

Introduction

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In high-income countries paediatric surgeons have subspecialised, whereas in low-income countries surgeons must maintain diverse skills and knowledge. Some conditions, previously managed by paediatric surgeons, are now managed by others (e.g. clefts in plastic surgery, syndactyly in hand surgery, spina bifida and ventriculoperitoneal shunts in neurosurgery, ligation of patent ductus arteriosus in cardiac surgery and cervical cystic hygromas, thyroglossal cysts, preauricular sinuses and branchial remnants in ear, nose and throat surgery). This new edition recognises specialisation with chapters devoted to neonatal surgery, specialist paediatric urology and paediatric trauma. Those managing the general surgery of childhood in non-specialist hospitals should study the inguinoscrotal conditions described here and the foreskin as outlined in Chapter 20. AGE Biological domains (e.g. physiology, pathology, pharmacology) change continuously with age, whereas hospital services recognise artificial boundaries often set at 12, 16 or 18. The terminology related to children and young people (CYP) includes neonate (<4 weeks) and infant (<1 year). The World Health Organization defines adolescence as ages 10–19 and young people as 10–24. Some anatomical differences between infants and older children appear in 17.1 and Figure 17.1. A few conditions described in Chapter 18 require management throughout childhood and later after handover in transitioning by adult surgeons.

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