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Original Research Paper

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PERIPHERAL OUTREACH SURGICAL CAMPS AND ANAESTHETIC CONCERNS: ARE THEY JUSTIFIED IN 21ST CENTURY- A REVIEW

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KEYWORDS :

In 21st century developed countries are on the verge of declaring Health as fundamental right of every citizen. In developing countries like India, provision of basic health services is still illusive. The recognition of the right to health is also a fundamental goal of State's policies and programmes, despite of their financial, public, cultural or political background.

With advancement in surgical and anesthesia specialty, it has been now possible to treat a number of surgical diseases. Increasing awareness among patients also have increased burden on our existing health care facilities. In hilly regions like Himachal and Utrakhand, a large number of people are bound to live with their surgical conditions like hernias, cholelithiasis, haemorrhoids, fibroids etc.

Surgical and tubectomy camps are a routine in the government scheme of health plans. For people of remote villages and locations, the camps are organized, mostly with minimum of means and even lesser infrastructure facilities. The very people for whom the camp is organized are at risk, with lack of sterility, anaesthesia facility and post-operative care being the culprits of morbidity. The main concern being raised in organizing such outreach surgical camps is about the safety of the patients. It is a concern not only for the organizers but also for the patients themselves.[1]

Organisation of remote surgical camps may be seen as a balance between providing surgical facilities near to home but compromising on quality of care in the perioperative care. Probably the guiding fact between these camps may be the instances of war, where many surgeries used to be performed in the war zone, itself. But to bring that in modern health system, camouflaging it in the name of "facility near home" is may be making a mockery of ignorant humans' lives.

Many will debate in favour of camps, but few will disagree on the fact the conditions for operations are not even near to that recommended.[2] From lack of sterile linen to instruments due to ever increasing pressure to complete the high number of cases, lack of life saving medicines and even lack of oxygen are major issues. Preoperative tests are limited to clinical assessment and at the most haemoglobin levels and blood sugar.

Anaesthesia being probably the least known of medical specialities is the most ignored in these camps. Anaesthesia machines, which are basic means to deliver anesthesia gases are mostly not present. Rather makeshift arrangements in the form of old age goldman vapourisers in foldable machines are present, which give erratic concentrations of dangerous gases.

Regional anaesthesia is the most used form of providing analgesia during surgery in the camps due to economical and practical reasons.[2] But there's no backup if things go wrong. If there is high spinal, haemodynamic compromise or even failed spinal, patient safety will be compromised due non availability of minimum resources

As per American Society of anesthesiologist standards, there is a minimum set of equipments, monitors and drugs required in operation theatres for patient safety. Routine monitoring include Electrocardiogram, Non invasive blood pressure monitoring, pulse oximetry, capnometry, temperature monitoring and urine output monitoring. Invasive monitors like intra-arterial blood pressure and central line monitoring may be mandatory sometimes. In addition to a work station, alternative source of positive pressure ventilation and extra source of oxygenation is a life saving pre requisite in any operating room. Presence of a working defibrillator with external pacemaker is also mandatory for any operating room.

In developing countries like India health care services are on least priority because of limited resources. Under these circumstances, it is difficult to follow these standards even at tertiary care institutes. In peripheral outreach surgical camps, it is near impossible to follow these anaesthesia safety standards. We need to follow an equidistant pathway between patient risk and benefit.

The most lacking part is good post operative care which is must for better outcome of any surgical procedure. Postoperative area in these camps is not well equipped with basic things like suction, monitor or source of oxygen. Provision of proper hygienic condition is a big issue. Nursing staff is also not well trained for care of these patients So what is the solution? It lies in open approach, a way to give best facility to most people, which may be by having camps where infrastructure and equipment are adequate along with means of post operative care. It is also recommended to transport these needy patients by government means to higher, more organized surgical facilities where the sanctity of human surgical procedures are maintained

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