

Emergency Surgery – Anaesthetic challenges in Developing Countries

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Role of Anaesthetist

- Trauma management
 - Airway control (ETT vs Tracheostomy)
 - Resuscitation
 - Anaesthesia
- Surgical complications
 - Prevention
 - Management – ICU Care
- Surgical techniques – Anaesthetic Techniques

Emergency Surgery – Developing Countries

- Trauma
- Obstetrics > 50% of emergency surgery

(Fenton et al)

Who provides anaesthesia?

- Clinical Officer Anaesthetists provide majority of anaesthetics especially for emergencies

Obstetric Emergencies

- 8 070 C/sections (Malawi 1998-2000)
- 94% emergency c/sections
- 63% obstructed labour
- 1% mortality (85 women)
- 80% deaths post-op on wards

Findings of study

- Prevention of deaths
 - Training in anaesthetic practices
 - Management of peri-operative period
 - Surveillance/Resuscitation

Fenton et al, BMJ 2003 Sept 13; 327(7415):587

Confidential Enquiry into Post Operative Deaths (CEPOD) - UK

- 1.4 deaths/ million maternities
- Improvements due to
 - Training and teaching
 - Consultant Anaesthetist presence on labour ward
 - Introduction of protocols/ guidelines

Investment in Anaesthesia Developing countries

- Personnel
- Training
- Equipment
- Drugs/ Consumables

Personnel

- Brain drain
- Recruitment/retention
 - Role models (relevant qualification, interest in teaching, raise profile of anaesthesia)
 - Accommodation/travel costs
 - Salary
 - Attitude towards anaesthetists
- HIV/AIDS – institutional policy

Training

- Development of MMed Anaesthesia (Donor support)
- Refresher courses especially for rural COA
 - (WFSA, AAGBI, ASA support in last 5 years)
- Audit of morbidity/mortality

Equipment

- Donations (standardization)
- Basic drugs/ consumables
- Equipment – maintenance/repair

Conclusion

- Autonomous Anaesthetic and ICU Department is an essential component in the development of surgery towards achievement of the millennium development goals in health care.
- Pioneering work in cardiac surgery of Prof Barnard only possible because of dedicated, well trained anaesthetists in the “TEAM”.

Thank you for your attention.