Medical Safety & Global Health

Infection Control Measures and Global Disparities in Surgical Safety

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ABOUT THE STUDY

Surgical safety is a important aspect of healthcare, directly impacting patient outcomes and the quality of care. Surgical procedure risks are reduced through the implementation of various guidelines and practices. Over the years, significant advancements have been made in surgical techniques, technology, and safety protocols, yet surgical safety remains a complex and evolving field.

Patient assessment and preoperative planning

Effective patient assessment and preoperative planning are foundational to surgical safety. Collaborating with surgical teams to determine the most appropriate surgical approach, techniques, and procedures based on the patient's diagnosis and surgical goals. This may involve selecting minimally invasive *versus* open surgical approaches, considering the complexity of the procedure and potential benefits for the patient [1,2].

Coordinating with multidisciplinary healthcare teams, including nurses, pharmacists, and allied health professionals, to optimize perioperative care plans. This includes scheduling surgical interventions, arranging preoperative consultations (e.g., cardiology, pulmonology), and ensuring availability of necessary equipment, medications, and resources for safe and efficient surgical procedures.

Infection control measures

Infection control measures are important in ensuring surgical safety worldwide, yet disparities in their implementation and effectiveness contribute to varying outcomes across different regions. Surgical Site Infections (SSI) are a significant concern, affecting millions of patients annually and posing substantial healthcare burdens. Effective infection control includes rigorous protocols before, during, and after surgery, including hand hygiene, sterile equipment handling, antibiotic prophylaxis, and environmental sanitation.

However, global disparities in healthcare infrastructure, resources, and training contribute to uneven adherence to infection control measures. Low- and Middle-Income Countries (LMICs) often face

challenges such as inadequate access to clean water, sanitation facilities, and sterilization equipment. Limited availability of trained healthcare personnel and financial constraints further hinder the implementation of standardized infection prevention practices.

In contrast, high-income countries typically benefit from advanced healthcare systems, stringent regulatory frameworks, and comprehensive infection control programs. These settings prioritize adherence to guidelines, surveillance of Surgical Site Infections (SSI), and continuous quality improvement initiatives. Access to advanced surgical facilities, technology, and resources enhances patient safety and reduces infection rates compared to resource-limited settings [3-6].

Postoperative care and monitoring

Following surgery, patients get postoperative care in an intensive care unit or recovery room where they are constantly watched for any complications that may arise from the procedure, as well as for vital signs and pain. Continuous assessment of respiratory function, cardiovascular stability, and neurological status helps detect early symptoms of problems include bleeding, infection, or anesthesia-related side effects [7,8].

Once stable, patients are transferred to regular nursing units or surgical wards for ongoing monitoring and recovery. Postoperative care focuses on managing pain, preventing complications, promoting healing, and restoring optimal function. Nursing assessments include monitoring wound healing, assessing fluid balance, and evaluating gastrointestinal function. Pain management strategies may include pharmacological interventions, regional anesthesia techniques, or non-pharmacological approaches to ensure patient comfort and facilitate early mobility [9,10].

Global disparities in surgical safety

High-Income Countries (HIC) have seen significant advancements in surgical safety through improved technologies, well-established protocols, and substantial healthcare investments. Conversely, Low- and Middle-Income Countries (LMIC) face numerous

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challenges that impede their progress in this essential area. These challenges include.

Limited resources: Low- and Middle-Income Countries (LMIC) often lack adequate medical infrastructure, equipment, and supplies necessary for safe surgical procedures.

Workforce shortages: There is a significant shortage of trained healthcare professionals, including surgeons, anesthesiologists, and perioperative nurses.

Financial constraints: Many Low- and Middle-Income Countries (LMIC) do not have sufficient funding to support comprehensive healthcare systems, leading to out-of-pocket expenditures for patients, which can be prohibitive.

Infrastructure deficiencies: Inconsistent electricity, water supply, and sterile environments contribute to increased surgical risks.

REFERENCES

- 1. Cohen AJ, Lui H, Zheng M, Cheema B, Patino G, Kohn MA, et al. Rates of serious surgical errors in California and plans to prevent recurrence. JAMA Netw Open. 2021;4(5):e217058.
- Papadakis M, Meiwandi A, Grzybowski A. The WHO safer surgery checklist time out procedure revisited: Strategies to optimise compliance and safety. Int J Surg. 2019;69:19-22.
- Hempel S, Maggard-Gibbons M, Nguyen DK, Dawes AJ, Miake-Lye I, Beroes JM, et al. Wrong-site surgery, retained surgical items,

- and surgical fires: A systematic review of surgical never events. JAMA Surg. 2015;150(8):796-805.
- Loftus T, Dahl D, OHare B, Power K, Toledo-Katsenes Y, Hutchison R, et al. Implementing a standardized safe surgery program reduces serious reportable events: In reply to Nathanson and bloomstone. J Am Coll Surg. 2015;220(6):1128-1129.
- Gibbs VC. Thinking in three's: Changing surgical patient safety practices Gastroenterol. 2012;18(46):6712.
- 6. Harris K, Softeland E, Moi AL, Harthug S, Ravnoy M, Storesund A, et al. Development and validation of patients' surgical safety checklist. BMC Health Serv Res. 2022;22(1):259.
- Lim PJ, Chen L, Siow S, Lim SH. Facilitators and barriers to the implementation of surgical safety checklist: An integrative review. Int J Qual Health Care. 2023;35(4):mzad086.
- 8. Malloggi L, Leclère B, Le Glatin C, Moret L. Patient involvement in healthcare workers' practices: How does it operate? A mixed-methods study in a French university hospital. BMC Health Serv Res. 2020;20(1):391.
- Newell S, Jordan Z. The patient experience of patient-centered communication with nurses in the hospital setting: A qualitative systematic review protocol. JBI Evid Syn. 2015;13(1):76-87.
- 10. Kim RY, Kwakye G, Kwok AC, Baltaga R, Ciobanu G, Merry AF, et al. Sustainability and long-term effectiveness of the WHO surgical safety checklist combined with pulse oximetry in a resource-limited setting: Two-year update from Moldova. JAMA Surg. 2015;150(5): 473-479.