Short-term surgical missions may appear to fill a void in surgical capacity in the developing world, but may inadvertently also disrupt well-established local healthcare systems. The surgical providers of an East African hospital developed suggestions for improving these missions so that they can benefit visitors, local providers and patients alike.

**Prioritise host surgeons’ goals**

The educational and professional goals of host surgeons may differ according to specialty and practice location, and these should be considered. A busy general surgeon in a large referral hospital may welcome a visiting surgeon who can help by operating on simple backlogged cases. The host surgeon can help to determine which procedures are feasible in his time- and resource-limited environment, and so guide a visitor in developing appropriate operative goals. Other surgeons may be interested in discussing complicated cases and operating together with a visiting surgeon to learn new techniques. Overall, working together to identify appropriate operative cases and coordinate with the schedule of host surgeons will ensure their availability and provide the best experience for all parties involved.

**Understand the host hospital and provider population**

A large university hospital with established surgeons and trainees represents a different environment and provider population from a rural district hospital with no physicians or surgeons on the staff. Academic hospitals employ many young and mobile providers-in-training. Consequently, if visiting surgeons intend to train providers in new procedures that require educational reinforcement in the course of numerous missions, they should consider the mobility propensity of host surgeons.

The ability of the local facility, operating room and peri-operative care staff to support large volumes or types of highly specialised procedures should be considered. An environment of limited resources is unsuited to performing complicated procedures that are consequently ill-advised. Respecting local culture and authority, observing national and religious holidays, and respecting the normal working hours of local providers are essential for the success of a mission. Overall, basic improvements facilitated by visitors could have a more lasting effect than the donation of expensive equipment, performing complicated cases that cannot be replicated in the future, or teaching ‘esoteric’ topics.

**Plan a multi-week mission**

Long-term relationships, community and language are of great importance to non-Western cultures. Spending several weeks on a mission allows the visitor to develop rapport with local providers and trainees, contribute to (but not replace) local curricula, and perform operations with an appropriate interval of post-operative follow-up care. It is important not to disrupt established daily schedules or distract from patient care. A multi-week mission allows visitors to first familiarise themselves with the teaching environment, work together with local providers to develop goals for the mission, and ultimately evaluate with hosts the knowledge gained during the visit.

**Consider patient perception of visitors**

For patient care to be delivered in an ethically and culturally sound manner, visitors should be sensitive to the needs of the local patient population. Host providers are often very visible members of small, cohesive communities, and they care for patients and their families over their lifetimes. These community relationships must be respected, and patients should understand that visitors will only help – not replace – the hosts. Furthermore, visitors and local providers should both communicate to patients’ relatives the prognosis of patients, and the risks and benefits of a surgical procedure that may be performed.

**Practice diligence in post-operative care**

Pre- and post-operative documentation that adheres to both Western and local standards should be followed. Many patients with complicated acute and chronic surgical issues require long-term post-operative follow-up. Patient outcomes should be documented by visiting surgeons and local providers, and maintained in records by the host hospital and organisation sponsoring the mission. If morbidity and mortality are unacceptably high or extended follow-up is not appropriately documented by the local provider, these issues should be examined.

**Use mission relationships to facilitate twinning**

Surgeons who participate in short-term missions should consider supporting twinning and exchange initiatives that allow providers from developing countries to visit their Western institutions. It often is difficult to imagine new technology or models of Western care if local providers have no reference for comparison. Sponsoring a local provider to visit or be trained in surgery in the Western world and then ensure his return to the developing world, invests in local manpower. This approach may be more valuable and sustainable in improving surgical capacity than donating hardware or making brief visits to the developing world.

**Closing thoughts**

Local providers who are familiar with their patient population and local resources can offer the best suggestions to visitors regarding the ways in which missions can help. By joining hands with local providers, visiting surgeons can contribute most effectively to building up surgical capacity in the developing world.