

## Insight

## Overseas Referral of Kuwaiti Surgical Patients

Basel Al-Sumait, Sami Asfar, Khaleel Al-Awadi  
Department of Surgery, Mubarak Al-Kabeer Hospital, Al Jabria, Kuwait

The Kuwait Medical Journal 2001, 33 (1): 71-74

In the past, Kuwait had a reputation for excellent, up-to-date medical services. In the 1980's, many new, state-of-the-art hospitals were built and were provided with the best available equipment. In addition, the Ministry of Health recruited experienced staff in different specialties. Both the Kuwait Institute for Medical Specialization (KIMS) and Kuwait University's Faculty of Medicine were very instrumental in upgrading and training the staff (doctors, nurses and administrators). All this made the health care in Kuwait one of the best in the Gulf area. Many patients were referred to Kuwait from other Gulf and Arab countries to receive expert medical care.

The Iraqi invasion of Kuwait in August 1990 resulted in a total collapse of the country's medical services. After Kuwait's liberation in February 1991, the Ministry of Health failed to recruit the old staff for several reasons: (a) most of them had found stable jobs elsewhere; (b) the political instability of the area was one of the most volatile in the world; (c) the absence of monetary incentives to encourage experienced staff to relocate to Kuwait. In fact, after the liberation of Kuwait, the Ministry of Health reduced the salaries of medical staff from their pre-war levels and put out contracts with fixed salaries, with no fringe benefits, allowances, annual increments or any sort of incentives. The Ministry established about 20 positions for new senior consultants with remuneration of up to KD 4000 per month, no one accepted this offer either because their current income in their own country was higher or due to continued political reasons. These factors resulted in a serious set back of the medical services. The government soon realized this major deficit and, in an attempt to find a fast remedy to the problem, a special budget was allocated to refer Kuwaiti citizens in need of acute medical care to specialized centers in Europe and the United States. Moreover, Kuwaitis dissatisfied with the level of medical care in Kuwait began to look for centers abroad to treat members of their

family and then asked the government for reimbursement. During the 1995-1996 financial year, the Ministry of Health spent KD13.9 million for the treatment of patients abroad<sup>[1]</sup>. In June 1998 the situation changed when the Ministry of Health and the Faculty of Medicine recruited experienced staff in some surgical subspecialties. This resulted in many patients now undergoing complicated surgeries in Kuwaiti hospitals.

For an insight into the referral pattern of Kuwaiti patients who are sent abroad by the Ministry of Health for general surgery, vascular surgery and urology, we reviewed the files of all such referrals from January 1994 to June 1998. Five hospitals participated in the data collection, Mubarak Al-Kabeer, Al-Farwania, Al-Adan, Al-Jahra and Al-Amiri hospitals. The latter hospital provided data for three years only (1996-1998).

Between January 1994 and June 1998, 142 Kuwaiti patients were referred to specialized centers in Europe or the United States for treatment. Table 1 shows the distribution of cases by year and specialty. Tables 2 and 3 show the distribution of general surgical and vascular patients, respectively.

Expertise in liver resection is now available in Kuwait, as a new liver surgeon was recently recruited. Similarly, pancreatic resection (proximal and distal) is frequently performed in Kuwait. Choledocho- or hepaticojejunostomy for malignant, traumatic or iatrogenic injury of bile ducts can now be performed in Kuwait. While strictures may complicate some of these anastomoses, dilation and stenting can manage this problem. Interventional radiologists with experience in percutaneous drainage, dilating and stenting of bile ducts are available in Kuwait, and the durable metal stents needed in these procedures are also currently available.

Surgery for anal incontinence, some chronic indolent anal complications of Crohn's disease and obstructed defecation due to pelvic floor disorders

Address correspondence to:

Basel Al-Sumait, P.O. Box 441, Al Surrah 45705, Kuwait. Tel: (965) 531 0304; email: Balsumait@hotmail.com

**Table 1**

Distribution for surgical Kuwaiti cases sent abroad for treatment by year and subspecialty

Year	Urology Surgery	Vascular Surgery	General Surgery	Total
94	10	6	8	24
95	12	7	8	27
96	7	12	12	31
97	4	13	11	28
98	7	6	19	32
Total	40(28%)	44(31%)	58(41%)	142

**Table 2**

Distribution of general surgical patients by subspecialty

<b>Hepatobiliary and pancreatic surgery:</b>	15 (26%)
-Liver tumors	5
-Pancreatic tumors and pancreatitis	4
-Malignant and benign biliary obstruction	6
<b>Colorectal surgery :</b>	16 (27%)
-Anal incontinence	6
-Crohn's anal complications	5
-Ulcerative colitis for ilio-anal pouch	1
-Carcinoma (anal and rectal)	2
-Rectal fistula and strictures	2
Follow up visits	8 (14%)
Liver and small bowel transplantation	3 (5%)
Miscellaneous cases	16 (28%)
<b>Total</b>	<b>58</b>

**Table 3**

Distribution of vascular patients by subcategories

<b>Vascular reconstructions :</b>	6 (14%)
-Aortofemoral bypass	4
-Femoropopliteal bypass	2
<b>Abdominal aortic aneurysms</b>	4 (9%)
<b>Carotid endarterectomies</b>	12 (27%)
<b>Complications of vascular surgery:</b>	4 (9%)
-Infected aortic graft	1
-Occluded peripheral graft	2
-Pseudoaneurysm of femoral artery	1
Follow up visits	3 (7%)
Lymphedema	4 (9%)
Angiograms	2 (5%)
Miscellaneous cases	9 (20%)
<b>Total</b>	<b>44</b>

need specialized centers for physiological studies and corrective surgery. These resources and expertise are not currently available in Kuwait. Anal physiology laboratory, endorectal ultrasound and an experienced colorectal surgeon are needed in Kuwait to establish an advanced colorectal service. Many cases of ileo-anal pouches have been performed in Kuwait with good results and most of these cases can now be done locally. Furthermore,

**Table 4**

Yearly frequency and the reasons for boarding urology patients from Mubarak hospital during the study period

Year	No. of Patients	No. local experts	Lack of material	Second opinion	Review by original surgeon
1994	5	2	2	1	0
1995	10	1	1	4	4
1996	5	1	0	3	1
1997	2	2	0	0	0
1998	6	1	0	3	1
Total	28	7	3	11	6

all forms of colon and rectal resection for malignant and benign diseases are being performed by most consultant surgeons in Kuwait.

Some patients who had surgery abroad may require follow-up visits for problems related to their surgery. These patients will continue to be sent to the same center for follow-up, although we hope that these cases will be reduced once local expertise becomes available. The expertise for liver and small bowel transplant is available in Kuwait since a new senior transplant surgeon has been recruited. The program is not yet active, however, as it is waiting a decision and funding from the Ministry of Health.

A new experienced vascular team was also recently recruited. Most cases of aortic and infringuinal (above and below knee) vascular reconstruction can be treated in Kuwait. Since October 1998, the majority of abdominal aortic aneurysms, peripheral artery aneurysms and carotid endarterectomies have been performed in Mubarak Hospital. Vascular patients are usually males, over the age of 50 years, who smoke and suffer from diabetes, hypertension or hyperlipidemia. These patients are at high risk for cardiac, cerebrovascular and respiratory complications. Patients with cardiac risk can be thoroughly evaluated and appropriate interventions, including revascularization (CABG or PTCA), can be done locally. Therefore, cardiac risk per se should not be the sole indication to refer a patient abroad<sup>[2,3]</sup>. The Chest Hospital recently recruited two senior cardiac surgeons who are able to deal with complicated cardiac surgical problems. High respiratory risk due to chronic obstructive airway disease (COPD) is managed by optimizing medical treatment, which can be done locally<sup>[4,5]</sup>. Moreover, cerebrovascular risk due to associated carotid disease can also be managed locally with carotid endarterectomy. The availability of these services, together with the new vascular team, has resulted in no overseas referrals for vascular surgery from June 1998 to present time (July 1999). Lymphedema is treated with elevation and elastic

stockings; in more severe cases sequential pneumatic compression devices are needed. This piece of equipment is now available in Kuwait. Though only 15% of patients with lymphedema require operative treatment (excisional procedure or lymphovenous anastomosis), these cases need to be managed in a specialized center. Patients needing diagnostic angiograms should not be sent outside Kuwait. Evaluation and treatment of primary or recurrent DVT's can also be done locally as surgery for DVT and its complications is rarely needed. Venous thrombectomies for limb-threatening DVT and surgical management of chronic venous ulcers and venous bypasses are seldom indicated and the vascular team are now able to perform these procedures.

Table 4 shows the indications for referring urology patients during the study period. The lack of material to use for the patient has become a thing of the past and the last referral under this category was in 1995. The number of urologists in Kuwait has steadily increased from 1994 to 1998. Consequently, the number of patients needing overseas referral for lack of local expertise has remained very low, about one or two patients per year. The major reason for overseas urology referral in the period under review was for a second opinion for managing some rare disorders (39.3% of all referrals). There will always remain a few cases that, despite the availability of expertise locally, will require overseas referral to centers with more experience in such difficult cases. Some patients were referred abroad because their primary operation or treatment was carried out or initiated abroad. In some of these cases, it was felt that the surgeon who initiated the treatment should perform the follow up. In some cases in this category, patients developed complications and it was felt that the original surgeon would best deal with the complications.

Although this study centered on patients sent abroad by the Ministry of Health, other authorities such as the Ministry of Defense or the Ministry of Interior send patients abroad for treatment. These are authorized, however, under the supervision and follow up of the Ministry of Health. Many of these patients are sent for social or political reasons

In order to reduce the number of patients sent abroad and spare the needed financial resources, we suggest the following plan to the Ministry of Health:

1. Recruit experts in the specialized fields to establish the services and to train the young generation. This program began in 1998. After the invasion, cardiac surgery (pediatrics and adults) represented 50% of the cases sent abroad for treatment. This figure has been reduced tremendously in recent years as two pediatric

surgeons were requested to visit Kuwait more than six times a year and a senior adult cardiac surgeon from USA started to work in the Chest Hospital.

2. Send reports, X-rays and investigation results to specialized centers for opinion before sending the patient so that we make sure that the patient will benefit from a specific investigation or intervention that can not be performed locally. This could be worked out through an official agreement with various specialized centers. Currently, when asked to review a difficult case, most overseas centers request that the patient be sent to them and then their reply is quite often negative.
3. Continue to invite experts in different fields to regularly visit Kuwait to see patients, perform operations and train local staff. Provide these experts with good remuneration. The Ministry currently invites experts in the fields of orthopedics, neurosurgery, pediatric surgery, pediatric cardiac surgery, ophthalmology, surgical oncology, and plastic surgery.
4. Increase the number of local qualified consultants in each hospital and encourage subspecialization among them. There is no substitute for local experts. Contact between the government hospitals should be improved so that a subspecialized expert in one hospital may manage cases that cannot be managed at another hospital. For example, a case of neuroblastoma was sent abroad by one hospital, while three similar cases were treated in another hospital in Kuwait. This particular patient stayed abroad for seven months costing the Ministry a lot of money.
5. Redirect the budget that had been specified for treatment abroad to:
  - a. The purchase of new equipment and the upgrading of current equipment
  - b. Recruit a high standard nursing staff as well as anesthesiologists and other medical specialists.
  - c. Introduce a system to encourage the local staff by giving more incentives, and reward hard working staff.
  - d. Improve and expand the ICU units to allow more major surgeries to be performed. Create intermediate high dependency units to reduce the load on ICU beds.
  - e. Arrange more posts for the overseas training of junior local staff

## REFERENCES

1. Ministry of Health Annual Report, 1995/96, Department of Financial Affairs.

2. Golden MA, Wittemore AD et al. Selective evaluation and management of coronary artery disease in patients undergoing repair of abdominal aortic aneurysm; 16 years experience. *Ann Surg* 1990; 212:415-423.
3. Hertzner NR, Beven EG et al. Coronary artery disease in peripheral vascular patients. *Ann Surg* 1984; 199:223-233.
4. Stein M, Cassara EL. Preoperative pulmonary evaluation and therapy for surgical patient. *JAMA* 1970; 221:787-790.
5. Gracey DR, Divertie MD. Preoperative pulmonary preparation of patient with chronic obstructive airway disease. *Chest* 1979; 76:123-129.