# Session 1

## Penoplasty – not circumcision – for repair of buried penis

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**Objective:** To report on the case of a boy with buried penis initially referred for circumcision.
**Design:** A 10-year old boy with a completely concealed penis was referred for circumcision. Penoplasty was performed instead. Under general anaesthesia, the foreskin was fully retracted and a circumferential sub-coronal incision made. A ventral longitudinal incision was then made over the median raphe, after which the penis was completely degloved. Anchoring vicryl sutures were then placed at the base of the penis between Buck's fascia and the pubic fascia dorsally, and the penoscrotal junction ventrally; these were intentionally oriented longitudinally to minimize the risk of inadvertent injury to the neurovascular bundle dorsally. To accommodate for deficient ventral skin, the dorsal preputial skin was split in the midline, with creation of Byars flaps. The dorsal longitudinal median incision was then closed after excision of minimal excess skin. Halfway along the penile shaft, further buttressing sutures were placed between the shaft skin and corporal bodies. The circumferential subcoronal incision was then closed using interrupted vicryl rapide sutures.
**Results:** At one week review, all postoperative scrotal and penile oedema had completely resolved and the penis is no longer concealed now at two months follow-up.
**Conclusion:** Buried penis is a contraindication to circumcision. The preferred procedure that offers excellent cosmetic and functional outcome is penoplasty.

## Trauma on Jamaica's north coast: are we meeting the existing demands?

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**Background:** Trauma is a significant cause of mortality and morbidity in Jamaica. The north coast has become one of the leading tourism hubs in Jamaica, bringing with it a proportional increase in development and increased levels of trauma. This paper reports the outcomes of trauma management on Jamaica's north coast.
**Methods:** This is a retrospective analysis of all trauma patients presenting to a government hospital on Jamaica's north coast over one year from January 2012 to December 2012. Data were extracted and analysed using SPSS.
**Results:** Over the study period, there were a total of 9010 trauma victims, who sustained injuries from road traffic accidents, falls, lacerations, drowning and burns. The majority (70%) were intentional injuries.
**Conclusions:** There is a high burden of trauma on Jamaica's north coast. We have identified management pitfalls and methods to improve care delivery.

## Arthroscopic shoulder surgery for recurrent anterior shoulder dislocation at the University Hospital of the West Indies

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**Objective:** To assess the patient outcome after arthroscopic bankart repair for recurrent anterior shoulder dislocation performed by a sport medicine and arthroscopy service at the University Hospital of the West Indies, Mona, Jamaica.
**Methods:** A retrospective analysis of the patients who underwent elective bankart repair for recurrent anterior shoulder dislocation from January 1, 2008 to December 31, 2011 was performed. Consent from the patients was obtained and the Oxford Shoulder Instability Questionnaire was completed by those patients who gave permission to participate in the study. The age, gender, complications and outcomes of the patients were examined.
**Results:** A total of 11 patients who had a bankart repair performed for recurrent anterior shoulder dislocation were identified. Nine patients enrolled in the study, of which five patients had arthroscopic bankart repair performed and four had open repair. The average age was 19 years, with a male to female ratio of 4:1. One (20%) of the arthroscopic group had postoperative instability requiring a second operation. The Oxford Instability outcomes were excellent for

all of the patients in the arthroscopic group after a minimum of one year follow-up.

**Conclusions:** The outcome for the patients was acceptable. The complication of recurrence in this small group of patients was high.

**Screening for prostate cancer: a Caribbean imperative**

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Prostate cancer is not only the most common cancer affecting Caribbean men but it is also the principal cause of cancer-related mortality. In fact the Caribbean region accounts for the highest recorded prostate cancer death rate in the world. Compared to American men, Caribbean men present with more advanced disease heralded by the presence of symptoms, and some studies suggest that at comparative stages the disease appears to be biologically more aggressive. With an ageing population, the incidence and mortality from prostate cancer is expected to worsen. This will result in an increase in preventable human suffering and a greater financial and care-giving burden to already economically burdened societies. Screening for prostate cancer is the intervention that can make an immediate impact on the disease. It has been demonstrated to result in a downward stage migration, a decline in incidence and an improvement in prostate cancer-specific mortality. Prostate-specific antigen based screening for prostate cancer is not without its disadvantages that include possible over-detection and over-treatment of the disease. These may be minimized by screening only high-risk men and having active surveillance as a treatment option. Screening for prostate cancer as a method of reducing the burden of the disease should be given urgent and serious consideration by Caribbean governments. Unless this dialogue takes place urgently and is followed by rapid implementation, Caribbean men are likely to continue dying from this preventable disease.

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