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*A BIENNIAL LITERATURE SEARCH OF OPEN ACCESS, SCIENTIFIC ARTICLES RELATED TO
GLOBAL SURGERY: NIGERIA*

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Cardiology In The Young

Authors: Ogochukwu J. Sokunbi [[Opens in a new window](#)] , Ogadinma Mgbajah , Augustine Olugbemi , Bassey O. Udom , Ariyo Idowu and Michael O. Sanusi

Region / country: Western Africa - Nigeria

Speciality: Cardiothoracic surgery, Paediatric surgery

The COVID-19 pandemic is currently ravaging the globe and the African continent is not left out. While the direct effects of the pandemic in regard to morbidity and mortality appear to be more significant in the developed world, the indirect harmful effects on already insufficient healthcare infrastructure on the African continent would in the long term be more detrimental to the populace. Women and children form a significant vulnerable population in underserved areas such as the sub-Saharan region, and expectedly will experience the disadvantages of limited healthcare coverage which is a major fall out of the pandemic. Paediatric cardiac services that are already sparse in various sub-Saharan countries are not left out of this downsizing. Restrictions on international travel for patients out of the continent to seek medical care and for international experts into the continent for regular mission programmes leave few options for children with cardiac defects to get the much-needed care.

There is a need for a region-adapted guideline to scale-up services to cater for more children with congenital heart disease (CHD) while providing a safe environment for healthcare workers, patients, and their caregivers. This article outlines measures adapted to maintain paediatric cardiac care in a sub-Saharan tertiary centre in Nigeria during the COVID-19 pandemic and will serve as a guide for other institutions in the region who will inadvertently need to provide these services as the demand increases.

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2. FEASIBILITY AND SAFETY OF PROSTHETIC IMPLANTS FOR INGUINAL HERNIA REPAIR IN A NIGERIAN TERTIARY HOSPITAL

Medical Journal Of Zambia

Authors: Aloysius Ogbuanya, Fabian Olisa, Amobi Oguonu, Nonyelum Ugwu

Region / country: Western Africa - Nigeria

Speciality: General surgery

Background: Worldwide, inguinal hernia repair is the commonest surgical procedure in general surgery, but the optimal repair technique for inguinal hernia has not been defined and accepted in most parts of Africa and other developing nations. The aim of this study was to determine the epidemiology of inguinal hernias and feasibility of mesh implants in our centre.

Methodology: This was a descriptive cross-sectional study of consecutive adult patients with uncomplicated inguinal hernias who received polypropylene mesh for repair of their inguinal hernias. Selection criteria included inguinoscrotal/inguinolabial hernia, recurrent or bilateral hernia or bubunocoeles with wide defects. Descriptive statistics and tests of significance were done.

Results: Inguinal hernia represented 77.3% of all abdominal wall hernias encountered during the study. However, only 27.8% (100 patients) of the 360 patients that satisfied the inclusion criteria received mesh implants. Of the 100 patients studied, 31% had recurrent hernias, 48% harbored complete inguinoscrotal/inguinolabial hernia while 13% had incomplete inguinoscrotal hernia. Majority (86%) had unilateral hernia. The annual repair rates using mesh implants increased progressively from 4% in 2013 to 40% in 2017. A quarter (25%) had comorbidities. Majority (60%) of repairs were under general anesthesia. The overall postoperative complication rate was 14%. Wound infection rate was 3.5%. There was statistically significant difference in the rates of wound-related events between recurrent and primary inguinal hernias ($p=0.000$). There was no mortality or recurrence recorded in this study.

Conclusion: The uptake of mesh implants for inguinal hernia repair in our environment is low, though the trend is changing with higher proportions of patients accepting mesh implants in recent time. Elective inguinal hernia surgery with polypropylene mesh is feasible, safe, effective and reproducible in our setting.

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3. IMPLEMENTING ONCOLOGY CLINICAL TRIALS IN NIGERIA: A MODEL FOR CAPACITY BUILDING

Bmc Health Serv Res

Authors: Atara Ntekim, Abiola Ibraheem, Adenike Adeniyi-Sofoluwe, Toyosi Adepoju, Mojisola Oluwasanu, Toyin Aniagwu, Olutosin Awolude, Williams Balogun, Olayinka Kotila, Prisca Adejumo, Chinedum Peace Babalola, Ganiyu Arinola, Oladosu Ojengbede, Christopher O Olopade, Olufunmilayo I Olopade

Region / country: Western Africa - Nigeria

Speciality: Surgical oncology

Background: There is both higher mortality and morbidity from cancer in low and medium income countries (LMICs) compared with high income countries (HICs). Clinical trial activities and development of more effective and less toxic therapies have led to significant improvements in morbidity and mortality from cancer in HICs. Unfortunately, clinical trials remain low in LMICs due to poor infrastructure and paucity of experienced personnel to execute clinical trials. There is an urgent need to build local capacity for evidence-based treatment for cancer patients in LMICs.

Methods: We conducted a survey at facilities in four Teaching Hospitals in South West Nigeria using a checklist of information on various aspects of clinical trial activities. The gaps identified were addressed using resources sourced in partnership with investigators at HIC institutions.

Results: Deficits in infrastructure were in areas of patient care such as availability of oncology pharmacists, standard laboratories and diagnostic facilities, clinical equipment maintenance and regular calibrations, trained personnel for clinical trial activities, investigational products handling and disposals and lack of standard operating procedures for clinical activities. There were two GCP trained personnel, two study coordinators and one research pharmacist across the four sites. Interventions were instituted to address the observed deficits in all four sites which are now well positioned to undertake clinical trials in oncology. Training on all aspects of clinical trial was also provided.

Conclusions: Partnerships with institutions in HICs can successfully identify, address, and improve deficits in infrastructure for clinical trial in LMICs. The HICs should lead in providing funds, mentorship, and training for LMIC institutions to improve and expand clinical trials in LMIC countries.

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4. CANCELLATION OF ELECTIVE SURGICAL CASES IN A NIGERIAN TEACHING HOSPITAL: FREQUENCY AND REASONS

Nigerian Journal Of Clinical Practice

Authors: C J Okeke, A O Obi, K H Tijani, U E Eni, C O Okorie

Region / country: Western Africa - Nigeria

Speciality: General surgery

Background: Dwindling economic resources and reduced manpower in the health sector require efficient use of the available resources. Day of surgery cancellation has far reaching consequences on the patients and the theatre staff involved. Full use of the theatre space should be pursued by every theatre user.

Objective: The study aimed to report on the rates and causes of day of surgery cancellation of elective surgical cases in our hospital as a means towards proffering solutions.

Materials and methods: It was a retrospective study of all elective cases that were booked over a 15-month period from January 2016 to March 2017. Cancellation was said to have occurred when the planned surgery did not take place on the proposed day of surgery. Cancellations were categorized into patient-related, surgeon-related, hospital-related and anesthetist-related. Reasons for the cancellations were documented. Data were analyzed using Statistical Package for the Social Sciences (SPSS) software program, version 22. Variables were compared using Chi-square tests. A value of $P < 0.05$ was considered statistically significant.

Results: During the 15-month period, a total of 1296 elective surgeries were booked. Of this, 118 (9.1%) cases were cancelled. Patient-related factor was the most common reason (47.5%) followed by surgeon-related factor (28%). Lack of funds was the most common patient related-reason for cancellation. Majority of the cancelled cases were general surgical cases (36.4%) followed by orthopedics (25.4%) and urology (11%). Seventy percent of the cancelled cases were first and second on the elective list.

Conclusion: The cancellation rate in this study is high. The reasons for these cancellations are preventable. To ensure effective use of the theatre, efforts should be made to tackle these reasons.

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5. INVERTED FLAP TECHNIQUE WITH AIR TAMPONADE AND ONE DAY FACE DOWN POSITIONING FOR POSTTRAUMATIC MACULAR HOLE SURGERY IN A YOUNG MALE PATIENT IN SUB-SAHARAN AFRICA

Journal Of Case Reports And Images In Ophthalmology

Authors: Olufemi Oderinlo, Adekunle Olubola Hassan, Ogugua Okonkwo

Region / country: Western Africa - Nigeria

Speciality: Ophthalmology

Introduction: Surgery has been the mainstay of macular hole treatment since the first description of its success. Different techniques are, however, described. Our case report looks into the use of the inverted flap technique for managing patients with posttraumatic full thickness macular holes with a single day supervised face down positioning and air tamponade. **Case Report:** A 32-year-old young man sustained blunt ocular trauma to his left eye while under training seven months prior to presentation with reduced central vision and metamorphopsia. On examination visual acuities were best corrected 6/6 in the right and 6/60 in the left, anterior segments were normal. Fundoscopy revealed flat retinae, and extensive linear chorioretina scars in the posterior pole suggestive of healed choroidal ruptures and a posttraumatic stage 4 full thickness macular hole (FTMH) in the left. The FTMH measured 877 μm on optical coherence tomography (OCT). The patient had a macular hole surgery using the inverted flap technique with one-day face down positioning and air tamponade. Significant hole closure was seen in the first postoperative week and by six weeks after surgery, the macular hole was fully closed and vision improved to 6/6 best corrected. The inverted flap technique with air tamponade and one day face down positioning can offer another option to retina surgeons treating complex macular holes. Early visual recovery and ability to undertake air travel immediately after surgery is an additional advantage.

Conclusion: Using the inverted flap technique for surgery provides surgeons with another option for repair of complex FTMHs, like those secondary to trauma that have been known to respond poorly to initial standard repair.

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6. AFFORDING UNAVOIDABLE EMERGENCY SURGICAL CARE - THE LIVED EXPERIENCES AND PAYMENT COPING STRATEGIES OF HOUSEHOLDS IN IBADAN METROPOLIS, SOUTHWESTERN NIGERIA

Plos One

Authors: Taiwo Obembe, Sharon Fonn

Region / country: Western Africa - Nigeria

Speciality: Emergency surgery

Background

Pre-payment and risk pooling schemes, central to the idea of universal health coverage, should protect households from catastrophic health expenditure and impoverishment; particularly when emergency care is required. Inadequate financial protection consequent on surgical emergencies occurs despite the existence of risk-pooling schemes. This study documented the experiences and coping strategies of slum and non-slum dwellers in a southwestern metropolis of Nigeria who had undergone emergency surgery.

Methods

In-depth interviews were conducted with 31 participants (13 slums dwellers, 18 non-slum dwellers) who had recently paid for emergency surgical care in Ibadan. Patients who had experienced catastrophic health expenditure from the use of emergency surgical care were identified and people who paid for the care were purposively selected for the interviews. Using an in-depth interview guide, information on the experiences and overall coping strategies during and after the hospitalization was collected. Data were analyzed inductively using the thematic approach.

Results

The mean age of the 31 participants (consisting of 7 men and 24 women) was 31 ± 5.6 years. Apathy to savings limited the preparation for unplanned healthcare needs. Choice of hospital was determined by word of mouth, perceptions of good quality or prompt care and availability of staff. Social networks were relied on widely as a coping mechanism before and during the admission. Patients that were unable to pay experienced poor and humiliating treatment (in severe cases, incarceration). Inability to afford care was exacerbated by double billing and extraneous charges. It was opined that health care should be more affordable for all and that the current National Health Insurance Scheme, that was operating sub-optimally, should be strengthened appropriately for all to benefit.

Conclusion

The study highlights households' poor attitude to health-related savings and pre-payment into a social solidarity fund to cover the costs of emergency surgical care. It also highlights the factors influencing costs of emergency surgical care and the role of social networks in mitigating the high costs of care. Improving financial protection from emergency surgical care would entail promoting a positive attitude to health-related savings, social solidarity and extending the benefits of social health insurance.

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7. ASSOCIATION OF GYNECOLOGICAL ENDOSCOPY SURGEONS OF NIGERIA (AGES) ADVISORY ON LAPAROSCOPIC AND HYSTEROSCOPIC PROCEDURES DURING THE COVID-19 PANDEMIC

Nigerian Journal Of Clinical Practice

Authors: O C Alabi , J E Okohue , A A Adewole , J I Ikechebelu

Region / country: Western Africa - Nigeria

Speciality: Obstetrics and Gynaecology

Coronavirus 2, or SARS-CoV-2 disease (COVID-19) is a global public health concern. Although there is a paucity of evidence to advise on the best practice, we recommend postponement of elective gynecological endoscopic surgeries until the pandemic is contained. Emergency surgeries should preferably be done through open surgeries than laparoscopy or hysteroscopy approach. However, if or when laparoscopy or hysteroscopy is considered, health personnel in theatre must wear appropriate personal protective equipment (PPE) and all standard precautions should be observed to prevent COVID-19 infection. When COVID-19 is highly suspected or confirmed, the patient should be referred to centers equipped in taking care of such cases.

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8. NON-ENDOSCOPIC MANAGEMENT OF A GIANT URETEROCELE: A CASE REPORT IN RESOURCE POOR AFRICAN HOSPITAL

International Surgery Journal

Authors: Usman Mohammed Tela, Babatunde David Olajide, Abdu Mohammed Lawan

Region / country: Western Africa - Nigeria

Speciality: Urology surgery

Ureterocele is a cystic dilatation of the distal sub mucosal part of the ureter. It is a congenital anomaly that may co-exist with other anomalies. It has an incidence 1 in 4000 live births. Patients present with symptoms at paediatric age or may remain asymptomatic till adulthood. Our 30 year old female patient was assessed for a giant orthotropic right ureterocele with obstructive uropathy, in a hospital that has no modern facilities for endoscopic treatment. She then had successful open surgical repair of the ureterocele with satisfactory outcome. Minimally invasive endoscopic treatment options remains the gold standard. Patients from poor resource regions can as well be treated successfully by open surgical repair like our index case presented.

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9. CAN TRADITIONAL BONESETTERS BECOME TRAINED TECHNICIANS? FEASIBILITY STUDY AMONG A COHORT OF NIGERIAN TRADITIONAL BONESETTERS

Human Resources For Health

Authors: Ndubuisi Onu Onyemaechi, Ijeoma Uchenna Itanyi, Paulinus Okechukwu Ossai & Echezona Edozie Ezeanolue

Region / country: Western Africa - Nigeria

Speciality: Trauma and orthopaedic surgery

Background

Traditional bonesetters (TBS) provide the majority of primary fracture care in Nigeria and other low- and middle-income countries (LMICs). They are widely patronized and their services are commonly associated with complications. The aim of the study was to establish the feasibility of formal training of TBS and subsequent integration into the healthcare system.

Methods

Two focus group discussions were conducted involving five TBS and eight orthopaedic surgeons in Enugu Nigeria. Audio-recordings made during the focus groups were transcribed verbatim and analysed using a thematic analysis method.

Results

Four themes were identified: Training of TBS, their experiences and challenges; perception of traditional bonesetting by orthopaedic surgeons; need for formal training TBS and willingness to offer and accept formal training to improve TBS practice. Participants (TBS group) acquired their skills through informal training by apprenticeship from relatives and family members. They recognized the need to formalize their training and were willing to accept training support from orthopaedists. The orthopaedists recognized that the TBS play a vital role in filling the gap created by shortage of orthopaedic surgeons and are willing to provide training support to them.

Conclusion

This study demonstrates the feasibility of providing formal training to TBS by orthopaedic surgeons to improve the quality of services and outcomes of TBS treatment. This is critical for integration of TBS into the primary healthcare system as orthopaedic technicians. Undoubtedly, this will transform the trauma system in Nigeria and other LMICs where TBS are widely patronized.

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10. CHALLENGES AND OUTCOME OF MANAGEMENT OF GASTROSCHISIS AT A TERTIARY INSTITUTION IN NORTH-EASTERN NIGERIA

Frontiers In Surgery

Authors: Adewale O. Oyinloye, Auwal M. Abubakar, Samuel Wabada and Lateef O. Oyebanji

Region / country: Western Africa - Nigeria

Speciality: Paediatric surgery

Introduction: Gastroschisis is a congenital anterior abdominal wall defect characterized by herniation of abdominal contents through a defect usually located to the right side of the umbilical cord. It occurs in about 1 in 2,000–4,000 live births and is slightly commoner in males. Management has remained challenging in the low and middle-income countries, with high mortality rates. This study highlights the clinical presentation, treatment, outcomes, and challenges in the management of gastroschisis at a tertiary healthcare center in a resource-limited setting.

Methods: This was a retrospective review of the records of all patients with gastroschisis managed over a period of 30 months (January 2016–June 2018). Data on patients' demographics, age, birth weight, clinical presentation, method of gastroschisis reduction and closure, complications, and outcomes were collated. Statistical analysis was performed using SPSS version 20. A $p < 0.05$ was considered significant.

Results: Twenty-four patients with gastroschisis were managed. Of these, 18 patients had data available for analysis. There were 14 males, with a male-female ratio of 3.5:1. The median age at presentation was 11.0 h (range 1–36 h). Ten patients (55.6%) were delivered in a medical facility. One patient had type II jejunal atresia and transverse colonic atresia as associated anomalies. Improvised silos were applied by the bedside in 15 (83.3%) patients, while two patients (11.1%) had primary closure under general anesthesia. One patient died before definitive treatment could be done. Sterile urobags and female condoms were used for constructing improvised silos in 9 (60%) and 6 (40%) patients, respectively. Eight patients who had initial silo application had complete bowel reduction over a median time of 8.0 days (mean 10.0 ± 6.5 days, range 2–23 days). Total parenteral nutrition was not available. The average time to commencement of feeding was 8.0 days ± 6.6 (median 6.0 days, range 2–22 days). Full feeding was achieved in five patients (two patients in the primary closure group and three from the silo group) over a mean time of 16.8 days ± 10.4 (median 14.0 days). Sepsis was the commonest complication. Four patients (22.2%) survived.

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11. LAGOS STATE AMBULANCE SERVICE: A PERFORMANCE EVALUATION

European Journal Of Trauma And Emergency Surgery

Authors: Chinmayee Venkatraman, Aina Olufemi Odusola, Chenchita Malolan, Olusegun Kola-Korolo, Oluwole Olaomi, Jide Idris & Fiemu E. Nwariaku

Region / country: Western Africa - Nigeria

Speciality: Emergency surgery, Trauma surgery

Objectives: The mortality rate from road traffic accidents (RTAs) in Nigeria is almost double that of the USA. In Nigeria, the first emergency medical services (EMS) system was established in March 2001, The Lagos State Ambulance Service (LASAMBUS). The objectives of this study are to (1) determine the burden of RTAs in Lagos, (2) assess RTA call outcomes, and (3) analyze LASAMBUS's response time and causes for delay.

Methodology: We reviewed completed LASAMBUS intervention forms spanning December 2017 to May 2018. We categorized the call outcomes into five groups: I. Addressed Crash, II. No Crash (False Call), III. Crash Already Addressed, IV. Did Not Respond, and V. Other. We further explored associations between the (1) causes for delay and outcomes and (2) response times and the outcomes.

Results: Overall, we analyzed 1352 intervention forms. We found that LASAMBUS did not address 53% of the RTA calls that they received. Of this, Outcome II. No Crash (False Call) accounted for 26% and Outcome III. Crash Already Addressed accounted for 22%. Self-reported causes for delay were recorded in 180 forms, representing 13.7% of the RTA burden. Traffic congestion accounted for 60% of this distribution.

Conclusion: LASAMBUS response rates are significantly lower than response rates in high-income countries such as the USA and lead to increased RTA mortality rates. Eliminating causes for delay will improve both LASAMBUS effectiveness and RTA victims' health outcomes. Changing the public perception of LASAMBUS and standardizing LASAMBUS' contact information will aid this as well.

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12. MANAGEMENT AND OUTCOMES FOLLOWING EMERGENCY SURGERY FOR TRAUMATIC BRAIN INJURY - A MULTI-CENTRE, INTERNATIONAL, PROSPECTIVE COHORT STUDY (THE GLOBAL NEUROTRAUMA OUTCOMES STUDY).

International Journal Of Surgery Protocols

Authors: Clark D, Joannides A, Ibrahim Abdallah O, Olufemi Adeleye A, Hafid Bajamal, Bashford T, Bhebhe, Biluts H, Budohoska N, Budohoski K, Cherian I, Marklund N, Fernandez Mendez R, Figaji T, Kumar Gupta D, Iaccarino C, Ilunga A, Joseph M, Khan T, Laeke T, Waran V, Park K, Rosseau G, Rubiano A, Saleh Y, Shabani HK, Smith B, Sichizya K, Tewari M, Tirsit A, Thu M, Tripathi M, Trivedi R, Villar S, Devi Bhagavatula I, Servadei F, Menon D, Kolias A, Hutchinson P; Global Neurotrauma Outcomes Study (GNOS) collaborative.

Region / country: Global - Colombia, Egypt, Ethiopia, India, Indonesia, Italy, Malaysia, Nepal, Nigeria, Pakistan, South Africa, Sweden, Tanzania, United Kingdom, United States of America, Zambia

Speciality: Emergency surgery, Neurosurgery, Trauma surgery

Traumatic brain injury (TBI) accounts for a significant amount of death and disability worldwide and the majority of this burden affects individuals in low-and-middle income countries. Despite this, considerable geographical differences have been reported in the care of TBI patients. On this background, we aim to provide a comprehensive international picture of the epidemiological characteristics, management and outcomes of patients undergoing emergency surgery for traumatic brain injury (TBI) worldwide. The Global Neurotrauma Outcomes Study (GNOS) is a multi-centre, international, prospective observational cohort study. Any unit performing emergency surgery for TBI worldwide will be eligible to participate. All TBI patients who receive emergency surgery in any given consecutive 30-day period beginning between 1st of November 2018 and 31st of December 2019 in a given participating unit will be included. Data will be collected via a secure online platform in anonymised form. The primary outcome measures for the study will be 14-day mortality (or survival to hospital discharge, whichever comes first). Final day of data collection for the primary outcome measure is February 13th. Secondary outcome measures include return to theatre and surgical site infection. This project will not affect clinical practice and has been classified as clinical audit following research ethics review. Access to source data will be made available to collaborators through national or international anonymised datasets on request and after review of the scientific validity of the proposed analysis by the central study team.

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13. INVESTING IN PEDIATRIC SURGICAL RESEARCH TO ADVANCE UNIVERSAL HEALTH COVERAGE FOR CHILDREN IN NIGERIA

Nigerian Journal Of Surgery

Authors: Justina O. Seyi-Olajid , Emmanuel A. Ameh

Region / country: Global - Nigeria

Speciality: Paediatric surgery

About 1.7 billion children and adolescents most of whom are in low- and middle-income countries lack access to safe and affordable surgical and anesthesia care when needed. 43% of Nigeria's population of 199 million are below the age of 15 years. In 2015, Nigeria had a pediatric surgeon workforce deficit of 693 for children <15 years. While threats and constraints to achieving universal health coverage in Nigeria have been highlighted, the role of research is often not included. Over the years, there has been a slow but progressive increase in pediatric surgical workforce and research output, both locally and with international collaborations, and in trainee involvement in research as lead authors. There has unfortunately been a challenge with translation of research findings, outcomes, and recommendations into actions. Despite the various challenges mitigating against pediatric surgery research, efforts must be committed to developing and implementing innovative approaches to address the problems and challenges, as well as implementing quality improvement programs and deploying technology to advance children's care. It is hoped that inclusion of children's surgery in the National Surgical, Obstetrics, Anaesthesia, and Nursing Plan would strengthen pediatric surgical research in Nigeria.

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14. PROPHYLACTIC SURGICAL DRAINAGE IS ASSOCIATED WITH INCREASED INFECTION FOLLOWING INTRAMEDULLARY NAILING OF DIAPHYSEAL LONG BONE FRACTURES: A PROSPECTIVE COHORT STUDY IN NIGERIA

Sicot J

Authors: Gerald Chukwuemeka Oguzie, Patrick Albright, Syed Haider Ali, Ndubuisi E. Duru, Emmanuel Chino Iyidobi, Omolade Ayoola Lasebikan, Denning C. Chukwumam, Hao-Hua Wu, and Ikpeme A. Ikpeme

Region / country: Western Africa - Nigeria

Speciality: Trauma and orthopaedic surgery, Trauma surgery

Introduction: Prophylactic surgical drains are commonly used in Nigeria following intramedullary nailing (IMN) of long bone diaphyseal fractures. However, evidence in the literature suggests that drains do not confer any benefit and predispose clean wounds to infection. This study compares outcomes between patients treated with and without prophylactic surgical drainage following diaphyseal long bone fractures treated with IMN. **Methods:** A prospective cohort study with randomization was conducted at a tertiary referral center in Enugu, Nigeria. Investigators included skeletally mature patients with diaphyseal long bone (femur, tibia, humerus) fractures treated with SIGN IMN. Patients followed-up at 5, 14, and 30 days post-operatively. The primary outcome was surgical site infection (SSI) rate. Secondary outcomes included post-operative pain at 6 and 12 h, need for blood transfusion, wound characteristics (swelling, ecchymosis, and gaping), need for dressing changes, and length of hospital stay. **Results:** Of the enrolled patients, 76 (96%) of 79 completed 30-day follow-up. SSI rate was associated with patients who received a prophylactic drain versus those who did not (23.7% vs. 10.5%, $p = 0.007$). There were no significant differences in transfusion need ($p = 0.22$), wound swelling ($p = 0.74$), wound ecchymosis ($p = 1.00$), wound gaping ($p = 1.00$), dressing change need ($p = 0.31$), post-operative pain at 6 h ($p = 0.25$) or 12 h ($p = 0.57$), or length of stay ($p = 0.95$). **Discussion:** Surgical drain placement following IMN of diaphyseal long bone fractures is associated with a significantly higher risk of SSI. Reducing surgical drain use following orthopaedic injuries in lower resource settings may translate to reduced infection rates.

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15. POSTOPERATIVE PAIN MANAGEMENT IN EMERGENCY SURGERIES: A ONE-YEAR SURVEY ON PERCEPTION AND SATISFACTION AMONG SURGICAL PATIENTS

Nigerian Journal Of Surgery

Authors: AbdulGhaffar A Yunus, Euphemia M Ugwu, Yunusa Ali, Ganiyat Olagunju

Region / country: Western Africa - Nigeria

Speciality: Anaesthesia, Emergency surgery, General surgery

Background

Postoperative pain varies from an individual to individual. It also varies with types and extent of surgery. In general, postoperative pain is inadequately managed in most centers worldwide, especially in developing countries. Therefore, this study presents the perception and satisfaction of postoperative pain management in emergency surgeries.

Methods

A 1-year prospective study of the 891 patients who underwent emergency general surgeries at Ahmadu Bello University Teaching Hospital, from January to December 2018 is hereby presented. Pain scores and patient's satisfaction toward postoperative pain management were considered at 8 and 24 h postoperatively through a predesigned questionnaire. Numeric Pain Rating Scale was used to determine pain intensity and the level of satisfaction following postoperative pain management. Student's t-test was used to compare the pain scores and patient's level of satisfaction of the postoperative pain management.

Results

A total of 891 patients were recruited for this study, with a mean age of 36.4 ± 8.9 years with a male-to-female ratio of 1.3:1. Postoperative pain management satisfaction score for patients (98%) who had pain 8-h postoperative period was 4.8 ± 1.6 . Similarly, 96.4% of the patients who had pain 24 h postoperatively scored 2.8 ± 1.7 . Majority of the patients 481 (54%) were of the American Society of Anesthesiologist physical Class II. Most of the patients underwent general surgery using the technique of general anesthesia.

Conclusion

This study indicated that the perception and level of patient's satisfaction regarding postoperative pain management are inadequate. The health professionals and policy makers should be aware that postoperative pain management is suboptimal, as patients still have severe postoperative pain. Therefore, the need for improved postoperative pain management.

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16. POSTOPERATIVE ANALGESIC EFFECT OF INTRATHECAL DEXMEDETOMIDINE ON BUPIVACAINE SUBARACHNOID BLOCK FOR OPEN REDUCTION AND INTERNAL FIXATION OF FEMORAL FRACTURES

Nigerian Journal Of Clinical Practice

Authors: C Nwachukwu, H O Idehen, N P Edomwonyi, B Umeh

Region / country: Western Africa - Nigeria

Speciality: Anaesthesia, Trauma and orthopaedic surgery, Trauma surgery

Background

One of the drawbacks of subarachnoid block is the short duration of analgesia particularly when adjuvants are not added to local anesthetics agent used. However, dexmedetomidine an α 2-adrenergic agent has been found to possess analgesic effect.

Aims

This study seeks to determine the analgesic efficacy of intrathecal 7.5 μ g of dexmedetomidine and its side effects when used for open reduction and internal fixation (ORIF) of femoral fractures.

Methodology

It is a prospective randomized, double-blinded study that was carried out in a Nnamdi Azikiwe University Teaching Hospital, Nnewi in Nigeria. Seventy American Society of Anesthesiologists I or II patients were randomized into two groups of 35 each to receive 3 ml of 0.5% hyperbaric bupivacaine combined with either 7.5 μ g of dexmedetomidine in 0.3 ml of normal saline (Group D) or 0.3 ml of normal saline alone (Group S). Patient's outcome measures noted (time to first request of analgesia, proportion of patients with pain score <4 postoperatively using numerical rating scale [NRS], and total analgesic consumed in 24 h.).

Results

The patients in Group D had a longer time to first request of analgesia, larger proportion of patients with pain score >4 (0.05). However, the patient satisfaction was better in Group D.

Conclusion

The addition of 7.5 μ g of dexmedetomidine to bupivacaine for subarachnoid block in the management of femoral fractures using ORIF provided better anesthetic profile, particularly prolonged duration of postoperative analgesia without significant side effects.

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17. POPLITEAL FOSSA RECONSTRUCTION WITH MEDIAL GENICULAR ARTERY FLAP IN A LOW RESOURCE SETTING: A REPORT OF TWO CASES

International Journal Of Surgery Case Reports

Authors: U.U.Nnadozie and C.C.Maduba

Region / country: Western Africa - Nigeria

Speciality: Plastic surgery, Trauma and orthopaedic surgery

Background: Popliteal fossa defects are common arising from several causes. Options of reconstruction around the knee could be limited by the cause of defect or interventions. Medial genicular artery flap is known in the books but not in popular use despite its obvious advantages of superior vascularity, adequate size, suppleness, and hidden donor site.

Aim: To promote the use of this flap due to its advantages and ease of use especially in resource poor settings.

Patients and methods: We report two patients from a low resource setting aged 23 and 20 years respectively. The first case was managed for avulsion wound of the popliteal fossa while the second had post burn knee contracture release. The resultant large popliteal fossa defects on both patients were seen on clinical examination. Both patients were offered popliteal fossa reconstruction for the popliteal fossa defects using medial genicular artery flap with good outcome.

Conclusion: The medial genicular artery flap is a veritable option of popliteal fossa reconstruction especially for defects that are located contiguous to the flap and when other regional flap options are not available. Flap survival is excellent and donor site is hidden

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18. AN INTERNATIONAL COLLABORATIVE STUDY ON SURGICAL EDUCATION FOR QUALITY IMPROVEMENT (ASSURED): A PROJECT BY THE 2017 INTERNATIONAL SOCIETY OF SURGERY (ISS/SIC) TRAVEL SCHOLARS INTERNATIONAL WORKING GROUP

World Journal Of Surgery

Authors: Anip Joshi, Bernardo Borraez-Segura, Mariyah Anwer, Oluwaseun Ladipo-Ajayi, Francisco Schlottmann, Diem Nguyen Ngoc Le, Andrew G. Hill & Michael G. Sarr

Region / country: South America, South-eastern Asia, Southern Asia, Western Africa - Argentina, Colombia, Nepal, Nigeria, Pakistan, Vietnam

Speciality: Surgical Education

Background: There is a huge difference in the standard of surgical training in different countries around the world. The disparity is more obvious in the various models of surgical training in low- and middle-income countries (LMICs) compared to high-income countries. Although the global training model of surgeons is evolving from an apprenticeship model to a competency-based model with additional training using simulation, the training of surgeons in LMICs still lacks a standard pathway of training.

Methods: This is a qualitative, descriptive, and collaborative study conducted in six LMICs across Asia, Africa, and South America. The data were collected on the status of surgical education in these countries as per the guidelines designed for the ASSURED project along with plans for quality improvement in surgical education in these countries.

Results: The training model in these selected LMICs appears to be a hybrid of the standard models of surgical training. The training models were tailored to the country's need, but many fail to meet international standards. There are many areas identified that can be addressed in order to improve the quality of surgical education in these countries.

Conclusions: Many areas need to be improved for a better quality of surgical training in LMICs. There is a need of financial, technical, and research support for the improvement in these models of surgical education in LMICs.

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19. OUTCOME OF MANAGEMENT OF GASTROSCHISIS: COMPARISON OF IMPROVISED SURGICAL SILO AND EXTENDED RIGHT HEMICOLECTOMY

Annals Of Pediatric Surgery

Authors: Philemon E. Okoro & Charles Ngaikedi

Region / country: Western Africa - Nigeria

Speciality: General surgery, Paediatric surgery

Gastroschisis is one of the major abdominal wall defects encountered commonly in pediatric surgery. Whereas complete reduction and abdominal closure is achieved easily sometimes, a daunting situation arises when the eviscerated bowel loops and other viscera cannot be returned immediately into the abdominal cavity. This situation is a major contributor to the outcome of the treatment of gastroschisis in our region. In our efforts to improve our outcome, we have adopted the technique of extended right hemicolectomy for cases where complete reduction and primary abdominal wall closure is otherwise not possible. This study compared the management outcome of gastroschisis using our improvised silo, and performing an extended right hemicolectomy.

Results

Thirty-nine cases were analyzed. Simple closure could not be achieved in 28 cases. In the absence of standard silos, improvised ones were constructed from the amniotic membrane (3 cases), urine bag (4 cases), and latex gloves (9 cases) giving a total of 16 cases managed with silos. Extended right hemicolectomy was performed in 12 cases.

Conclusions

Given the peculiarities of circumstances in our region regarding human and material resources in the care of gastroschisis patients, an extended right hemicolectomy, to make it possible to close the abdomen primarily in gastroschisis is a more viable option than the use of improvised silo.

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