NEW TRAINING for Vietnam and Cambodia

Fellow Chris Kimber is leading paediatric surgical training to treat children suffering from disorders of sexual development

LEFT: Truing endosurgery Siem Reap, Chris Kimber and Cambodian surgeons.

TOP: Craig Macbride demonstrating safe endosurgical technique Siem Reap 2013.

Victorian paediatric urologist Associate Professor Chris Kimber has launched a collaborative project with Vietnamese and Cambodian surgeons, to help develop a surgical service to treat children suffering from disorders of sexual development (DSD).

Assoc Prof Kimber, Head of Monash Children's Hospital Surgical Division, is undertaking the work using funds provided by Monash Children's International, a non-profit philanthropic organisation affiliated with the hospital.

Mr Kimber said the DSD project – which provides surgical training, Australian chromosomal and genetic testing of patients and in-country surgical treatment – builds on paediatric surgical training provided by Monash Children's Hospital surgeons in Vietnam over the past 15 years and in Cambodia for the past five years.

DSD is an umbrella term used to describe a broad spectrum of anomalous development of the uro-genital and reproductive tracts of affected individuals, including disorders of chromosomal, gonadal and phenotypic sex. At birth, it can be difficult to determine if a child will be male or female.

Mr Kimber said the DSD service was particularly needed in Cambodia, where there are no testing facilities or surgical expertise to help children affected by DSD. The need for support in Cambodia is amplified by the fact that 40 per cent of the population is aged less than 16 years.

Mr Kimber said without specialist care, such patients can suffer issues of social and gender identity, premature bone fusion, weight loss, complications from poor early treatment and in rare cases, early-onset cancers of the reproductive system.

While Australian children with DSD are usually treated within the first two years of life, Monash teams working with their Vietnamese and Cambodian colleagues have treated teenagers with DSD who have suffered a range of severe complications caused by a lack of surgical expertise.

"Some of these children are born with genital malformations or have internal structures that are maldeveloped, but until now Cambodia, in particular, has had no expertise in this area," Mr Kimber said.

"Over the years many highly skilled Cambodian and Vietnamese surgeons have struggled to understand how to help such children, particularly in very complex cases where genetic and chromosomal testing and multi-disciplinary input is required.

"On our visits, we have treated patients in their teens with DSD. These individuals pose particular challenges to unscramble the effects of either a lack of early treatment or lack of expert management."

Mr Kimber said the collaborative project will develop a DSD service based at Angkor Hospital for Children in Siem Reap, Cambodia, and at two children's hospitals in Vietnam; in Hanoi and Ho Chi Minh City. A team of specialists from Monash Children's Hospital, accompanied by other international experts in the field, will help build the service by providing seminars, mentoring and twice-yearly training visits.

The Cambodian program will provide:

- Local involvement in all clinical decisions and operating by the visiting team;
- Structured educational sessions for Cambodian clinicians including didactic expert lectures, skills-based workshops, case-based discussions and ongoing teleconferencing;
- Scholarships to support Cambodian surgeons to spend time in Australia and at other international units, to develop technical skills to manage DSD;
- Support to establish a national database to maintain continuity of patient monitoring and long-term care and for use in future research;
- The provision of laboratory work and diagnostic documentation to be kept in the patient's medical record in Cambodia to enhance patient care and knowledge in the field of DSD.

This commitment from Monash Children's Hospital has already been boosted by the College's decision to award an International Scholarship to Cambodian paediatric surgeon, Dr Sophy Kahn, to allow him to train alongside Mr Kimber in Melbourne this year.

Mr Kimber, who has travelled to Cambodia and Vietnam 18 times in recent years, said the great advantage of developing a DSD service in each country was the opportunity it provided to teach techniques across a broad range of specialties while treating children in need.

"When we first started working in these countries, the Monash Children's team made it very clear that we were there to teach – not just to treat – because our sole aim has been to help our colleagues build self-sustaining paediatric surgical services," he said. ▶

Siem Reap Team: Professor Pierre Mure (Lyon France), Dr Van Thy Cambodia, Dr Sophy khan Cambodia in front, Dr Mohan Murraliah, Assoc Prof Chris Kimber, Prof Anette Jacobsen Singapore, Mr Neil Price Aukland, Liem Vierboom, SET 2 Trainee, Dr Nathalie Webb Monash and Dr Vu Thun.

"Now in Vietnam, the surgeons are highly skilled, but have asked us to help them develop a specific DSD service. We have agreed to bring in the training to Hanoi and Ho Chi Minh, which they can then replicate across the country.

"Through a DSD service, we can teach paediatric reconstructive surgery, urology and oncology, along with allied specialties such as endocrinology, psychology and diagnostic procedures allowing us to up-skill local surgeons and specialists across a range of fields.

"Given the lack of sophisticated chromosomal and genetic testing facilities in both countries, we are also bringing back patient samples for testing here in Melbourne which has been an extremely complex process in terms of getting the approvals required to import such materials.

"Providing this diagnostic testing allows us to train our Cambodian and Vietnamese colleagues in sophisticated test analysis so that together, we can determine the best course of surgical treatment for the children affected with DSD."

Mr Kimber said international experts in the field of DSD from France, South America, Singapore and New Zealand had supported the push to develop a surgical service for affected children in the region by funding their own visits to Vietnam to provide training while surgeons from China and India had travelled there to participate.

He said the next Monash team would visit both countries in May and November this year with the team expected to comprise Mr Kimber, Paediatric Urologist Dr Nathalie Webb, Paediatric Radiologist Professor Michael Ditchfield and Paediatric endocrinologist Dr Phil Bergman along with the international experts.

Mr Kimber thanked the College for supporting Dr Kahn's visit as well as Monash Children's Hospital and the donors supporting Monash Children's International.

"Monash Children's Hospital is a young, dynamic organisation that punches well beyond its weight in international work," he said.

"We believe part of our role, as a first-class children's medical facility, is to help our regional colleagues tackle the global burden of disease.

"Up to 13 per cent of that burden relates to surgical cases with the top three being trauma, cancer and congenital abnormalities which obviously includes DSD.

"It has now been determined that surgery has been underutilised in terms of addressing the burden of disease and that surgical care can have a significant positive impact on reducing that burden.

"We are very excited about extending the Vietnam project because the establishment of a Cambodian national DSD centre is likely to have just such a far-reaching impact.

"A specialist centre, able to attract funding and support for the up-skilling of several Cambodian specialists is not only crucial to ensuring affected children receive optimal diagnosis and treatment for their condition, but will have application to the standard of care and collaboration in paediatric services across a range of fields beyond DSD."

With Karen Murphy

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

RECOGNISING THE RACS TRAINEES BRAND

Trainees of the College are looking for an identity linked to the College logo

STEWART MORRISON
COMMUNICATIONS PORTFOLIO, RACSTA

Following support granted by the Education Board Executive, the Trainee Association (RACSTA) has embarked on the process of developing its own logo to be used on official correspondence, at RACSTA run events and used to denote Trainee content within the rich print and digital media produced by the College. But how can we move forward without understanding where we have been? This provides us thus with an opportunity to go back over the history of our College Coat of Arms: A history that may surprise.

The College Arms traces its roots back to 1927 with subsequent modifications, the history and intense symbolism of which is explored by Geoff Down, college curator, in an article accessible via the college website (to which this article owes much of its knowledge). The central shield's black swans and lymphad (a Greek sailing ship) represent Australia and New Zealand, the red cross of the shield itself tracing back to Saint John's Knight's Hospitaller. Above the shield sits a helmet, also ornamented in a way that is a far cry from its military equivalent; the sphinx on top, Down points out, is not only decorative, but is facing forward, despite the helmet being depicted in profile: Aesthetic license to which the College of Arms objected at the time. Even the sphinx itself is culturally muddled, a Greek sphinx according to its female gender, but wearing the headdress of her Egyptian counterpart.

Further exploration of the myriad of symbolism represented by the College Arms seems to further confuse rather than demystify. Down postulates that the hybrid sphinx may simply be the victim of the 'Egyptomania' prevalent at the time, noting the Arms' 1927 beginning as being two years after the discovery of Tutankhamen's tomb. The figures each side of the shield are Chiron, the noblest of the centaurs discussed in Greek mythology (the creatures typically being barbaric in nature) and Apollo, the Greek god often associated with civility and healing, though even this association may seem tenuous by modern standards once Apollo's story of betrayal, femicide and rather violent caesarian section is examined.

The interpretation of this cacophony of symbolism is hence a formidable task, even Down acknowledging the 'iconographic deficiencies' contained within. The Arms, however, has stood the test of time, a bold, if slightly nebulous, representation of tradition and classical ideals. H. B. Devine's 1931 'Letters Patent' is backed now by the College's 'Coat of Arms' Governance Policy, a document that guides this amalgamation of four millennia of iconography, though the modern world of branding, electronic documents and Arial.

Contemporary design trends oscillate faster than Apollo's affection for his lover Koronis. One only needs to look to web start-ups, juice bars and even health services to note the current design-de-jour, a pastel minimalism of sans serif font and geometry, itself a rebellion against the animated skeumorphism pushed by Apple's iPhone in the late 2000s.

So it is in this context – a tale spanning from ancient civilisation to modern word processing – that RACSTA embarks on establishing its own visual identity. RACSTA's charge, as laid down in our terms of reference, is that of communication with and advocacy for surgical Trainees, as well as the promotion of inter-disciplinary relations between the surgical specialty groups. It is certain that at no time more than now should these roles be augmented by the emergence of an instantly recognisable RACSTA identity, an identity that unites Trainees as well as solidifies their role within the College governance structure.

And so, we would like to extend the call for design submissions to the Trainees and Fellows of the College. Hopefully the brief exploration of the College Arms affords an appreciation for the rich heritage and tradition involved, and inspires those Trainees or Fellows with an interest in design to try their hand at a RACSTA Logo to last for years to come.

While the design may incorporate elements of our prestigious arms, it should approach such subject matter with respect, and of course any such design must align with the broader RACS branding and corporate identity guidelines. The Fellows of the College (FRACS), in their logo, have in recent years achieved this; and we believe it is time for the Trainees Association to do the same.

Designs should be submitted in pdf or jpg format to racsta@surgeons.org before April 30, 2015. The designer of an appropriate selected design will receive a $500 Visa Card.