

Role of Surgery in Pediatrics : A Short Note

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DESCRIPTION

Pediatric surgery is a subspecialty of surgical procedures involving infants, surgery of fetuses, adolescents, children, and young adults. Pediatric specialists analyze, treat, and manage children's surgical requirements including surgery for idiosyncrasies of the barrier in childhood and adolescence which contain undescended testes, hydroceles, hernias, and varicoceles.

Other parts of operations also have pediatric domains of their individual that need additional training during the internships and in a fellowship: Pediatric nephrological surgery (surgery on the child's including renal, kidneys and ureters, or kidney, transplantation), pediatric cardiothoracic (surgery on the child's heart or lung transplantation), pediatric urological surgery (surgery on the child's urinary bladder and other structures beneath the kidney needed for ejaculation), pediatric neurosurgery (surgery on the child's central nervous system, brain, spinal cord, and peripheral nerves), surgery including young adults or adolescents, pediatric hematological and gastrointestinal surgery (including liver and intestinal transplantation in children), pediatric emergency surgery, surgery involving fetuses or embryos, pediatric orthopedic surgery (bone and muscles surgery in children), pediatric oncological surgery, and pediatric plastic and reconstructive surgery.

Becoming a pediatric surgeon is no minor act. It is amid the most tough career paths to chase in medicine taking a total of 13 years of medical school, fellowships and residency to become licensed as a pediatric surgeon.

Open surgery - an "open" surgery means the cutting of skin and muscles so that the surgeon has a full sight of the structures or organs involved.

Minimally invasive surgery is a surgery minimizing surgical incisions to reduce trauma to the body.

Difficulties connected to general pediatric surgery processes are a major distress for pediatric surgeons and their patients. Although rare, when they occur the significances can lead to important ill health and psychosocial pressure. The persistence of this editorial is to consider the common complications come across during several common pediatric general surgery procedures with hernia repair, inguinal umbilical hernia repair, laparoscopic appendectomy and laparoscopic pyloromyotomy. Enhanced Recovery After Surgery (ERAS), techniques involves a strategy of perioperative handling recognized to accelerate postoperative retrieval and decrease difficulties in adult populations. Relatively few studies have examined the applicability of this paradigm to pediatric populations. Their objective was to perform a methodical review of existing sign regarding the use and efficiency of Enhanced Recovery Protocols (ERPs) in the pediatric population.

One reflective and four prospective cohort studies estimating children experiencing urologic, gastrointestinal, and thoracic surgeries were identified. The overall worth of reporting was fair with few studies acknowledging limits and bias and unpredictable outcome reporting. Studies involved six or fewer interferences compared to 20 recommended interventions in most adult ERAS Society procedures. None of the studies were well organized. Nevertheless, these studies recommend that ERPs applied to the suitable pediatric surgical populations may be related with decreased length of stay, decreased narcotic use, and no detectable increase in difficulties.

There is a scarcity of high-quality works evaluating application of ERPs in pediatric populations. The limited literature accessible indicates that ERPs would be harmless and potentially operational. More studies are required to assess the effectiveness of ERPs in pediatric surgery.

Pediatrics Surgery is totally complicated and the surgery is the last option opt by the doctors depend upon the condition of the child.

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