

INTRODUCTION: The need for improved access to timely, safe, and affordable surgical care is pronounced in low- and middle-income countries. Delays in access to surgery occur in seeking medical help, reaching an appropriate facility, and receiving definitive treatment. This study assessed sociodemographic factors associated with delays in accessing surgical consultation at a district hospital in rural Burundi.

METHODS: This single-center retrospective cohort study used a patient survey to collect data on sociodemographics, transportation, care-seeking patterns, and time delay for outpatients presenting to the surgical clinic at a district hospital in rural Burundi. Cox proportional hazard ratios (HRs) with 95% CI adjusting for sociodemographic and transportation-related covariates determined differences in delay in seeking surgical care and reaching a surgical facility.

RESULTS: Two hundred and twenty-eight patients were enrolled (36% were female, median was age 28 years). Factors associated with increased time to care included older age (HR 0.99; 95% CI 0.98 to 0.99), traditional healer use (HR 0.528; 95% CI, 0.31 to 0.90), and selling livestock to afford care (HR 0.63; 95% CI, 0.43 to 0.94). Factors associated with decreased delay included orthopaedic surgical problems (HR 1.62; 95% CI, 1.16 to 2.26); greater education (HR 1.06; 95% CI, 1.004 to 1.11); and visiting a health center (HR 1.91; 95% CI, 1.18 to 3.11), a nonsurgical hospital (HR 1.86; 95% CI, 1.09 to 3.18), or a surgical hospital (HR 2.06; 95% CI, 1.17 to 3.61).

CONCLUSIONS: The patient population at the hospital studied consisted mostly of rural subsistence farmers. Use of traditional healers, older age, lower educational attainment, and selling livestock were associated with increased delay in accessing surgical care facilities. Determining factors associated with delay in surgical care can facilitate interventions targeted at enabling timely delivery of safe and affordable care to vulnerable populations.

Bleeding Control Training in West Africa: 1 Year of Encounters, Interventions, and Outcomes



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INTRODUCTION: The American College of Surgeons bleeding control (B-Con) skills course has the potential for lifesaving hemorrhage control in low-to middle-income countries (LMICs) with developing trauma systems and significant injury burden. However, these countries lack availability of instructors and courses. While

training amplification is underway in LMICs, retention and application of hemorrhage-control techniques by B-Con trainees is unknown.

METHODS: In December 2019, the 1-hour-long B-con course was taught to 121 nursing students at the Kabala Nursing School in rural Sierra Leone. One year later, participants completed a 33-question mixed-modality survey assessing bleeding encounters and application of B-con techniques.

RESULTS: The survey was completed by 76 (63%) of participants, reporting 190 encounters with life-threatening hemorrhage. Most common mechanism of injury was motorcycle collision (34%), knife wound (19%), and car accident (13%); most common anatomic sites of bleeding were leg (31%), head (23%), and arm (21%). Participants reported most commonly using wound packing (41%), direct pressure (26%), and tourniquet application (20%). Nearly all patients (94%) survived, with a majority (82%) reporting to the hospital for definitive care (Figure).

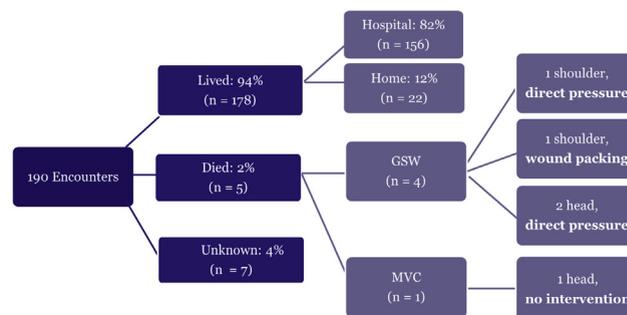


Figure. Disposition of bleeding victims encountered by B-Con trained West African nursing students (GSW = gunshot wound, MVC = motor vehicle collision).

CONCLUSIONS: By undergoing B-Con training, nursing students were able to intervene in 183 bleeding victims, stabilizing the majority for eventual hospital care. These findings demonstrate enormous lifesaving applicability in this LMIC setting. Additional studies are required to characterize the nature of these interventions toward adapting B-Con teachings to other LMIC contexts.

Burden of Surgical Disease in a Syrian Refugee Population in Eastern Lebanon



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INTRODUCTION: The current Syrian conflict has produced one of the largest refugee crises in modern times. Lebanon has the highest refugee per capita in the world (> 30%). We aimed to study the burden of surgical disease in a vulnerable Syrian refugee population along the Syrian-Lebanese border.