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The language barrier encountered due to lack of 2nd official language proficiency among medical officers in Sri Lanka

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Objective: To describe the problems that intern house officers have encountered during their internship due to lack of proficiency in secondary official language.

Method: This is a cross-sectional study of 822 post-intern medical officers with an ethical approval from NIHS Kalutara.

Results: Out of 822 immediate post-intern medical officers, 753 (91.6%) responded. Among them 369 (49%) were males with 639 (84.8%) Sinhalese and 114 (15.2%) Tamils. According to their perception, 30 (26.3%) of the Tamils are competent in Sinhalese while 75 (65.8%) had satisfactory level of competency and 9 (7.9%) are poor in Sinhalese language. Level of competency among Sinhalese doctors in Tamil was competent, satisfactory and poor in 06 (0.9%), 108 (16.9 %) and 525 (82.2%) respectively. Secondary language barrier was experienced in Medicine appointments by 261 (44.2%) out of 591. This was observed in Pediatrics, Gynecology and Obstetrics and Surgery in 141 (23.8%), 129 (21.8%) and 60 (10.2%) respectively.

Conclusion: Both Tamils and Sinhalese have lack of second official language proficiency while among Sinhalese, this is more worse. This was a barrier mostly experienced during Medicine appointment.

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Long term follow up of children with choledochal cyst

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Medical records of 26 patients treated for choledochal cyst over a period of 17 years were reviewed and long term outcome was evaluated based on the type of cyst and the operative procedures adopted. Of the 26 patients 17 (65.4%) were females and 9 (34.6%) males. The mean age of initial operation was 16.5 months. 12 patients had Todani's type I cysts, 1 had type II cyst and 13 had type IV cyst. Two of the type IV cyst had diffuse involvement of the liver and 11 had type IV A cysts. Of the 11 type IV A cysts, 8 had involvement of segments II, III and IV, 2 had segments V, VI, VII and VIII and 1 had segments II, III, IV and V of the liver. 24 patients presented with pain abdomen, 10 had lump and only 9 had jaundice at initial presentation. The classic triad was present in only 3 patients. Choledochal and hepatolithiasis were present in 6 cases. Cyst excision and Roux-en-Y hepaticojejunostomy was done in 15 patients. Cyst excision and hepatic lobectomy and mucosectomy of residual cyst and Roux-en-Y hepaticojejunostomy (side of the opened up cyst wall with side of the jejunal loop) was done in 11 patients who had type IV A cysts. Follow up period ranged from 6 months to 17 years (mean). 6 patients, 3 of type I, 2 with diffuse intrahepatic cyst and 1 with type IV A cyst developed post-operative complications, such as cholangitis and intrahepatic bile duct stones. Reoperation was necessary in one patient. None of the patients with type IV A cysts had any significant post-operative complications. Growth and development of 30 age and sex matched children were compared with the patients. Growth and development of children who developed post-operative complications were found to be below normal than the group without any complications.

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