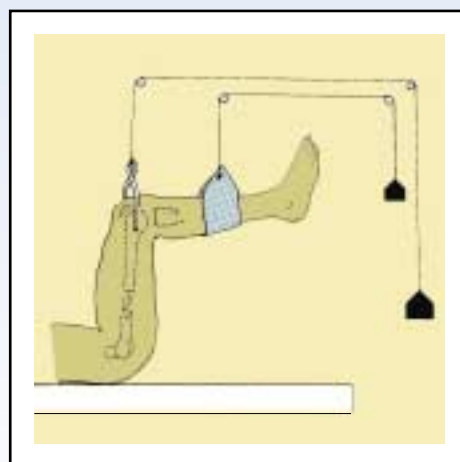
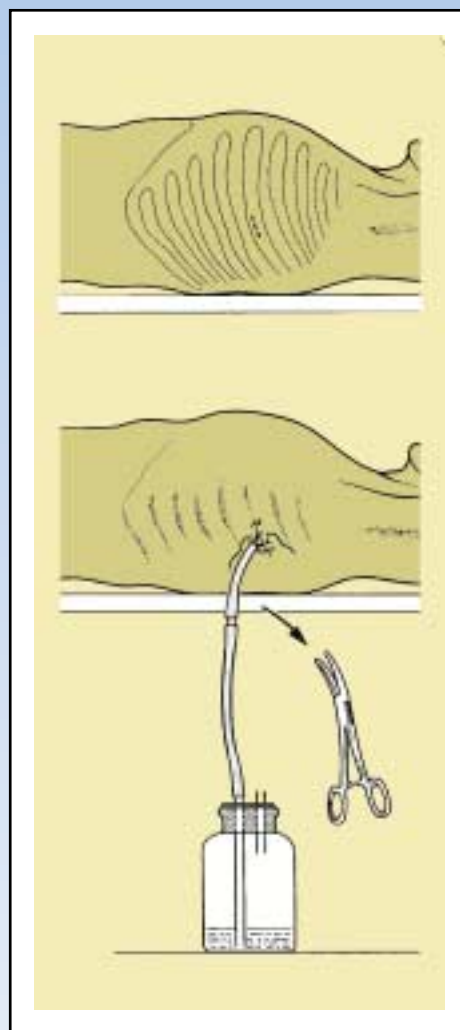
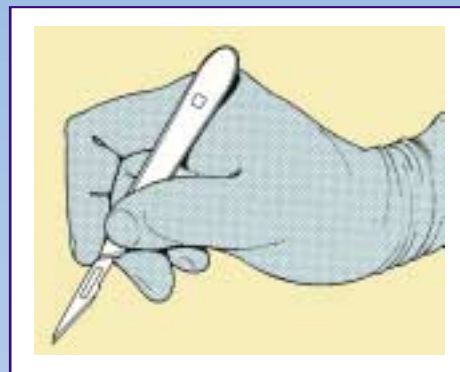


# Surgical Care at the District Hospital



World Health Organization

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# Preface

Many patients who present to district (first-referral) level hospitals require surgical treatment for trauma, obstetric, abdominal and orthopaedic emergencies. Often surgery cannot be safely postponed to allow their transfer to a secondary or tertiary-level hospital, but many district hospitals in developing countries have no specialist surgical teams and are staffed by medical, nursing and paramedical personnel who perform a wide range of surgical procedures, often with inadequate training. The quality of surgical and acute care is often further constrained by poor facilities, inadequate low-technology apparatus and limited supplies of drugs, materials and other essentials.

All these factors contribute to unacceptable rates of mortality resulting from trauma, obstetric complications and non-traumatic surgical disorders as well as disability resulting from injury.

District hospitals should be able to manage all common surgical and obstetric procedures. However, the establishment and maintenance of effective district surgical services requires:

- Personnel with appropriate education and training
- Practical continuing education programmes in clinical management to maintain quality in care
- Appropriate physical facilities
- Suitable equipment and instruments
- A reliable system for the supply of drugs and medications, surgical materials and other consumables
- A quality system, including standards, clinical guidelines, standard operating procedures, records and audit.

The mission of the team responsible for Devices and Clinical Technology in the World Health Organization Department of Blood Safety and Clinical Technology (WHO/BCT) is to promote the quality of clinical care through the identification, promotion and standardization of appropriate procedures, equipment and materials, particularly at district hospital level.

WHO/BCT has identified education and training as a particular priority

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