

SURGEON'S CORNER

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Does your child need a surgeon?

Do parents ask themselves whether their child needs a surgeon? How often should they ask this question? Many do not and even health workers who are not surgeons may struggle to know when a child needs surgical assessment. Yet needing a surgeon does not automatically mean needing an operation, a procedure or anaesthesia. In many cases, it simply means the child needs a surgeon to examine the problem and decide whether surgery or functional management is appropriate.

It is important to remember that not every child who sees a surgeon ends up having an operation. Fear of surgery should never prevent a child from receiving timely care. Some conditions require early intervention not only to save life, but also to preserve function or help the developing body learn to work properly.

Children depend entirely on adults to make decisions for them. Recognising when a problem needs specialised attention is part of that responsibility.

WHY CHILDREN SOMETIMES REACH SURGEONS LATE

FIRST DELAY: DECIDING TO SEEK CARE

This delay results from cultural norms, family dynamics and financial worries. Some families wait because a decision must be made by another person, often the husband, which may be too slow during emergencies.

Other causes include poor understanding of danger signs, beliefs that the condition will improve with age and fear that visiting a surgeon guarantees an operation. Negative experiences, costs and cultural explanations also contribute to this delay.

SECOND DELAY: REACHING A HEALTH FACILITY

Distance, transport challenges and geography can make reaching care difficult. A parent travelling from remote districts like Yumbe or Nakapiripirit to Kampala faces long, expensive journeys.

Critically ill children cannot receive oxygen, intravenous fluids or monitoring during transport, increasing the risk of deterioration. Some children worsen or die before arrival. Families from far areas may also fear travelling to unfamiliar places, where they lack support and do not speak the local language.

THIRD DELAY: RECEIVING QUALITY CARE

Even when families reach a facility, delays can occur due to limited staff training, low motivation, inadequate supplies, weak referral systems and poor infrastructure.

Some conditions require a specialised paediatric surgical provider. If the child is taken to a facility without that expertise, care is delayed.

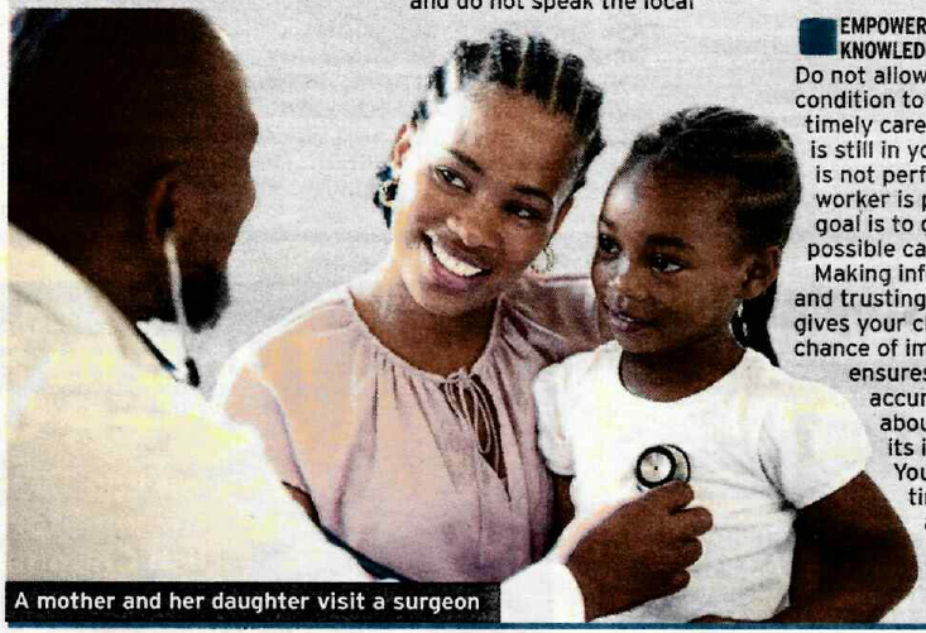
Desperation may push families to unqualified providers, leading to complications that can permanently affect the child.

EMPOWERMENT THROUGH KNOWLEDGE

Do not allow your child's condition to worsen. Seek timely care while the decision is still in your hands. Surgery is not perfect and no health worker is perfect, but the goal is to get the best possible care.

Making informed decisions and trusting qualified providers gives your child the greatest chance of improvement and ensures you receive accurate information about the problem and its implications.

Your child deserves timely, appropriate assessment. Early action saves lives and protects function.



A mother and her daughter visit a surgeon

CONDITIONS THAT MAY REQUIRE SURGICAL ASSESSMENT

Children may have swellings that need investigation. Some are visible from the outside and others are internal, often detected when they disturb body functions or are discovered during scans done for other reasons. Some swellings may be cancers and others may follow injuries.

Children may also have body parts that look abnormal or do not work properly. These issues can appear from birth due to congenital abnormalities or become more noticeable as the child grows. Most of these conditions have unknown causes and cannot be linked to anything the mother did during pregnancy.

Other children have problems related to body functions such as breathing, passing urine or passing stool. All these concerns require proper assessment. Medical personnel may use aids such as urine tests, blood tests, ultrasounds or specialised X-rays. In some cases, an operation is needed either to complete assessment or to correct the problem.

However, it is common for children to reach surgeons later than they should. The reasons fall into three broad categories known as the three-delay model.

The writer is a specialised paediatric general surgeon and paediatric urologist with lots of experience in speaking to families and training surgical providers