

IN THE NAME OF GOD

To visit Necker Hospital, located in central Paris, I have spent there for about 3 months and attended in different parts to obtain the information that seemed necessary. They are included; pediatric operating Room, Fetus Operating Room, Pre Anesthetic Ward, Recovery, Pain Ward, Outpatient operating Room, Pediatric MRC, Endoscopy, Bronoscopy, Spine Sugary, Neuroradiology Under Anesthesia, Robpotic surgery, Anesthesia Consultant clinics and Round , Resident Day Report, and Conferences among Team.

My assessment about the quality of the residency program, patient arrangement and discipline in this major referral center in comparison to our hospitals is critical, as we shall see.

Regarding Anesthetic Expertise for management Patients, minor differences can be seen between Necker Hospital and our center but in term of Pain control and Regional Anesthesia, unfortunately, our actions we take are so poor.

And in Patient arrangement, Operating Room Schedule, Respecting to Patient's rights and their parents, and far more important issue , the matter of silence and peace in operating room and wards a huge gap is clearly visible between our center and this hospital that needs to be changed by a really quick action and major plan.

Furthermore, in Necker hospital, the officials always consider the problems occurred during and after surgery time for the patients in order to make change and modify their plans related to the current problems created.

Another point is, the residents there, are never forced to study a big volume of materials of reference books, instated they try to study more practical methods and materials in Anesthesia.

In this hospital, more practical methods are conducted to have more qualified education for their residents, for instance, they have published a special book, named "Necklre" that contains significant and key points for each surgery, anesthesia, pain control and drugs. Every resident has to carry this small handbook in his/her pocket while they are in the operating room.

Another important difference refers to the devices and technologies available in operating rooms and patient practice. Some of these medical instruments are not too expensive so it would be possible for us to provide them in our operating rooms but some may cost higher. However, due to some urgent surgeries such as; Scoliosis, the preparation of some devices is felt necessary for our hospital.

Also, I noticed that in Necker Hospital there are 20 MRIs every day but interestingly, just 2 or 3 of these pediatric MIRs are applied under anesthesia.

It appears to me that we must take some serious actions like; altering and promoting our instruments and methods since this noticeable gap in near future regarding to high speed rate of new technology growth in the field of anesthesia, will be anticipated to increase rapidly.

All operation rooms in this hospital are equipped with Sonography devices for blocking and for all patients need block for post-operative pain. To do major surgeries, BIS and Brain Oxygen are carefully monitored and for all kind surgeries, temperature monitoring is necessary. In all rooms, there is force air blanker to pediatric thermoregulation because hypothermia in pediatric is very dangerous.

Indeed, the current trend we use in our practice and education would be confined in a boundary of some routine procedures since we have left behind in many fields and approaches. So it is vital for our residents to learn these new technics and approaches to improve their job. For example, no pain clinic is there in our hospital whereas it is an urgent for chronic and cancer pain and also there is no team to control acute pain in hospital and in my opinion, it must be done at the first stage.

The basic change that I have felt would be vital and in favor of our ward is making some changes in our schedules, having to say, NPO time will not last long and creates some agitation for children and their parents. In fact, the schedule needs to be presented to the operating room in advance.

In Necker Hospital, the operation list is usually presented by the next week. Beside, every patient's time for operation must be controlled and managed beforehand in order to prevent of any congestion and irregularity in front of operation room and also to avoid of any dissatisfaction and related problems like failure handling.

Sadly, some of these changes and modifications are unachievable without devoting particular budget, fund and resources especially right now that seems impossible to fulfill them. However, a number of them, as it was mentioned before, don't need enormous budget for investing them, management and arrangement are just required.

Overall, I hope that we would be able to take some actions along helping furthermore the patients and residents in our country.

Dr. Anahid Maleki

Anesthesiology Department