ESTABLISHING A MULTI-SPECIALTY MINIMAL ACCESS SURGERY HOSPITAL PROGRAM IN A DEVELOPING COUNTRY

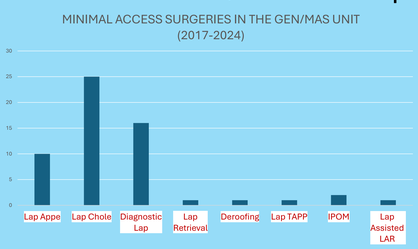
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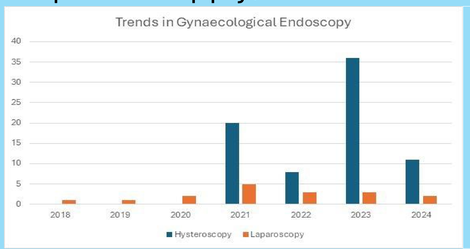
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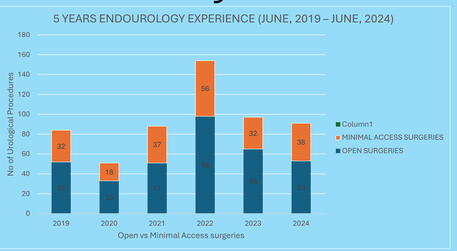
Background: Major benefits accrue to patients undergoing minimal access surgery (MAS) involving various surgical specialties and interventionists. The scope of MAS comprises laparoscopy, thoracoscopy, arthroscopy, perivisceral and luminal endoscopies, interventional cardiology, and radiology. There is a significant disparity in the availability and uptake of these services in developing countries compared to high-index countries. We describe the frequency and limitations of minimal access surgery practice in a developing country.

Methods: This is a retrospective observational report of minimal access therapies on patients in a regional tertiary hospital of South-South Nigeria from January 2017. Data on frequency and limitations from a Hospital Grand Rounds presentation slides made on September 30th, 2024, by a coordinated multi-specialty team comprising General Surgery, Urology, Interventional Cardiology and Radiology, Cardiothoracic, Paediatric Surgery, and Gynaecology specialists were collated. Frequency distribution is analyzed in simple percentages.

Results: During the study period, 78(9.9%) laparoscopic surgeries, 75(9.5%) hysteroscopies, 157(20.0%) gastrointestinal endoscopies, 213(27.1%) endourology procedures, 227(28.9%) interventional cardiology, 34(4.3%) ultrasound-guided procedures and 2(0.3%) video-assisted thoracoscopies were recorded. The limitations identified were theatre space and equipment challenges, affordable consumables, uninterrupted power supply, and additional team training.







Conclusion: Despite major challenges, routine practice of MAS is feasible in resource-poor settings. Additional investment in requisite equipment procurements and maintenance, infrastructure, and training of dedicated professionals is desirable for an increased case volume.

Keywords: Minimal Access Surgery, Endo-laparoscopy, Interventional, Limitations