

Global Surgery Practice in Kulai - An Approach to Off-Load Tertiary Centre

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Introduction

Hospital Temenggung Seri Maharaja Tun Ibrahim, known as Kulai Hospital, is a 93-bed district hospital without a dedicated surgical ward with a single operating theatre shared by various disciplines. Although elective cases from HSA are already being performed in this hospital for more than two decades, the general surgical discipline is expanding the services to include emergency procedures and outpatient and inpatient care. Despite multiple challenges and limited resources, the team managed to improvise the surgical services in this hospital. Here we present the expansion of surgical care over six months and discuss the various obstacles faced by clinicians.

Method

Five surgeons from Hospital Sultanah Aminah (HSA) have been on a weekly rotation at Kulai Hospital since July 2022. They were in charge of the allocated week's elective and emergency surgeries. Moreover, the surgeons also provide outpatient and inpatient care. Therefore, the elective and emergency surgeries, outpatient visits and inpatient referrals data were collected and analysed after six months.

Results

The surgeons performed 220 elective and 38 emergency surgery cases (15% of total surgical cases) over the 6 months. Due to the inavailability of intensive care and advanced radiological imaging (other than x-ray machine), the emergency cases performed were limited to open appendicectomy, open inguinal hernia repair, soft tissue debridement or drainage and minor trauma cases. Meanwhile, elective cases include thyroidectomy, breast surgeries, hernia repair, chemo port insertion, lump and bumps excision and proctology surgeries. The number of outpatient cases increased almost 3-fold since the introduction of the once-a-week clinic compared with once a month previously. In addition, the surgeons have directly seen the inpatient referrals at casualty and wards since the introduction of the new system. Therefore, the number of patients transported to HSA significantly reduced due to the availability of the in-house surgeon.

Conclusion

The implementation of global surgery practice in Kulai Hospital is unique as the primary aim was to decongest the state hospital (HSA) rather than provide people nearer access to the health centre. Despite many challenges that need to be addressed to achieve the goals of global surgery in the Kulai district, the improvisation of the services resulted in a satisfactory outcome.