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## GENERAL PAEDIATRIC SURGERY: A SURVEY OF NORTHERN IRELAND GENERAL SURGERY SPECIALIST REGISTRARS

Editor

### INTRODUCTION:

From 1994 to 2005, paediatric surgical activity in district general hospitals (DGH) in England declined by 30% across all surgical specialities<sup>1</sup>. We surveyed current NI general surgery specialist registrars to establish their intentions as regards general paediatric surgery (GPS) for eventual consultant practice if appointed to a DGH.

### METHOD:

Thirty-five speciality specialist registrars were sent an on-line questionnaire. Enquires concerned previous experience of paediatric surgery, conditions and age profiles of children the respondent would be prepared to treat in eventual consultant practice if appointed to a DGH.

TABLE 1.

*Service trainees would intend to provide in Consultant practice.*

| Operation                           | % Registrars (n=25) |
|-------------------------------------|---------------------|
| Appendicectomy                      | 88                  |
| Scrotal exploration                 | 80                  |
| Suturing of minor facial laceration | 76                  |
| Incision and drainage of abscess    | 84                  |
| Admit a child with a head injury    | 68                  |
| Trauma laparotomy                   | 28                  |
| Elective circumcision               | 44                  |
| Toenail surgery                     | 60                  |
| Orchidopexy                         | 16                  |
| Herniotomy                          | 20                  |
| No paediatric service               | 12                  |

### RESULTS:

The response rate was 71% (n=25). Thirty-six percent (n=9) of specialist registrars had previous experience of specialist paediatric surgery. Operations trainees would offer if appointed to a DGH are reported in table 1. The age profiles of children with a minor head injury, appendicitis and an acute scrotum that trainees would be prepared to admit under their care or operate on are reported in figures 1, 2 and 3. Sixty percent (n=15) felt a period of paediatric training

during registrar training would make them more attractive to an employing trust, yet only 52% (n=13) felt this should be mandatory.

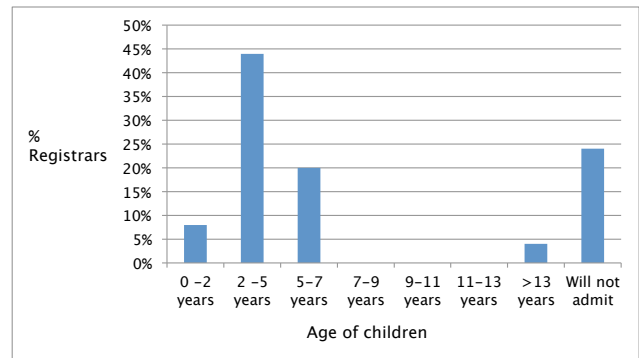


Fig 1. Minimum age profiles of patients trainees would admit with minor head injury

### DISCUSSION:

The provision of GPS in the DGH has reached a crossroads. The fundamental problem has been a failure to train and appoint sufficient numbers of general surgeons with appropriate paediatric skills and experience. The major finding of this survey is that the majority of trainees are interested in emergency GPS and have indicated a desire to provide a service in the future. This is at odds with the findings of Craigie *et al* who conducted a survey of adult general surgeons and their paediatric practice in Scotland in 2005. At that time, 70% of DGH and 100% of remote and rural consultant general surgeons reported that they operated on children regularly, yet only 29% of these surgeons thought their successor would follow on in a similar role<sup>2</sup>.

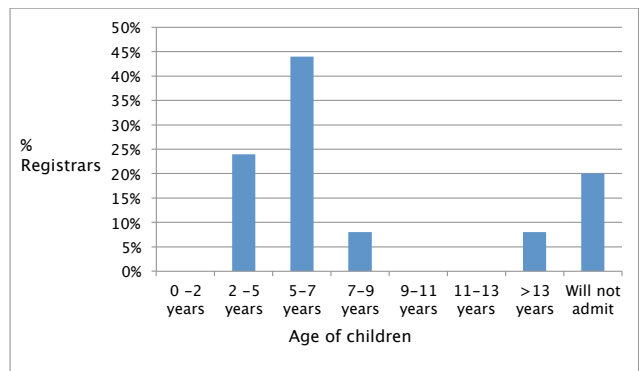


Fig 2. Minimum age profiles of boys trainees would operate on with an acute scrotum.

“Delivering a First Class Service” published in 2007 by the Children’s Surgical Forum recognised that not all DGHs would continue to provide GPS but that larger DGHs should have sufficient workload, staffing and facilities to continue to provide children’s services. The forum proposed that “children and their families must be able to access minor/routine surgery and outpatient facilities for more specialised conditions locally” and that “children’s services should be seen as an essential service”<sup>3</sup>.

If emergency GPS is to continue in the DGH, commissioning health authorities and trusts must recognise the needs of these willing surgeons in terms of additional support for CPD to ensure a quality service can be maintained locally. If solutions are not found, tertiary paediatric centres will undertake larger GPS caseloads at the expense of specialist neonatal and paediatric cases. This will have training implications for their own trainees<sup>4</sup>. Further, if this ‘drift’ towards centralisation is not stopped, it will eventually impact on the ability of DGH paediatric departments to safely accept emergencies. Eventually, this course will undermine the status of the hospital as a fully functioning DGH.

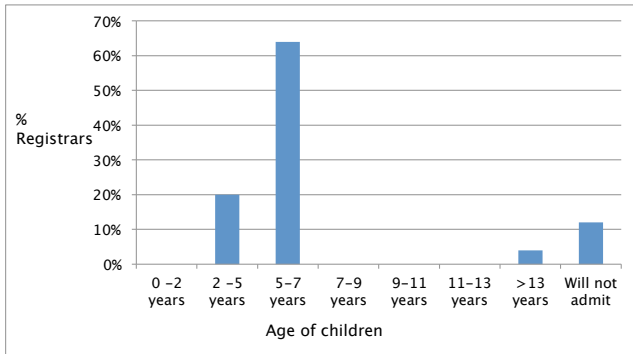


Fig 3. Minimum age profiles of patients trainees would operate on with appendicitis.

The author has no conflict of interest.

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## LACTIC ACID BACTERIAL INFECTION, PROBIOTICS AND GUT MICROBIOMES

Editor,

The 21<sup>st</sup> century has seen the emergence of the study of the genome (genomics) and its related disciplines, including metagenomics and transcriptomics, relating to prokaryotic, as well as eukaryotic organisms. This has largely happened due to technical developments in DNA sequencing technology, particularly with next generation sequencing (NGS). As a result, we are now beginning to read reports on the many applications of such advanced sequencing technologies in many disease and ecological states, including deep screening of the complex ecology of the human gut and other anatomical sites. Much attention has recently been focussed on advances in the knowledge of the gut microbiome, whereby this has been called “*the last human organ*” to be discovered and further investigated.<sup>1</sup>

Several such investigations have identified the presence of lactic acid bacteria (LAB) in such niches<sup>2,3</sup> and other studies are beginning to link variation in lactic acid bacteria with a variety of disease states, including obesity<sup>4</sup> and diabetes.<sup>5</sup> For instance, some of our collaborative work with colleagues has demonstrated that DNA sequencing of the gut microflora revealed that bacterial composition of a diabetic group was different from that of a healthy group.<sup>5</sup> In addition, *Bacteroides vulgatus* and the genus, *Bifidobacterium*, were poorly represented in the microbiota of the diabetic group, and a significant decrease was observed for *Bifidobacterium* by real-time PCR. Taken together, in this work we observed the characterisation of gut microbiota in diabetic patients, which suggests that the gut microbiota of diabetic patients have changes associated with occurrence and development of diabetes.

With all of this exploitation the functional properties of the lactic acid bacteria in foodstuffs and the increased consumption of such probiotic products, we believed it timely to examine any potential increase in clinical infection with such organisms locally.

We examined the incidence of clinically significant infections with the LAB over the first decade of the new millennium (2000-2010) at Belfast City Hospital, whereby we defined a clinically significant infection, where a LAB was the aetiological agent of an episode of bacteraemia. There were ten cases in total, which consisted of LAB belonging to three genera, namely *Pediococcus* (5 cases), *Lactobacillus* (3 cases) and *Leuconostoc* (2 cases). All of these genera have been used in a variety of fermented foods, although we cannot confirm that these infecting organisms came from either a fermented food or a probiotic product, as these organisms are natural inhabitants of various anatomical niches within the human host. Of these 10 cases, two cases involving *Pediococcus* were from patients attending the then NI Regional Cancer Centre at Belvoir Park Hospital. Previously,