

Surgical follow-up in low-income and middle-income countries

The poorest third of the world's population is estimated to receive only 3.5% of the 234 million surgical procedures undertaken annually.¹ Despite being a small proportion of global surgical output, such procedures represent a substantial challenge for health-care providers in low-resource settings. This challenge is compounded by the burden of managing postoperative complications (particularly delayed complications), which patients might not present with, as evidenced by the low rates of follow-up in many low-income and middle-income countries.²

In the context of cataract surgery, Nathan Congdon and colleagues (August, p e37)³ propose the possibility of using early postoperative assessment of all patients or late assessment only of those who return for follow-up without additional prompting as practicable methods to improve long-term patient outcomes in settings where barriers to adequate post-operative follow-up exist. Such approaches would be feasible in many resource-limited settings, and where appropriate should be extended to postoperative follow-up of other surgical procedures.

However, a potential exists for many patients to slip through the net by not returning for follow-up assessment despite developing harmful postoperative complications. Paternalistic medicine persists in many developing countries. Yousuf and colleagues⁴ reported that most patients in Srinagar, India, avoid the responsibility of decision making and defer this responsibility to the doctor. Where self-reporting contradicts socially and culturally mediated beliefs, systems that rely on this mechanism might not be able to ensure continuity in patient care. We therefore recommend a protocol

wherein the doctor explicitly advises the patient to return should they experience predefined complications. Furthermore, the health-care provider should attempt to facilitate travel and rebooking where possible.

We declare that we have no conflicts of interest.

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- 2 Limburg H, Foster A, Gilbert C, Johnson GJ, Kyndt M, Myatt M. Routine monitoring of visual outcome of cataract surgery. Part 2: results from eight study centres. *Br J Ophthalmol* 2005; **89**: 50–52.
- 3 Congdon N, Yan X, Lansingh V, et al. Assessment of cataract surgical outcomes in settings where follow-up is poor: PRECOG, a multicentre observational study. *Lancet Glob Health* 2013; **1**: e37–45.
- 4 Yousuf RM, Fauzi ARM, How SH, Rasool AG, Rehana K. Awareness, knowledge and attitude towards informed consent among doctors in two different cultures in Asia: a cross-sectional comparative study in Malaysia and Kashmir, India. *Singapore Med J* 2007; **48**: 559–65.



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