Comparison of Two Models of Surgical Care for Patients with Clefts in Peru

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Surgical outcomes of patients treated by short-term medical missions have long been sought. Rates of infection and dehiscence, as well as more catastrophic outcomes such as hemorrhage and death, are rarely reported in follow-up to short-term surgical missions. Consistent with the quality analysis that results from reporting and analysis of surgical outcomes in many high-income countries, this analysis will allow for quality assessment and improvement.

The authors of *Comparison of two models of surgical care for patients with clefts in Peru* take a bold and admirable step toward collecting and comparing the outcomes of surgical intervention provided by a short-term surgical mission and a national hospital system [1]. Of interest is that a single surgeon performed all the surgical interventions in both models of surgical care. Wound dehiscence, palatal fistula, and post-operative hemorrhage were found to be significantly greater in patients receiving surgical care under the surgical mission model than in those receiving surgical care within the regional referral hospital. The authors offer several possible explanations for the difference in outcomes, with the surgical operator being held constant. These included the volume of surgery performed during the short-term surgical mission and the age of the patient at the time of surgical intervention. While these are plausible explanations, far more important than a proposed explanation for the variation in outcomes in this retrospective study is the observation that far fewer patients received follow-up in the surgical mission group, and that follow-up was possible within the referral hospital system.

The recommendation that further outcome evaluation and comparison is essential for adequate study of two parallel surgical systems is an important conclusion, and the example set by the authors raises the bar for organizations providing short-term surgical missions, whether these teams comprise visiting or local surgeons.

The evolution of the global burden of disease toward non-communicable and chronic disease means that a greater percentage of disease may be impacted by surgical intervention. This reality has focused greater attention therefore on the role of surgery in health systems in low- and middle-income countries (LMICs.) This has resulted in a review of best surgical platforms for these settings and has emphasized the important role of outcomes for evaluation of surgical interventions as programs grow and expand. Non-profit and international organizations must transparently participate in this evaluation for appropriate decision making for surgical systems in LMICs. The goal of evaluating current practices in each country includes the discovery of unmet surgical need, and the appropriation of resources required to sustainably provide surgical intervention and safe anesthesia – by any surgical platform.

Reference

1. Rossell-Perry P, Segura E, Salas-Bustinza L et al (2014) Comparison of two models of surgical care for patients with cleft lip and palate in resource challenged settings. World J Surg. doi:10.1007/s00268-013-2395-9

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