

KEMENTERIAN KESIHATAN MALAYSIA

PORTABLE ENDOSCOPY IN RURAL POPULATION - USING MOBILE ÈCHNOLOGY TO CREATE GLOBAL POIN OF SERVICE ENDOSCOPY



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Introduction

• Upper GI Endoscopy or Gastroscopy is also known as oesophagogastroduodenoscopy (OGDS) has become a necessary diagnostic tool in general surgery.

Recent advances in digital and mobile device technology in healthcare in a growing population essential to meet the global surgery goal.

Mobile flexible endoscopy that include smaller endoscopes light emitting diodes (LED) displays and camera miniaturization, these procedures have largely moved out of the hospital to reach rural b) population.

♦ We had initiated the mobile endoscopy service "Karl Storz" in year 2016 in Hospital Jerantut followed by Hospital Jengka and Hospital Bentong in year 2019 (Pahang Tengah Clusters).



Public healthcare has progressed immensely in the past few decades.

Discussion

🔶 Rural masses in the developing and underdeveloped countries very often have limited access to the advanced healthcare technology.

▶ Aim of the Cluster Health Care Project in Pahang Tengah:

- a) To improve rural health and living conditions by providing a mobile OGDS for diagnostic purpose.
- To provide cost-effective gastrointestinal care to the rural population.
- Implemented by traveling to clusters hospital (Hospital Jengka, Hospital Jerantut and hospital Bentong).
- 90 % of the population had a positive OGDS • finding (primarily related to acid peptic diseases).

 $\Rightarrow \mathcal{A}$ total of 253 patient underwent endoscopic from year 2018 till December 2021 in 3 cluster hospitals.

Starting from year 2018 (n:21) involving hospital Jengka and hospital Jerantut.

• Global surgery initiation for endoscopy service in hospital Bentong started in year 2019.

▶ In year 2020 showed total cases of (n:107). In which the endoscopic cases from hospital Bentong was (n: 57).

• Our experience the picture quality was good in diagnosing of gastrointestinal diseases such as esophagitis, Barret's esophagus, hiatus reflux hernia, antral gastritis, duodenitis and obtaining CLO test for H.pyloric.

ndoscopy Structure





1) Shalabi H.T., Matthew D.P, Shalabi S.T., Mobile gastrointestinal and endoscopic surgery in rural Ecuador: 20 years' experience of Cinterandes, Surgical Endoscopy 31(12) 2017, DOI:10.1007/s00464-016-4992-9

Shalabi et. al. concluded that mobile surgery programme is structured to address all areas of the patient's perioperative care, to ensure a safe and high-quality surgical experience for the patient [1].

Talukdar et. al. published a study on rural health care project in India involving 30 000 endoscopic procedure endoscopy can be made mobile and be taken out of the endoscopy health-care deprived suite to serve impoverished rural dwellers [2].

Tang et al., described his experience on mobile endoscopy in rural Chinese people deprived of advanced benefits of healthcare the technologies [3].

Conclusion Our efforts have resulted in cost-effective management and robust data collection of several common gastrointestinal diseases in remote rural areas of the Pahang tengah cluster. Beside this, mobile flexible endoscopy also will improve the effectiveness diagnostic testing of of gastrointestine diseases. It will offers a reliable option to support endoscopy departments in delivering top quality services, helping them to address not only the concerns of today but also to prepare for the challenges of tomorrow.

2) Talukdar R., Nageshwar R., Making endoscopy mobile: a novel initiative for public healthcare. Digestive Endoscopy (2012) 24 (Suppl. 1), 172–174 doi:10.1111/j.1443-1661.2012.01270.x

3) Tang X.W., Huang S., Fan Z.N., Spread the experience of India in China: making endoscopy mobile., Endoscopy 2012 Aug;44(8):798. doi: 10.1055/s-0032-1309844. Epub 2012 Jul 25.