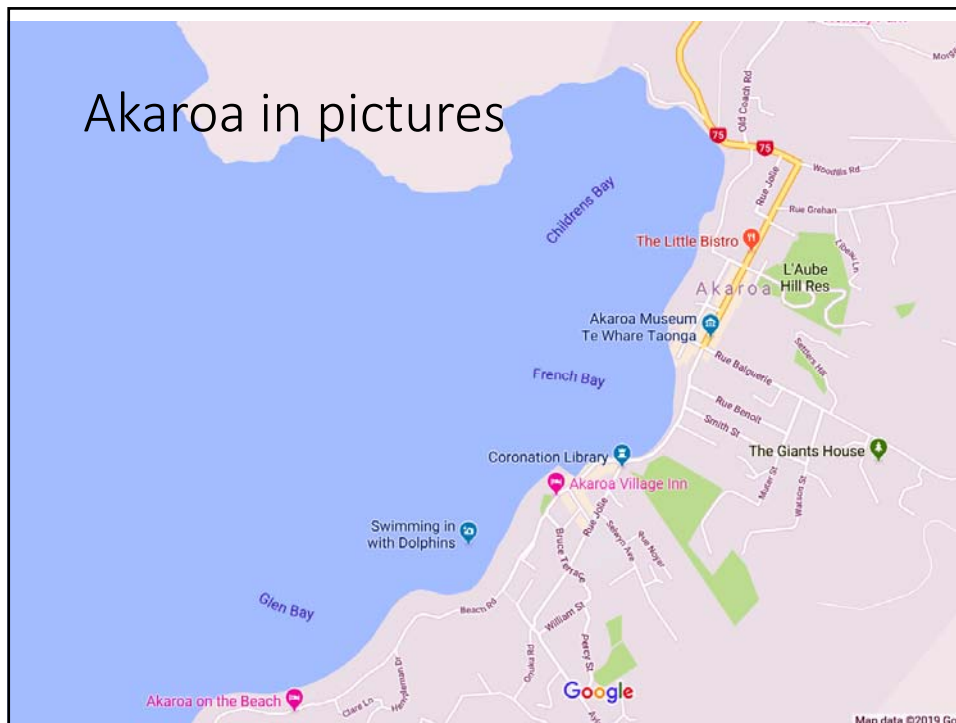
Akaroa



- Akaroa is a small town on Banks Peninsula in the Canterbury region of the South Island
- Akaroa is a popular resort town.
- Many Hector's dolphins may be found within the harbour, and 'swim with the dolphins' boat tours are a major tourist attraction



Akaroa

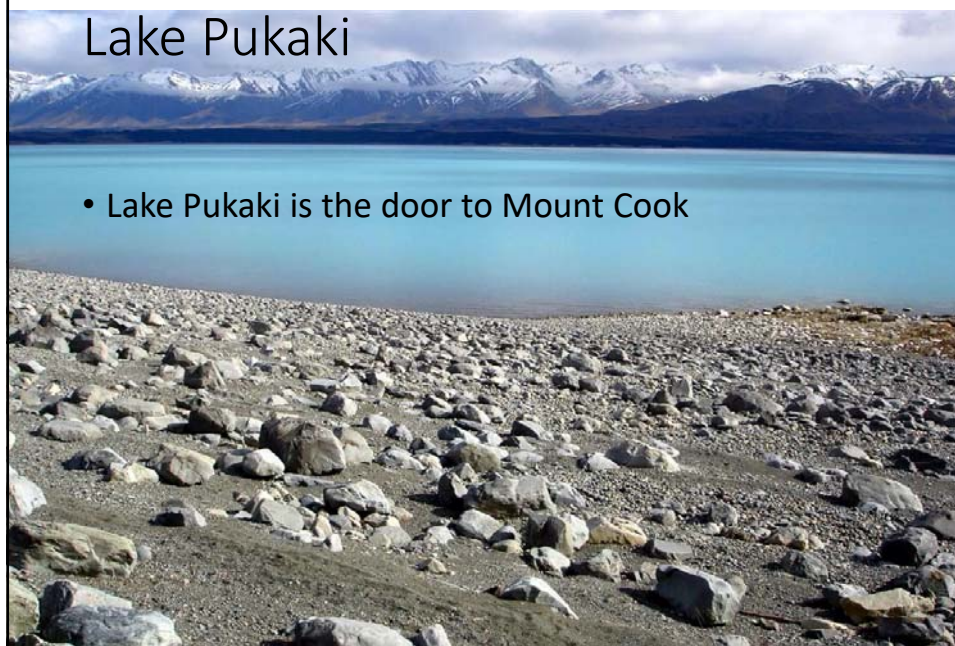


Church of the Good Shepherd



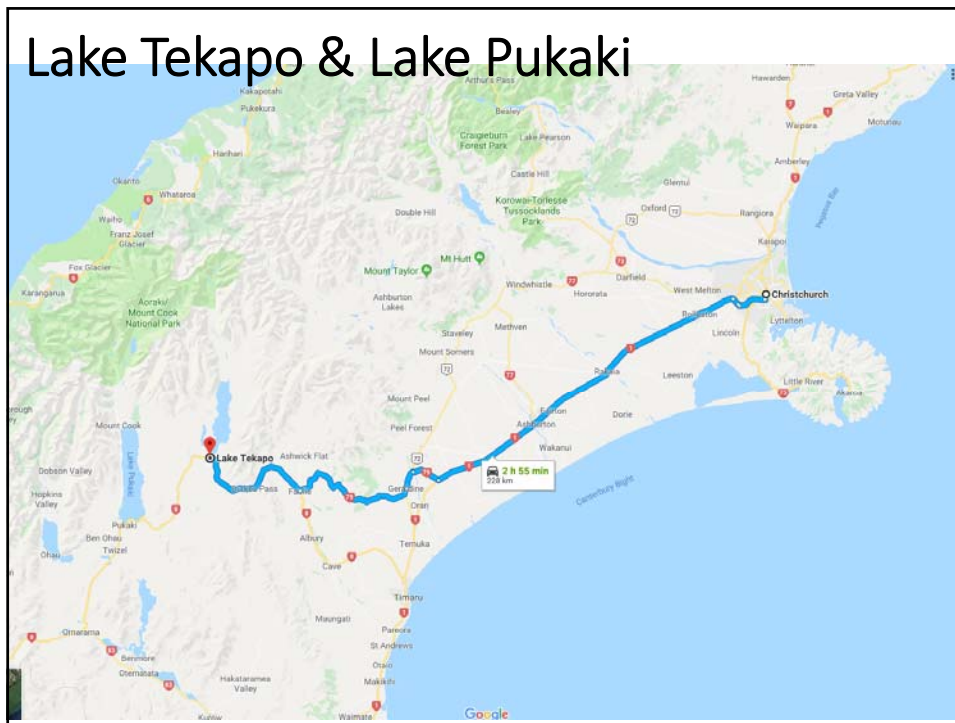
- Situated on the shores of Lake Tekapo, in 1935, and was the first church built in the area.
- The church is one of the most photographed in New Zealand, and features an altar window that frames views of the lake and mountains.

Lake Pukaki

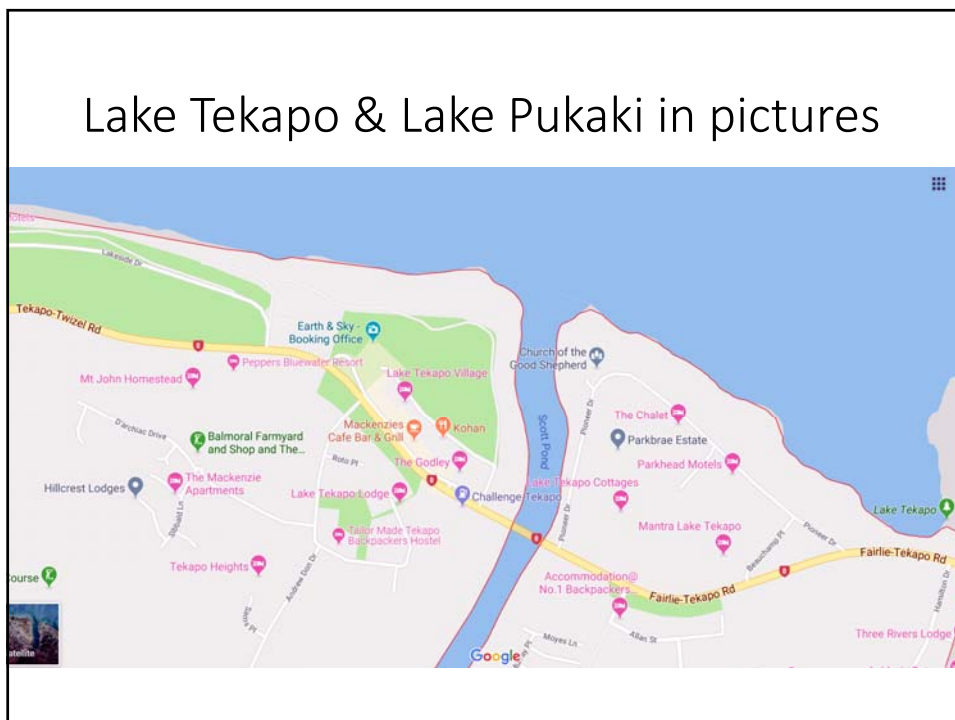


- Lake Pukaki is the door to Mount Cook

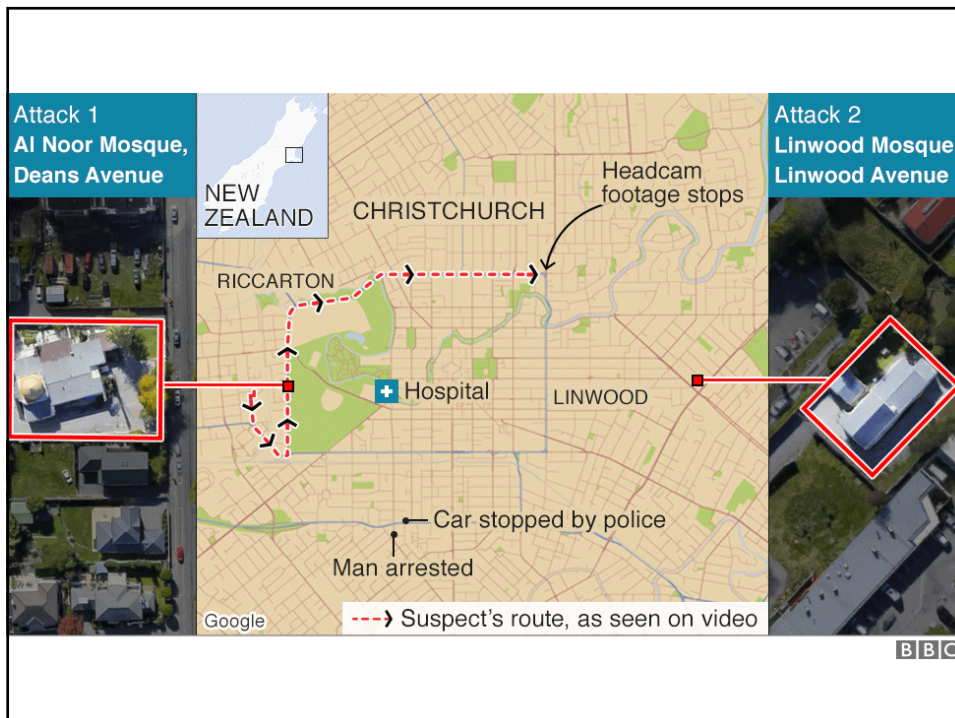
Lake Tekapo & Lake Pukaki



Lake Tekapo & Lake Pukaki in pictures



Christchurch Shootings



Christchurch Shootings

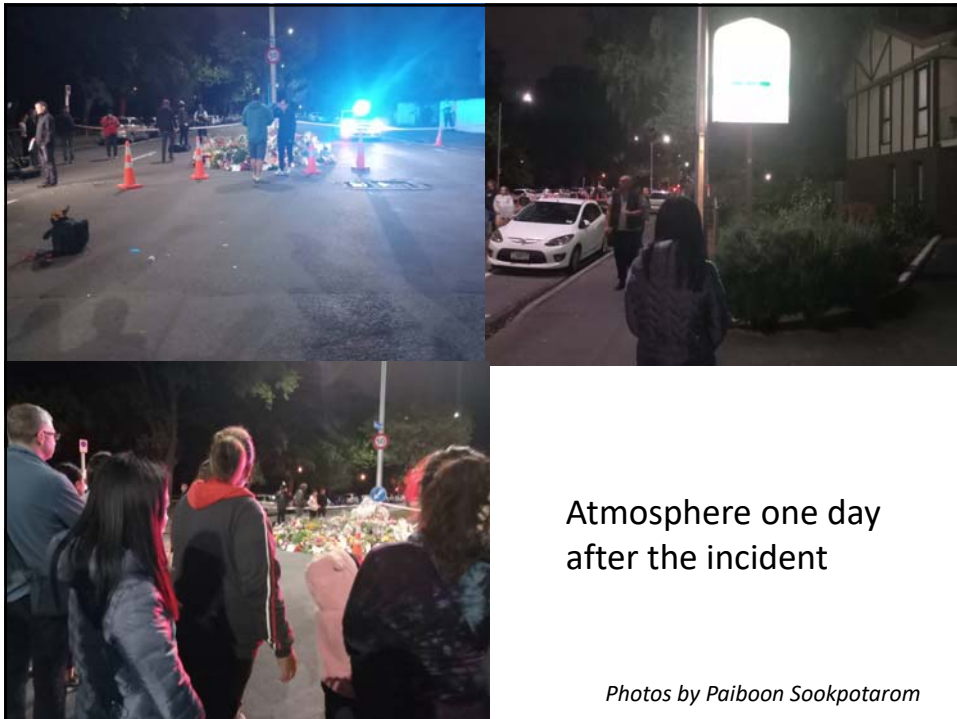
- 1:40pm - There were reports of shots fired near a mosque in central Christchurch
- 2:42pm - All schools in Christchurch have been placed into lockdown.
- 2:47pm - Shootings are now thought to have happened at two separate mosques.
- 2:52pm - Christchurch Hospital and Outpatients placed in lock-down. The public are told should not attend Christchurch Hospital unless it's an emergency.

Christchurch Shootings

- 3:12pm - Prime Minister Jacinda Ardern cancels all her afternoon engagements.
- 3:21pm - Christchurch City Council locks down its central city buildings.
- 3:33pm - The shooter's car crashes on Strickland St, three kilometres from where the shootings took place. Police cordon off the car due to fears there's a bomb inside.
- 4:04pm - Police say one person is in custody, however there may be other offenders.

Christchurch Shootings

- 5pm - Police say schools are still in lockdown and children are being taken care of by school staff.
- 5:31pm - Police-Commissioner Mike Bush tells media four people are in custody, including one woman.
- 5:34pm - Police say the public should not assume the incident is contained to Christchurch and people in other centres should be on alert.
- 5:56pm - Police say schools across Christchurch are no longer in lockdown.





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