

ESSENTIAL SURGERY THROUGH SURGICAL HEALTH CARE DELIVERY

ESSENTIAL SURGERY THROUGH SURGICAL HEALTH CARE DELIVERY PLATFORMS

The 44 essential surgeries listed by WHO are critical to life, and 29 of them can be done at a district hospital. The bellwether procedures include caesarean sections, laparotomies and treatment of open fractures. These serve as a proxy measure to gauge the functionality of the surgical health system and its ability to perform a broad range of other essential surgical procedures. In places where there are few specialist surgeons, surgical needs are triaged as: 'must-do' procedures (cannot wait for 24 hours), 'should-do' procedures (cannot be delayed beyond a week) and 'can-do' procedures (can wait for more than a week), rather than by specialty. The suggested core packages for strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage are shown in Summary box 16.1. National surgical plans consider country-specific contexts of disease burden, severity of disease, effectiveness of surgical intervention, economic effects and social implications. These plans influence decisions to tailor these procedures, packages and platforms for delivery. National standard treatment guidelines, which are commonplace in HICs, are now being adapted and used in the context of LMICs. They ensure that incentives for hospital management and clinical leadership align with the goal of efficient, system-wide reductions in the burden of surgical disease. In the interconnected world, HICs can contribute in many important ways to global surgery: in elective and planned surgeries, academic grand rounds, relevant LMIC research Core packages for strengthening emergency and essential surgical care and anaesthesia /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF and research into the burden of surgical disease. Traditionally, mission surgeries for rarer conditions such as cleft lip and palate have contributed to high-quality protocols of safety and standards in surgery (Operation Smile, Smile Train). The critiques and concerns have been around HIC surgeons parachuting into LMICs and a lack of follow-up of their operated patients. Short-term visiting teams can draw resources away from local providers delivering continuous care, creating a perception within the community that visiting teams provide higher quality care. Improved LMIC institutional partnerships, local capacity building and collegiality are key to global surgery collaborative work with HICs. On their part, HICs have learned from LMIC institutions, such as the Aravind Eye Institute, about affordable surgery through remarkable cost reductions in high-volume cataract surgeries. While achieving high-volume surgeries, surgical safety is paramount and is dependent on training and upskilling of human resources in health, health infrastructure, the supply chain and equipment maintenance. Improved connectivity, infrastructure, Internet and wearables as well as low-cost simulation and

robotics are remarkable global innovations that may make surgery accessible to those who were previously unable to reach it. In the future, global surgery will drive surgeons in academic university hospitals to partner with their public health and models for outreach surgery. Surgical practices will evolve to address the high unmet surgical burden of disease with high-volume and low-profit operations, with enhanced recovery in hospitals and postdischarge follow-ups by community health workers. Surgeons will go beyond the technical aspects of surgical practice to advocate for affordable and equitable surgical care for everyone, without compromising on safety. Summary box 16.2 Key messages from the Lancet Commission on Global Surgery

Emergency procedures packages include: Basic trauma package (e.g. fracture treatment, trauma laparotomy, debridement) Basic obstetric package (e.g. caesarean section) Basic emergency general surgical package (e.g. laparotomy, incision and drainage) Planned care packages can include: General surgical package (e.g. hernia repair, bowel resection) Obstetric and gynaecological package (e.g. hysterectomy) Specialist surgical package (e.g. cataract, clubfoot correction) Palliative surgical package (e.g. diversion colostomy, analgesics) 5 billion out of the 7 billion people on the planet cannot access the surgeons who read this book for safe and affordable surgery 143 million more surgical procedures are needed each year in the world 33 million people each year will be impoverished because of paying for the surgery and anaesthesia that they need Investing in surgery is affordable, saves lives and promotes economic growth Surgery is an indivisible, indispensable part of health care. Surgical and anaesthesia care should be an integral component of a national health system in countries at all levels of development

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