



P5

# THE PEDIATRIC PATHWAY IN AN ADULT UROLOGICAL DIVISION: FROM THE WARD TO THE OPERATORY ROOM

Sorsoloni E <sup>1</sup>, D'Aquino A <sup>1</sup>, Ferrero C <sup>2</sup>, Trabucatto M <sup>2</sup>, Ferrara V <sup>1</sup>, Toso F <sup>1</sup>, Cecchelli E <sup>2</sup>, Trajkov Z <sup>2</sup>, Denarier P <sup>2</sup>, Pierini P <sup>2</sup>, Baldassarre E <sup>2</sup>

<sup>1</sup> Division of Anesthesiology and Intensive Postoperative Care, "Umberto Parini" Hospital, Aosta/Aoste, ITALY

<sup>2</sup> Division of Urology, "Umberto Parini" Hospital, Aosta/Aoste, ITALY

**Introduction & Objectives:** The activity of Paediatric Urology born in Aosta in 2008 as a great challenge, in a district hospital lacking of a specific pathway in paediatric surgical specialities. Last year we presented with great success (Award for Best Scientific Presentation at EAUN, Barcelona) our preliminary data, focalising the interest about the role of nurses in the ward of Urology. Herein we would explain the main progresses in the perioperative phase, involving nurses from Operatory Room and from Anesthesiology.

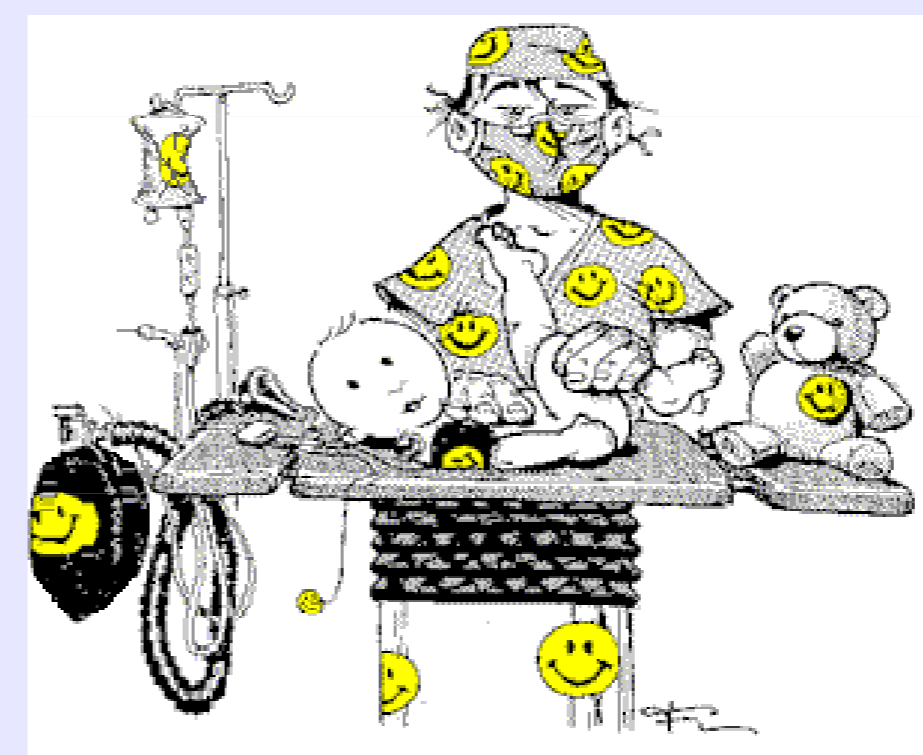
## Materials & Methods:

The main problems were: the presence of two different hospitals (Hospital A with an high-technological operatory block and Hospital B with the paediatric ward and two operatory rooms for gynaecology and surgical specialities); the absence of a dedicated staff of nurses for anaesthesiology and nurses assistants for the theatre; the absence of a specific perioperative pathway for children and parents; the poor paediatric mentality in nurses used with adults; the presence of spaces not paediatrically-sized; the poor paediatric materials for anaesthesiology and surgery (wires, magnification, medications, catheters, needles, etc...); the difficult coordination between more professional figures speaking "different professional languages" with relative initial diffidence; the correct preparation of children (his clothes, teddy bear, books...); the need of a dedicated training for nurses.

## Results:

After two years we noted great progresses: 147 children were operated. Mean age was 6.3 years (3 months-17.5 years). 33 (22.4%) were < 3 years of age. Almost 80% of interventions were executed in the Hospital B with hospitalisation in Paediatric ward. A staff of 5 anaesthesiological nurses and 2 theatre nurses was partially dedicated to paediatric activity, with the participation to stages in main Centres (Strasbourg, F and Turin, I). The preoperative pathway was standardised with logistic ameliorations (paintings, cartoons, books) and dedicated areas. The nurses also involved the parents in the perioperative phase to reduce the anxiety. All the venous access or other invasive manoeuvres were performed using local anaesthesia with EMLA® or with protoxyde inhalation. The materials underwent to a revolution using specific wires and medications coming from France (caudal needle, paediatric venflows and masks, Lumiderm®, Vycril 6/0 and 7/0, Monocryl 6/0 and 7/0, PDS 7/0), adapting ophthalmic materials (Castrovejo needleholder, microsurgical scalpel) and utilising magnification devices. In all children the goal was to reduce as soon as possible the discomfort of the operation day, maintaining his private clothes, the favoured teddy bear or other toys.

Our secrets



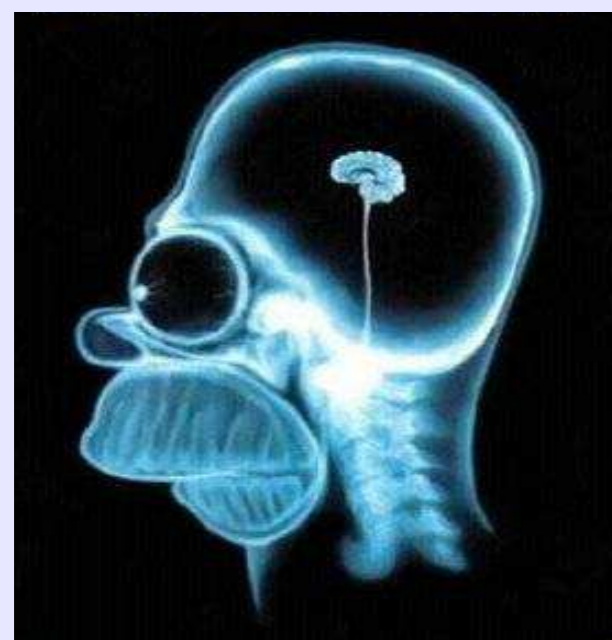
the smile

the gods' favor



## Conclusions:

The Pediatric Urological activity in our hospital involved also nurses employed in the Operatory room and in the Division of Anesthesiology, stimulating new dedicated professional figures. After the initial difficulties, our paediatric pathway nowadays is more complete with the acquisition of new materials, but above all of a new mentality and enthusiasm that sometimes could "move the mountains", our wonderful Alpine mountains of Valle d'Aosta



great minds



great organization



... a great group! Thanks EAUN!