



DAWN OF GLOBAL SURGERY IN GERIK

AN OVERVIEW OF SURGERIES UNDER LOCAL ANESTHESIA



¹Mahendran S, ²Thirunyana KV, ³Hasslinda AH, ⁴Umasangar R.

¹Surgical Department, Hospital Taiping, Perak, Malaysia

²Deputy Director, Hospital Gerik, Perak Malaysia

³General Surgeon, Surgical Department, Hospital Taiping, Perak, Malaysia

⁴Head of Department, Surgical Department, Hospital Taiping, Perak, Malaysia

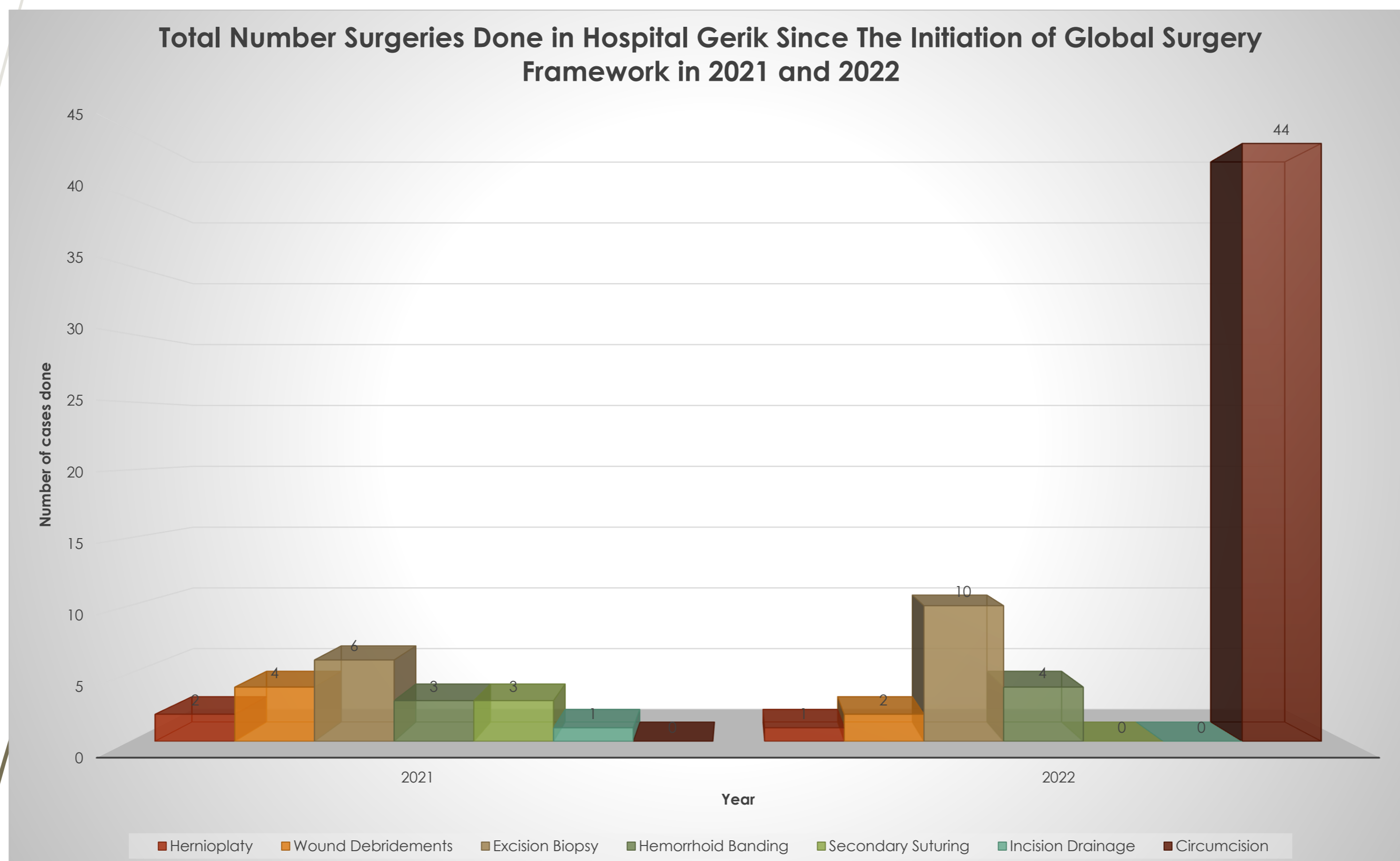
INTRODUCTION

The Lancet Commission stated that urgent need for surgical and anesthetic care was required by the most vulnerable populations with 32.9% of all global death resulted from conditions requiring surgical care. A 2010 Malaysian study showed 15% of underutilized theatres is due to shortage of human resources. The scenario of Hospital Gerik's operating theatre was indifferent. However, the initiation of the Global Surgery Framework (GSF) had kickstarted Hospital Gerik's operating theatre. This study aimed to demonstrate the number and types of surgeries being performed in the first 2 years of service.

METHODS

Data of all surgical procedures carried out in the theatre for the years 2021 and 2022 were collected retrospectively. The data were divided into types of surgeries performed and plotted in bar chart, comparing outcomes of both years. All surgeries were performed under local anesthesia.

RESULTS



DISCUSSION

Implementation of GSF have increased the utilization of Hospital Gerik's theatre with variety of cases being operated. Varieties of cases could be done in Hospital Gerik.

A significant increase of surgeries in year 2022 compared to 2021 also indicates easier access of patients within the locality.

Presence of a trained resident surgical officer also enables interprofessional transfer of knowledge and skills among the local healthcare staffs.

However, surgeries are currently limited to those able to be done under local anesthesia. Health financing and budget allocation will promote a wider range of surgeries offered to the public with the introduction of general anesthesia.

Advantages

- Utilization of healthcare facility
- Easier access to patients
- Patients doesn't need to travel far to a tertiary center
- Reduction of cost of transportation and human resources
- Transfer and sharing of knowledge and skill set

Pitfalls

- Limited to procedures under local anesthesia
- Limited number of trained staffs
- Certain cases still need to be transported for further intervention and investigation
- Need of a trained resident surgical officer on site

