

## Doing More with Less: Performance Improvement in Humanitarian Endocrine Surgery

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Appreciating the luxury of our modern operating rooms and arsenal of surgical instruments never seemed easier than when forced to operate in a very low-resource setting. As we have both experienced during short-term humanitarian surgical mission trips to Africa, performing specialized endocrine surgical procedures in resource-limited settings can make technically difficult cases seem all the more challenging. The article by O Donohoe et al. highlights a collection of key points regarding endocrine surgery in Sub-Saharan Africa [1].

First and foremost, continued development of the surgical workforce in Sub-Saharan Africa is of paramount importance. Local surgeons are often required to perform procedures that are frequently funneled to fellowship-trained subspecialists in developed countries. Mission surgical specialists can provide invaluable onsite, personalized, one-on-one committed teaching and consultation to these surgeons. The experienced, sage surgeon comfortable with complex endocrine procedures is poised to do this and could increase the chances of excellent outcomes—a necessity with limited care [2]. Improved training of local non-specialist African surgeons is undoubtedly one of the most effective methods to establish sustainability and reliable endocrine surgical care in areas such as these.

For decades, humanitarian surgical efforts have often focused on short-term surgical excursions, where teams of specialists and equipment fly in, operate around the clock, and fly out like a whirlwind. While compassion and care was clearly extended to the local patient population during the short visit, minimal emphasis was placed on long-term

results and little or no patient follow-up occurred. Today, increasing emphasis is placed on patient outcomes, and humanitarian surgery is no different. Papers from McClenaghan and colleagues and Grimes et al., strongly support tracking outcomes and improving patient follow-up for surgical interventions in low-resource settings [3, 4].

Finally, tracking outcomes in a prospective manner for thyroid resections performed in resource-poor settings allows surgeons to better delineate local guidelines and standards of care as well as identifying specific areas for performance and quality improvement.

In short, “A prospective analysis of thyroidectomy outcomes in a resource-limited setting” serves as an important example of the beginnings of quality and outcomes research in areas of the world crippled by endemic disease with significant disparities in available surgical care. This paper can easily serve as an inspiration and valuable reference for endocrine surgeons interested in effective and sustainable humanitarian surgical efforts.

### References:

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