



Strengthening Surgical Capacity in Rural Ghana: Lessons from a Mission to Holy Family Hospital, Techiman, Ghana.

Mr. Babayemi Soile, Colorectal and General Surgery Registrar, RCSE Stefan Galeski Global Surgery Fellow 2024/2025.

● **Background:**

For many patients in rural Africa, access to timely surgical care is measured in years, not weeks. High cost of surgical care, Specialist shortages, and infrastructure gaps create a backlog of untreated conditions. Outreach missions can offer immediate relief, but their greatest potential lies in equipping local teams to continue this work long after visiting teams depart.

● **Aims:**

As a RCSE Stefan Galeski Global Surgery Fellow, I co-led a surgical outreach mission to Holy Family Hospital with Operation International UK (OIUK) in June 2025. The mission's dual aims were:

- To provide safe, quality and free surgical care for patients unable to afford specialist procedures.
- To strengthen local surgical capacity through hands-on training, with emphasis on laparoscopic surgery.

● **Methods:**

Planning began at least six months in advance, involving continuous liaison with hospital leadership to identify appropriate case mix, assess resource gaps, and co-design a suitable skills program. Furthermore, pre-mission preparation included remote volunteer meetings, equipment procurement, and logistics coordination. Our multidisciplinary team of General and Paediatric surgeons, Anaesthesia providers and nurses was tasked with integrating service delivery with skills transfer.

● **Results:**

Over six days, we worked shoulder-to-shoulder with local colleagues to perform 87 operations on 73 patients. Operations included complex abdominal wall reconstructions, hernia repairs, a laparoscopic cholecystectomy, among others. Patients' ages ranged from 6 months to 81 years. Each procedure was planned and executed collaboratively to ensure skills transfer and postoperative continuity.

Training was as critical as the clinical work. We delivered workshops on suturing, safe tissue handling, knot tying, as well as basic laparoscopic technique. Surgical trainees, junior doctors, and medical students practiced on low-cost simulation models. The enthusiasm was palpable; feedback showed a tangible appetite from the trainees. Challenges were constant- limited instrument sets, language barrier, and limited pre-op work-up. These constraints demanded creativity: re-sterilizing essential equipment mid-list and adapting operative plans to what was available.

● **Conclusions:**

This mission reinforced that short-term outreach yields lasting benefit when built on meticulous preparation, collaborative practice, and structured teaching. By embedding training within clinical activity and fostering ongoing partnerships, surgical capacity can be sustainably strengthened in resource-limited settings.

