



Continuing promise 2009—assessment of a recent pediatric surgical humanitarian mission ☆, ☆ ☆

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Abstract

Purpose: Surgical organizations have begun to focus their efforts on providing humanitarian assistance in international communities. Most surgeons do not have previous international experience and lack an understanding of what is expected and what care they can provide. The unknown factors include case types, patient volume, postoperative care, and equipment. This abstract presents humanitarian assistance mission and highlights the importance of preparation, host nation involvement, and understanding the local politics of each country.

Methods: In April to July 2009, the USNS (United States Naval Ship) Comfort deployed to provide humanitarian assistance to 7 countries through Central and South America. Data collected included numbers and types of procedures, rate of rejection of patients for operation, patient age, American Society of Anesthesiology (ASA) score, and length of procedure.

Results: These data represent the total mission of Continuing Promise 2009 including a total of 1137 surgical procedures of which 340 were pediatric (<18 years old). The average number of pediatric cases for each country in 7 days was 48.3 ± 21.4 , with a range of 24 to 84. The average age was 7.5 years (range, 1 month to 18 years). In partnership with host physicians, preoperative screening occurred over 2 to 3 days for every 7 operative days. We maintained a low threshold for rejection (rate of 43%; range, 21%–62%) and average ASA score of 1.3. Including all pediatric subspecialties, the most frequent procedures were inguinal (23%) and umbilical (14%) hernias. Although these were the most frequent procedure, the range and variety of cases varied widely. We had a very low early complication rate (1.2%), including 3 wound infections and 1 early hernia recurrence.

Conclusions: Our data represent the largest collection to date on the pediatric surgical care of children in a humanitarian effort. Our experience can be used to identify the most likely types of

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☆☆ We certify that all individuals who qualify as authors have been listed; each has participated in the conception and design of this work, the analysis of data (when applicable), the writing of the document, and the approval of the submission of this version; that the document represents valid work; that if we used information derived from another source, we obtained all necessary approvals to use it and made appropriate acknowledgements in the document; and that each takes public responsibility for it.

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cases in South and Central America and as a model for the safe and efficient treatment of children in a developing country.
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The US government has made a major commitment to global health, and humanitarian surgical missions are expected to play a major role in this effort [1]. The American College of Surgeons has established a volunteerism initiative reflecting the humanitarian tenets central to the profession of surgery, and many surgeons believe that volunteering is an integral component of a surgeon's professional identity [2]. A 2003 survey of the American College of Surgeons members revealed that 88% of the responders volunteered at least once in their careers [3]. Since children make up a disproportionate amount of the health-related morbidity and mortality in developing countries, pediatric surgery plays a pivotal role in many humanitarian missions [4].

The US military has responded to this humanitarian effort with over 200 annual international missions [5]. Up to half of these programs involve health care, ranging from donations of medical supplies to direct provision of care [6]. The goal of these missions is to produce the greatest impact in the safest manner with limited resources. These health-related programs require considerable planning and coordination with the organizing body, private volunteer organizations, and host nation officials. In addition, the surgical mission must be balanced with the host nation's culture, medical capabilities, and current political situation.

These multiple and sometimes conflicting factors make the planning of a humanitarian surgical mission difficult. Although many groups report successful outcomes, the measures of success are diverse, ranging from strict surgical outcomes to broad political objectives. In addition, there is little experience with addressing the surgical needs of economically poor countries [7]. After-action reports and "lessons learned" are often subjective or inconsistently completed. There is no central clearing house or repository to compile information, nor are there any universal quality standards for implementing or recording humanitarian care [8]. Part of the difficulty with establishing a standard of care to use for planning future missions is the limited number of

reports, inadequate long-term follow-up, and the lack of objective data.

Established in 2007, Operation Continuing Promise is an annual humanitarian civic assistance operation supported by US and international military medical personnel, US government agencies, regional health ministries, nongovernmental organizations, and US academic institutions (Table 1). In addition to the crew, we included physicians from all host countries for various portions of the trip. The medical cultural exchange was a central theme of the mission.

The operation is conducted onboard the USNS (United States Naval Ship) Comfort hospital ship, operated and navigated by a crew of approximately 70 civil service mariners from the US Navy's Military Sealift Command. The ship embarked on its mission in April 2009, beginning a 4-month deployment to Haiti, Dominican Republic, Antigua, Panama, Colombia, El Salvador, and Nicaragua. Each country visit lasted approximately 10 to 12 days. The humanitarian mission included adult and pediatric medical and dental care, veterinarian services, construction, education, and host nation training programs.

During Operation Continuing Promise 2009, the USNS Comfort provided the largest nonwartime, nondisaster, comprehensive humanitarian health care effort in history. The large patient volume allowed a review of pediatric surgical data for the purpose of future humanitarian mission planning by both organizations and individual pediatric surgeons.

1. Methods

A retrospective chart review of all patients who underwent a surgical procedure during Operation Continuing Promise 2009 was conducted after approval by the National Naval Medical Center's institutional review board and the commanding officer of the USNS Comfort. No personal identifying data were collected.

Table 1 Organizations participating in Continuing Promise 09

Food for the Poor	Haitian Resource Development Foundation	Hugs Across America
Institute of the Americas	International Aid	Latter Day Saints Philanthropies
Lions Club	Loving Hugs	Multiple international Military Services
Operation Smile	Paul Chester Children's Hope Foundation	Project Hope
Rabies Control Partnerships	Rotary Club	San Diego Pre-Dental Society
University of Miami	US Public Health Service	Wheelchair Foundation

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