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## Humanitarian Cardiac Surgery Outreach in Rwanda



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The Sub-Saharan African region faces many healthcare challenges including a shortage of doctors and specialists, inadequate access to necessary medications and patient limitations. Since the Rwandan genocide in 1994, the region's healthcare system has been severely crippled. Even today, Rwanda has only one doctor for every 10,500 patients. RHD patients have very little chance of treatment, especially because there are only five cardiologists serving a population of approximately 11.5 million people.

**See Also:** [Designing a Hospital Cardiology Outreach Service](#)

During this year's AATS Centennial, the annual meeting of the American Association for Thoracic Surgery, a presentation was made from a team of doctors and medical professionals who are part of a surgical outreach programme in Rwanda. The programme is geared towards treating patients affected by Rheumatic Heart Disease (RHD) as well as build a foundation for sustainable cardiothoracic care throughout the country.

RHD is a leading cause of death in sub-Saharan Africa. It results from untreated strep infection and can cause significant damage to heart valves. Approximately one million untimely deaths are caused by RHD and a large majority of these include very young individuals.

Team Heart is the humanitarian health organisation that is behind this outreach programme. They started sending surgical teams to Rwanda in 2008. The primary goal of this organisation is to facilitate a partnership with the Rwanda Ministry of Health and to establish a sustainable, independent and dedicated cardiac care center for children and adults. The report presents an overview of this humanitarian effort and demonstrates the effectiveness of utilising volunteer teams to deliver care, transfer knowledge, mentor local personnel and train individuals to help reduce the burden of cardiovascular disease in sub-Saharan Africa.

The outreach team has already operated on 149 patients. The 30-day mortality rate of treated patients has been 4 to 5% and the long range mortality is around 10%. Surgeries that were performed involved mechanical valve replacement, valve repair and double and triple surgeries.

"In addition to delivering life-saving surgery, our efforts from the outset have focused on improving screening and diagnosis to allow early treatment of strep throat in order to prevent the development of RHD. Also, we have concentrated on knowledge transfer and education of our Rwandan colleagues, with the eventual goal of establishing a Rwandan-staffed cardiac center," explained Team Heart co-founder Ralph Morton Bolman III, MD, Professor, University of Vermont College of Medicine, Burlington, VT. "From the beginning of our involvement in Rwanda, we have sought to establish a sustainable program in cardiac care."

The Team Heart programme continues to work actively with the Rwandan government in order to set up a new cardiac centre. The team is confident that they have been able to create a platform that can be leveraged for the creation of next level of care for this very neglected part of the world.

Source: [American Association for Thoracic Society](#)  
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