

# 3<sup>rd</sup> Euro Nursing & Medicare Summit

July 27-29, 2015 Valencia, Spain

## Collaborative programme in pediatric cardiac surgery in Ethiopia: Nursery role

Ana Domingo Rueda<sup>1</sup>, Marta Pérez Langa<sup>1</sup>, Virginia Manzano Bas<sup>1</sup>, Ana Coca Pérez<sup>1</sup>, Raquel Collado Gutiérrez<sup>1</sup>, Stefano Marianesqui<sup>2</sup>, Nicola Viola<sup>3</sup> and Tomasa Centella Hernández<sup>1</sup>

<sup>1</sup>Hospital Universitario Ramón y Cajal, Spain

<sup>2</sup>Ospedale Niguarda, Italy

<sup>3</sup>Southampton Children Hospital, England

**Introduction and Objectives:** Cardiac disease among children remains an important and significant cause of morbidity and mortality in developing countries. Most of the children, however, could reach a normal development in adulthood after a proper on-time diagnosis and treatment. Our aim is to review our experience in the care of children undergoing congenital heart disease surgical and percutaneous procedures, and the training experience of the local staff in a center in Ethiopia.

**Material & Methods:** In 2009, a medical centre exclusively dedicated to the care of children with heart disease and supported by several international NGOs, was opened in Addis Ababa. From January 2010 to November 2014 we have performed seven campaigns with a double aim: medical assistance and staff training. Our team was formed by: 9 doctors, 3 nurses, and 1 perfusionist. Consumable medical devices and medication were obtained as a donation from the pharmaceutical industry.

**Results:** Each campaign lasted between 10 and 15 days. Local staff was not trained for complex surgical procedures. We developed an on-going training schedule in the fields of surgery, catheterization and intensive care, for both medical and nursery staff, trying to be equal to the training programme of other international groups. 120 surgeries in 117 children with congenital heart disease were performed. In children on whom cardio-pulmonary by-pass was performed, the diagnosis was: VSD, n=26, (with pulmonary hypertension, stenosis of the RVOT or ductus), ASD, n=37 (with pulmonary stenosis, ductus, mitral regurgitation or anomalous pulmonary venous drainage), subaortic stenosis (n=37). Regarding the percutaneous procedures, 121 out of 146 were interventional, mainly for PDA closure (n=71), pulmonary valvuloplasty (n=33) and ASD closure (n=10). 92% of the children were extubated within 3 hours of PICU admission. The average ICU stay was 1.2 days. We carried out the training programme as planned, with special dedication to the on-going training schedule in the surgical and intensive care field. The patient follow-up was performed by doctors at the local hospital. There was not any major complication during the follow-up.

**Conclusions:** The implementation and development of a program in pediatric cardiac surgery in developing countries is possible with good results, on the condition that the training programme is adapted to the culture and special needs of the local staff, giving them on-going involvement and avoiding imposing of any work rule.

### Biography

Ana Domingo has completed his studies of nursing at the age of 23 years from San Pablo CEU University. She has worked as PICU staff nurse at Royal Brompton Hospital at London, UK. She has completed Introduction in Congenital Heart Disease at St Thomas Hospital In London. She is the currently staff nurse at A&E department at Hospital Ramón y Cajal. She has supervised the PICU and 7 cardiac missions in Ethiopia.

[anadorue@hotmail.com](mailto:anadorue@hotmail.com), [centellato@hotmail.com](mailto:centellato@hotmail.com)

### Notes: