SURVEY OF MAJOR SURGICAL OPERATIONS IN HAZARA DIVISION

Tariq Mufti, Nazir Ahmed and A.A. Shah

Abstract: All the hospitals of Hazara Division with facilities for major surgical procedures were surveyed from 1981 to 1986 and their work load was assessed.

10205 cases collected in this survey were categorised. Male to female ratio was calculated to 3.5:1 and age group of 16-30 was predominantly represented (44%). Grude rate for work load was calculated which shows an increasing rise of four fold in six years (1981—1986).

Introduction

Word Epidemiology in Greek derivation, means study upon the people. The method in modern medicine is not only used as investigatory tool for the cause detection and follow up of the natural history of the disease but it encompasses wider prospectives like assessment of treatments, evaluation of preventive programmes and planning of health services.

All the above mentioned objectives may only be achieved if records in standard forms are preserved at different centres which can be pooled together and analysed. Optimum management policies and health planning programmes can then be devised. This system of data collection and its analysis was recognised by the western community many decades ago which led them to define their areas of priorities in preventing disease and to organise the health system accordingly. It is unfortunate that inspite of available epidemiological procedures based on western experience we are still in infancy regarding proper data collection and its preservation. Hospitals and other national health medical treatment centres which deal with most of the patients are no exception. This has affected the priorities of our health programming.

A few of the basic problems in our view with hospital census in our country are indicated as below:—

1. Inability to devise detailed and proper procedure of data collection and its processing by the health service programmers.
2. Lack of specialised staffing to collect data in hospitals. Ordinary nursing and clerical staff who are already overworked are unable to cope with this aspect of record keeping. This obviously leads to take enteries in the records at the end of the year when depart-

From Ayub Medical College, Abbottabad
TARIQ S. MUFTI, MBBS, FRCS, Department of Surgery
NAZIR AHMED, MBBS, FRCS, Department of Orthopaedics
ALI ASGHAR SHAH, MBBS, FRCS, Department of Orthopaedics

mental formalities are to be fulfilled.

3. Lack of preservation and pooling of the records. Major reason behind this inappropriation is the fact that except for medicolegal cases there is no place in the legislation to refer to the medical records of in-patients once discharged from the hospital.

Keeping in view the above observations we have tried to obtain, process and analyse critically the earnest data of major operative procedures for six consecutive years (1981 to 1986) from all the centres of Hazara Division where General Surgical theatres are operational for the indigenous, civilian population. Data prior to 1981 was considered to be less relevant as [illegible] of operations to be carried out. Therefore a large majority of indigenous population had to seek such facility in hospitals outside the region.

Material and Method

A proforma was designed for the collection of data from various hospitals. The operation records from 1981 to 1986 were thoroughly scrutinised and the nature of the operative procedures were recorded. All minor procedures recorded as major operations were not included in the [illegible] carried out during the period of 1981—86 and these were:

1. Civil Teaching Hospital, Abbottabad.
2. District Headquarters Hospital, Mansehra.
3. [illegible] Hospital, Abbottabad, (C.M.H.).

(Where from data for the major procedures carried out on non-entitled cases, which means indigenous civilian population, were obtained).

Recently established private clinics shared very insignificant work load. Their details were not included in this survey because of lack of availability of the data.

10205 major operative procedures were carried out [illegible] were recorded. 1,013 cases were performed in DHQ H[illegible] while 638 and 212 operations were carried out in BCH, CMB, Abbottabad respectively.

In 6,821 of 1,0205 cases age and sex of the patients [illegible] ed. 5,313 cases out of this were males while 1,508 were f[illegible] to female ratio 3:5:1. Male preponderance in our ma[illegible] munity is quite logical. It increases their valnerability to

[illegible] Hospital, Mansehra, [illegible] Qalandarabad and

[illegible] could be establish- [illegible] females giving male [illegible]le dominent com- [illegible] trauma and some

other diseases. Furthermore, attention to female problems is not always given as promptly as is to the male members.

Age group wise distribution of the patients is presented in Table-I

Age Group	No. of Cases	Percentage
0—15	1188	17.4
16—30	3027	44.38
31—45	1140	16.71
—46	1466	21.49

It was observed that the age group 16—30 was dominant (44.38%) in all groups. The observation is in contrast to a similar study in western community.[1]

Trend of the work load in various centres is shown in Table-2

Table — 2

WORK LOAD OF GENERAL SURGICAL OPERATIONS (1981—86)

Years	Teaching Hosp: Atd	DHQ Mansehra	Bach Christian Hosp: Q. Abad	C.M.H. Abbottabad
1981	660	—	—	54
1982	750	—	180	50
1983	1290	—	124	28
1984	1545	175	89	28
1985	1789	328	105	28
1986	2308	510	140	24
	8342	1013	638	212

It is quite evident that main brunt is born by the Civil (Teaching) Hospital, Abbottabad. This hospital was upgraded in 1981. Besides the renovation of the old building new blocks were constructed and bed strength was increased. New equipments were installed and highly qualified clinical teaching staff was appointed. DHQ Hospital Mansehra has also

Table —4

TEACHING) HOSPITAL ABBOTTABAD

wise data

Type of Operation

Total No. of Cases

Total Nephrectomies 5 3 3 — 1 —

Operation for Calculus Disease 32 50 59 77 104 100 100

Prostate

Table — 5

YEARWISE SPLIT OF VARIOUS MAJOR NEUROSURGICAL PRO

CIVIL (TEACHING) HOSPITAL, ABBOTTABAD

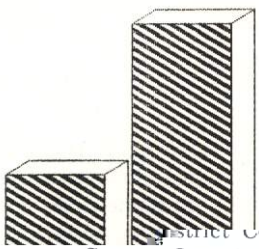
Table – 6

YEARWISE SPLIT OF MAJOR ORTHOPAEDIC OPERATIONS PERFORMED IN CIVIL (TEACHING) HOSPITAL, ABBOTTABAD

Type of Operation	Yearwise data						Total No. of Cases
	1981	1982	1983	1984	1985	1986	
Trauma	16	5	54	128	90	188	481
Infections	8	8	21	45	14	31	127
Deformities	–	8	19	41	23	39	130
Miscellaneous	27	11	20	36	29	51	174
Total No. of Cases	51	32	114	250	156	309	912

It is to mention here that Orthopaedics was included in this survey because in Civil (Teaching) Hospital, Abbottabad, Orthopaedics procedures are carried out under the same ceiling as that of General Surgery while in other centres this speciality is dealt with by General Surgeons.

Crude rate of major operations per 1000 population per year was 2.6 for the year 1981 while [illegible] about one hundred and fifty surgical b
eds available in the whole of Hazara Division.



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