2.15 – 2.30pm – **David Covle - Dublin** 'Percutaneous endoscopic gastrostomy (PEG) insertion does not induce symptomatic gastro-oesophageal reflux in children.' 2.30 – 2.45pm – **Ewan Brownlee** 'Transanal irrigation for the management of neuropathic bowel in children with Spina Bifida: A five year experience.' 3.00 - 3.15pm: Coffee break 3.15 - 4.30pm: Session 2 – Paper presentation **Chairperson:** 3.15 - 3.30 pm - A Neilson'Getting to grips with Handlebar injuries: A call for collaboration to inform legislative change' 3.30 – 3.45pm – **Domenic Di Rollo** 'A rare surgical presentation in children receiving chemotherapy for Acute Lymphoblastic Leukaemia (ALL)' 3.45 – 4.00pm – Elizabeth Morrow - Glasgow 'Perianal Crohn's disease: The Yorkhill Experience.' 4.00 – 4.15pm – Evelyn Ervine – Dublin 'Bowel obstruction – but not the usual story' 4.15 – 4.30pm – Michael Aworanti - Dublin 'Proposal for a multi-institutional & validated scoring system for functional outcomes post surgery for Hirschsrpungs & Anorectal malformations. 4.30 - 5.00pm **AGM** 7.00pm Dinner Lemongrass Restaurant in City West Hotel

Saturday 20th 2013

08.30 – 09.30am: Light breakfast in Seminar room

09.30 – 11.00am: Session 3 – Paper presentation

Chairperson:

9.30 – 9.45am – Gregor Walker - Glasgow

'The immediate treatment of paediatric burns. Can we

improve practice?'

9.45-10.00am - Alasdair Ford - Edinburgh

'Burns in the paediatric population. Does laser Doppler imaging help to evaluate burn healing potential, the requirement for skin grafting and the likelihood of hypertrophic scarring?'

10.00 - 10.15am - **Shona Chan**

'Cowden syndrome'

10.15 – 10.30am – Suzanne McMahon - Dublin

'The use of the trapdoor incision for access to thoracic inlet pathology in children'

10.30 - 10.45am – **Mohan – Belfast**

'Mesoblastic Nephroma: an unusal case with multiple recurrances'

11.00 – 11.15am: Coffee break

11.15 – 12.30pm: Session 4 – Paper presentation Chairperson:

11.15 – 11.30am – **Dermot McDowell – Dublin**

'Response to Botulimum Toxin – Gender difference.'

11.30-11.45am – **Laura Combe**

'Soft tissue sarcoma's represent a small proportion of childhood cancers with undifferentiated sarcoma's being a particularly rare cancer in paediatric populations'

11.45 – 12.00pm – **Bobbie King**

'Slightly strange scrotum'

12.00 – 12.15pm – **Shona Chan**

'Abdominal lymphangioma masquerading as appendicitis'

12.15 – 12.30pm – **Balazs Bota – Dublin**

'Minimally invasive anterior spinal release: Single centre experience'

12.30pm: Meeting closed

Instructions:

Location of meeting:

Lecture theatre – ground floor corridor

From main entrance to Crumlin Hospital turn right along main corridor. Lecture theatre on right hand side about half way along this corridor. When you turn right there will be locked doors into theatre in front of you. Lecture theatre is on the left. Seminar room for refreshments & coffee & Drug Rep stands is on the right.

All presentations must be loaded onto the computer before the start of each session.

Toilets are located on the corridor to the left when you exit lecture theatre.

Three awards to be presented at the end of the Meeting.

1st €150

2nd €100

3rd €50





Society Irish Paediatric Surgeons / Scottish Surgical Paediatric Society Meeting 19th-20th April 2013

Our Lady's Hospital for Sick Children, Crumlin, Dublin

Friday 19th 2013

09.00 – 09.30am: **Registration** – (light breakfast provided from 8am in Seminar

room)

09.30 – 10.00am: **Welcome**

Mr Brian Sweeney - SIPS Mr Martyn Flett - SSPS

10.00 – 11.00am: **Lecture – Mr Alan Mortell** –

Complex venous & veno-lymphatic malformations:

Calssification & management.

11.00 – 12.00pm: **Lecture – Mr John Russell** – Cystic Hygroma

12.00pm – 1.30pm: Lunch (Seminar Room)

1.30 – 3.00pm: **Session 1 – Paper presentation**

Chairperson:

1.30 – 1.45pm – Brian McCormack – Belfast

'Colonic Assisted Trephine Stoma'

1.45 – 2.00pm – **David Coyle** – Dublin

'Delayed diagnosis of anorectal malformation - A persistent

problem'

2.00 - 2.15pm – Ewan Brownlee

'Radiological transition zone on contrast enema: How reliable

is it for the diagnosis of Hirschsprungs disease?