



PEDIATRIC SURGERY Update 8

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Emailing patients

With the advent of the Internet, emailing has become one of the most powerful tools of communications. It is relatively inexpensive, fast and text/image attachments can be added. Electronic communication by way of emailing with patients is used by 20% of physicians. Patient e-mail can potentially overload physicians with extra work while health regulations can create concern over electronic privacy issues. Requirements to ensure that authenticity, confidentiality and integrity of the information exchanged between the physician and the patient must be warrant. Communications that are usually appropriate for e-mail include routine appointment-s requests, billing questions, routine prescription refill requests, provision of follow-up information, and chronic disease management questions. These policies can be provided to patients in written form to help adhere and understand the appropriate use of emails. Acute medical evaluation through email should be discouraged. HIPAA requires encryption and appropriate protection (firewall) when sending protected health information over the Net. Physicians planning to incorporate electronic communication with their patients must be prepared to manage unsolicited e-mail, maintain patient confidentiality, and adopt practices that maximize the use of online resources to enhance patient education. E-mail has the potential to improve the doctor-patient relationship as a result of better communication.

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Suction Rectal Biopsy

Suction rectal biopsy (SRB) using a capsule with a side hole has been present as an important diagnostic tool since the late 60s. The procedure is simple and a suction rectal biopsy tool is available. The capsule hook to a shaft and pistol is introduced through the rectum into the anus until the side hole of the capsule is 1.5 to 2 cm above

the dentate line. By means of tubing a vacuum gauge connected to the shaft and using a 60 mL syringe suction is exerted so that the mucosa/submucosa adheres to the side hole of the capsule. The pistol is slowly fired cutting the small fragment of specimen caught inside the side hole of the capsule. At least three specimens (posterior and lateral wall) should be taken to have representative specimens so that the pathologist can have submucosa in at least 15 sections. SRB is indicated in babies with delayed passage of meconium, bowel obstruction, bowel dysmotility and/or history of constipation when Hirschsprung's disease or other dysganglionosis. No anesthesia is necessary and there have been very few reported complications including bleeding and rectal perforation. The instrument can be completely dismantled, physically cleaned and heat or chemically sterilized. Children aged six months or older can benefit from using a rectal cup biopsy forceps, nasal cutting forceps or an open biopsy under general anesthesia.

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Vulvar Lipomas

Lipoma is the most common soft tissue tumor consisting of mature fat cells and mainly located in the subcutaneous tissue. Most locations are the head and neck, trunk and extremity. Finding lipomas in the area of the genitalia is very rare in infants and children. This is specially true for vulvar lipomas in girls. Vulvar lipomas are soft well-demarcated or pedunculated slowly growing swelling that appears in the labial region of girls. They ranged in size from 2.0 to 8.0 cm in maximum dimensions. Usually the child is around ten years of age and the right vulva is affected more commonly than the left. The differential diagnosis includes an inguinal hernia, soft-tissue tumor (granular cell tumor), hemangioma, lymphangioma or Bartholin cyst. Ultrasound (nonspecific homogenous masses with lobular structures consistent with fat deposition), computed tomography and magnetic resonance imaging are useful in diagnosing lipomas and differentiating them from vulvar cysts or inguinal hernias. Vulvar lipomas have a benign clinical course, though they keep growing. The treatment of choice is complete surgical excision under general anesthesia as an outpatient procedure.

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