

# Training programs in reconstructive surgery in Sub-Saharan Africa should ensure they do not prioritize technical skills, while neglecting other crucial aspects.

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The association 2nd Chance has dedicated itself to supporting training programs in reconstructive surgery in Sub-Saharan Africa.

Surgical programs often focus on the surgeon and the surgical procedure, ignoring and/or neglecting sometimes other essential actions and protagonists.

This poster aims to illustrate the surgical journey and to demonstrate that it is a concatenation of events and skills.

	Moment	Persons involved	Expected outcome	Risks
Pre Hosp	Symptoms	Patient, entourage	Timely detection, good orientation	Worsening of the disease
	Diagnostic, preop assessment	Medical dr, surgeon, radiologist, pathologist, lab tech, ...	Appropriate indication	Wrong/ useless surgery
	Information to patient and relative	Surgeon	Good understanding of the journey	Inadequate preparation, bad compliance, no-show
Pre Surg	Organisation/ preparation for surgery	Surgeon, administrative, nurses	Patient is prepared for surgery	Bad preparation, bad compliance, bad hygiene, full stomach, misunderstanding
Intra Surg	Anesthesia	Anesthesia providers	Adequate anesthesia, recovery room, analgesia	Pulmonary aspiration, failed intubation, allergies. Postop: pain, early management of complications (surgical or non-surgical)
	<b>Surgery</b>	Surgeon, scrub nurses, cleaners, techs	Successful procedure	Wrong procedure, wrong operation site, bad technique, haemorrhage, infections, inadequate material
Post Surg	Surgical ward	Surgeon, ward physician, nurses, physio, entourage	Follow-up care, early mobilisation, quick release	Pain, detection of surgical complications (hemorrhage, ...), dressings, hygiene
Post Hosp	Recovery	Doctors, nurses, physios, entourage	Full recovery	Failure due to insufficient/inappropriate rehabilitation, persistent pain, reduced function, loss of independence, cognitive decline <sup>2</sup>

The entirety of these moments and its actors have transformed surgery from a risky venture into a safe journey.

In the context of training programs in reconstructive surgery, we are faced with both a demand for more teaching of technical skills (such as microsurgery) and a certain disinterest in everything else.

For example: prevention of infections (most frequent complication<sup>1</sup>) has been delegated to nurses, but support programs are few.

That is why 2nd Chance constantly emphasizes that the surgeon's technical skills are ultimately only one, albeit crucial and important, part of the complete patient care chain.



**We remain convinced that not taking this into account in our projects would be neither ethical nor responsible.**

#### Bibliography

- 1: Biccard et al, Perioperative patient outcomes in the African Surgical Outcomes Study: a 7-day prospective observational cohort study. Lancet. 2018
- 2: Royse CF. The patient's surgical journey and consequences of poor recovery. Best Pract Res Clin Anaesthesiol. 2018