Worcestershire Acute Hospitals NHS Trust

Guideline for paediatric general surgery

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Key Amendments

Date	Amendment	Approved by
19th Nov 2020	Document extended for 1 year	Dr J West/Paediatric QIM
26th March 2021	Approved with no amendments	Paediatric QIM
9th March 2024	Document reviewed and amended: • update Unplanned/Emergency Surgery • include Acute Testicular Pain Pathway	Paediatric Governance Meeting

Introduction & Summary

Introduction

This guideline outlines the characteristics of the service, minimum standards for operations and the tertiary referral criteria for paediatric general surgery within the Worcestershire Acute Hospitals NHS Trust.

Summary

The Consensus of the General Surgery and anaesthetic departments is that general surgery will not normally be performed on children under the age of two years for planned surgery and under five years for unplanned abdominal surgery.

Exceptions

It is accepted that these are guidelines and exceptions might be made if all of the following criteria are met:

1. The consultant surgeon responsible recognises that the guidelines will be breached and justifies why it is permissible (eg life-threatening situations where surgery needs to take place because transfer would introduce clinically inappropriate delay).
2. The consultant anaesthetist responsible recognises that the guidelines will be breached and justifies why it is permissible.
3. The operation will only be conducted by a consultant surgeon.
4. The anaesthetic will only be given by a consultant anaesthetist.
5. The parents are informed that this breaches guidelines and have signed a consent form in this knowledge.

Planned/Elective Surgery

Before being added to a planned waiting list for paediatric general surgery all children are seen and examined by a consultant general surgeon. This usually takes place in a dedicated children's outpatient clinic, with child-friendly facilities and staffed by paediatric nursing staff.

It is usual practice for patients and families to be given verbal and written information on the planned procedure at the time of listing, including the WAHT e-consent forms. Most children have pre-operative nursing assessment in the outpatient clinic at the time of listing.

All paediatric general surgery operating lists are children-only operating lists and the consultant surgeon is scrubbed for (usually performing) every case. All cases are planned daycase admissions.

The commonest procedures performed are inguinal operations (herniotomy, ligation of PPV, orchidopexy), foreskin procedures (prepucioplasty, frenuloplasty, circumcision), umbilical/epigastric hernia repairs, minor superficial/skin/lymph node surgery.

The majority of children do not have significant comorbidities, however the pre-operative work-up should identify those children who are at an increased risk and who would benefit from further investigation and treatment in a tertiary setting:

Age <2 years
Weight <15kg
Failure to thrive (weight <5th centile for age)
Obesity (BMI >2.5SDS or >99th centile for age and gender)
Severe cerebral palsy
Hypotonia or neuromuscular disorders (moderately severely or severely affected)
Significant craniofacial anomalies
Mucopolysaccharidosis and syndromes associated with difficult airway
Significant comorbidity (e.g. congenital heart disease, chronic lung disease, obstructive sleep apnoea, ASA 3 or above) ECG or echocardiographic abnormalities

Unplanned/Emergency Surgery

The majority of children admitted as general surgery emergencies have acute abdominal pain, with most having a self-limiting or medical cause and not requiring surgery.
All children (under 16 years) with acute abdominal pain should be referred to and admitted under the care of the on call paediatricians. If a surgical cause is suspected (e.g. appendicitis), referral to and assessment by the on call general surgery team should take place at SpR grade or above.
All paediatric general surgery referrals will be reviewed by a consultant within 24hrs of referral. The decision to operate is either made by a consultant general surgeon or by a senior trainee after discussion with the consultant
Young people (aged 16-17 years who choose to be admitted to a paediatric ward) should be referred to and looked after by the on call general surgical team. If ongoing medical input is required, then ongoing referral to adult acute medical team is required.
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There is a dedicated 24/7 theatre for emergency procedures. The degree of urgency will be decided by a consultant general surgeon, but the time between a decision to operate and surgery should be less than 12 hours. It is unusual for emergency paediatric cases to be performed at night.

The minimum requirements for unplanned abdominal surgery in children are:

Age	Consultant anaesthetist	Consultant surgeon
Under 5	No service	No service
5 to under 8	On site	On site
8 and above	Informed	Informed

Any child under the age of 5 years requiring emergency abdominal surgery should be referred to a tertiary centre (typically Birmingham Children's Hospital).

Other conditions (e.g. abscess, incarcerated hernia) are much less common and are admitted under the care of the on call general surgeon.

Re-admissions following elective paediatric general surgery are rare and are managed by the on call general surgery team (including return to theatre if clinically necessary) with handover to the original consultant when available.

Acute Testicular Pain Pathway

Children < 5 years of age or children from the Bromsgrove and Redditch post code area are to be referred to Birmingham Children's Hospital.

If a child or young person presents to the Alexandra Hospital ED, then the patient will be reviewed by the urology team in ED. If surgical exploration is required, then consider whether to transfer to WRH or BCH is appropriate.

Young people 16 years and over can be seen and treated by Urology at the Alexandra Hospital.

Children and Young People between 5 and 16 years old who do not live in the Bromsgrove or Redditch area may be referred to the Urology team and looked after on Riverbank ward under joint care between Urology and Paediatrics.

Referrals from Worcester ED will be seen in ED by Urology and a decision made about whether transfer to Riverbank is required. If so, the on-call Paediatrician and Riverbank Nurse in Charge must be informed to arrange a bed.

On taking a referral from a GP, the on-call Urology team will decide if admission to Riverbank ward is required. If so, the on-call Paediatrician and Riverbank Nurse in Charge must be informed to arrange a bed. The paediatric nurses and junior doctors (1st on-call) will assist with the initial admission paperwork and the urology middle grade will then review.

If a torsion is suspected, then urgent exploration will take place on the WRH CEPOD list, and this case will take priority.

If the patient required surgery, the paediatric junior doctors would support the urology team with post-operative care and complete the Electronic Discharge Summary. The child will remain under the joint care of Paediatrics and Urology until discharge.

References

- Standards For Children's Surgery, Children's Surgical Forum - 2013