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Facial reconstruction in the developing world: A complicated matter

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Around the world there is a small industry of non-governmental organizations that provide health care in niche areas that cannot be met by national health care provision. One topic is facial deformity that can have a dramatic effect on quality of life. In this study we investigate the morbidity and outcome of a British surgical team working for a 2-week period in Ethiopia. Thirty-five patients who presented with facial deformities had 47 operations during a 2-week period. Data was recorded for a minimum of 3 weeks postoperatively. Operative techniques were classified as simple or complex. Postoperative complications were assessed and classified as major, intermediate and minor. In addition, the character of each complication was recorded and the cause elucidated. After 3 weeks the clinical objectives had been achieved in 14/17 who had simple procedures but in only 5/18 who had complex operations ($p=0.004$).

We conclude that complex procedures are technically possible within an under-privileged health care system but successful outcome depends on paying attention to multiple factors in patients' care and wound management. Early outcome studies may be a useful way to measure the quality of humanitarian surgical missions.

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