

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.JournalofSurgicalResearch.com

Challenges with the establishment of congenital cardiac surgery centers in Nigeria: survey of cardiothoracic surgeons and residents



Kelechi E. Okonta, MBBS, FWACS (CTh)^{a,*}
and Charles I. Tobin-West, MBBS, FWACP^b

^a Cardiothoracic Surgery Unit, Department of Surgery, University of Port Harcourt Teaching Hospital, Port Harcourt & Federal Medical Center, Owerri, Nigeria

^b Department of Preventive and Social Medicine, University of Port Harcourt, Port Harcourt, Nigeria

ARTICLE INFO

Article history:

Received 26 September 2015

Received in revised form

8 December 2015

Accepted 23 December 2015

Available online 30 December 2015

Keywords:

Congenital/pediatric

Cardiac

Surgery

Challenges

Nigeria

ABSTRACT

Background: There are gaps in understanding the challenges with the establishment of pediatric cardiac surgical practices in Nigeria. The aim of this study was to examine the prospects and challenges limiting the establishment of pediatric cardiac surgical practices in Nigeria from the perspectives of cardiothoracic surgeons and resident doctors.

Methods: A descriptive study was carried out to articulate the views of the cardiothoracic surgeons and cardiothoracic resident doctors in Nigeria. A self-administered questionnaire was used to generate information from the participants between December 2014 and January 2015. Data were analyzed using the SPSS version 21 statistical software package.

Result: Thirty-one of the 51 eligible participants (60.7%) took part in the survey. Twenty-one (67.7%) were specialists/consultants, and 10 (32.3%) were resident doctors in cardiothoracic surgical units. Most of the respondents, 26 (83.9%) acknowledged the enormity of pediatric patients with cardiac problems in Nigeria; however, nearly all such children were referred outside Nigeria for treatment. The dearth of pediatric cardiac surgical centers in Nigeria was attributed to weak health system, absence of skilled manpower, funds, and equipment. Although there was a general consensus on the need for the establishment of open pediatric cardiac surgical centers in the country, their set up mechanisms were not explicit. **Conclusions:** The obvious necessity and huge potentials for the establishment of pediatric cardiac centers in Nigeria cannot be overemphasized. Nevertheless, weakness of the national health system, including human resources remains a daunting challenge. Therefore, local and international partnerships and collaborations with country leadership are strongly advocated to pioneer this noble service.

© 2016 Elsevier Inc. All rights reserved.

1. Introduction

Granted that health-care infrastructure is weak in Nigeria, and in most countries in West Africa, cardiac surgery, with its

huge financial implications, is severely compromised [1]. It is even worse for pediatric cardiac surgical services that are far too expensive for most patients in the developing countries [1,2]. The situation is, however, different from country to

* Corresponding author. Cardiothoracic Surgery Unit, Department of Surgery, University of Port Harcourt Teaching Hospital, PMB 6173, Rivers State, Nigeria. Tel.: +234 8037201256.

E-mail address: okontakelechi@yahoo.com (K.E. Okonta).

0022-4804/\$ – see front matter © 2016 Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jss.2015.12.040>

country. For instance, whereas standard pediatric cardiac surgery (PCS) is practiced in some centers in South Africa [3], others countries such as Ghana are trying seriously to lay solid foundation for the establishment of PCS centers [1]. Although Nigeria has no single center committed to only PCS, centers available now are few cardiothoracic centers that tend to subserve adult and pediatric cardiac surgeries and thoracic surgeries. This is a strong reason for the call toward the building of pediatric cardiac surgical center, which has hitherto been neglected in Nigeria.

The establishment of PCS will lead to improvement in other services in the hospital such as pediatric surgeries, pediatric intensive care, pediatric cardiology, neonatal services just to mention a few [4,5]. Other notable advantages are: the halting of huge capital flight used in patients' treatment outside the country and to ensure that prompt attention is paid to patients with congenital cardiac surgical cases.

Nigeria has a population of 173 million people, and thus, the most populous country in black Africa [6]. Nigeria economy is based on oil and gas that comes from its Niger Delta region. Despite the rich natural resources in oil and gas, it is estimated that approximately 70 million Nigerian live on below US\$1/d, the majority of whom are women and children [7]. As of 2013, Nigeria's gross domestic product stood at \$262.6 billion [8]. Health care and the general living conditions in Nigeria are poor. It is one of the factors responsible for an average life expectancy of only 52 y on the average for males and females [9]. The health system is operated on a three-tier level strata: primary, secondary, and tertiary levels. However, it is continuously faced with a shortage of skilled manpower in relevant disciplines.

There are gaps in understanding the challenges with the establishment of pediatric cardiac surgical practices in Nigeria. Previous attempts in this direction did not consider the opinions of the cardiothoracic surgeons and their residents. There is also lack or paucity of information on the burden of pediatric cardiac surgical cases in our environment; the modalities for financing the cases considering the huge cost of cardiac surgical activities in terms of diagnoses, treatment, follow-up, and so forth.

The aim of the study was to examine the prospects and challenges limiting the establishment of pediatric cardiac surgical practices in Nigeria from the perspectives of cardiothoracic surgeons and residents. The outcome will serve as an advocacy guide for health policy makers in Nigeria in proffering solutions to challenges observed and formulating policies that will encourage the establishment and growth of pediatric cardiac practice in the country.

2. Methods

2.1. Study area

Nigeria is located in sub-Sahara Africa. It is bounded to the west by the Republic of Benin, to the east by Chad and Cameroon republics, the north by Niger and the south by the Gulf of Guinea in the Atlantic Ocean.

2.2. Design and sampling

The study was a descriptive, cross-sectional study carried out to articulate views of all practicing cardiothoracic surgeons and specialist cardiothoracic registrars in Nigeria who consented to participate. The details of the consultant cardiothoracic surgeons and resident doctors were got from the directory of the West African College of Surgeons (Nigeria section) and the questionnaires sent separately to all the identified respondents via their emails. They were given time to fill the questionnaires, and reminder was done by calling them on the phone and through their emails within the stipulated 1 mo given.

2.3. The questionnaire

2.3.1. Pediatric cardiac surgery in Nigeria: challenges and solutions

Age 20–25, 26–30, 31–35, 36–40, 41–45, 46–50, 51–55, 56–60, 61–65, 66–70, >71. Gender: M F.

Place of practice: (1) General hospital; (2) Teaching Hospital; (3) Military hospital; (4) Others.

Location of practice: (1) rural, (2) semiurban, (3) urban.

- Specialties; you are a: (1) resident in cardiothoracic surgery; (2) consultant cardiothoracic surgeon; (3) pediatric cardiac surgeon.
- Is there a high prevalence of pediatric cardiac surgical cases in your center? Yes No
- Do you see pediatric cardiac surgical cases? Yes No
- If no, who does? (1) pediatric surgeons; (2) pediatric cardiologist; (3) others.
- Estimate the volume of the cases in terms of (1) low (<100); (2) moderate (100–250); (3) high (>500)/y
- Where are they mainly treated? (1) Africa; (2) America; (3) Europe; (4) Asia; (5) others (which country...)
- Who undertakes to finance the treatment fee? (1) self; (2) government; (3) non-government; (3) others...
- Was the presentation to health facility? (1) early (1 mo); (2) late (>1 mo); (3) very late (>1 y).
- How long have you been practicing cardiac surgery? (1) <5; (2) 5–10; (3) 10–20; (4) >20.
- The idea behind the establishment of pediatric cardiac surgical unit in the subregion is (1) excellent; (2) good; (3) poor; (4) very poor; (5) I do not know.
- The lack of pediatric cardiac surgery in Africa at the moment may be attributed to: (you may select more than one option) (1) lack of skilled manpower; (2) lack of finance; (3) lack of equipment; (4) lack of enough pediatric cardiac surgical cases.
- Timely diagnoses of cardiovascular disease is hampered by: (1) absence of qualified human resources; (2) lack of equipment; (3) financial constraints; (4) others...
- The best way to establish pediatric cardiac surgery is by: (1) government; (2) non-governmental organizations; (3) collaborative programs between local institutions and teams from Europe and America; (4) others...
- Pediatric cardiac surgery is lagging behind as a result of (you may choose more than one option): (1) not our

Download English Version:

<https://daneshyari.com/en/article/4299343>

Download Persian Version:

<https://daneshyari.com/article/4299343>

[Daneshyari.com](https://daneshyari.com)