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## **Surgical patients are twice as likely to die in Africa – UCT study**

When compared to the global average, one in five surgical patients in Africa, who are generally young and fit, will develop complications, and 2% will die following surgery. This mortality rate is twice the global average for surgical mortality, which is 1%. These are the findings of the African Surgical Outcomes Study (ASOS) issued by the University of Cape Town. The study will be published online today in the prestigious scientific journal, *The Lancet*.

“Data from Africa has been limited until this point,” remarks Professor Bruce Biccard, the study lead author, from UCT’s Department of Anaesthesia & Perioperative Medicine and Groote Schuur Hospital. “The publication of the ASOS study provides important data necessary to understand the challenges to improving surgical outcomes on the continent.”

It is estimated that approximately five billion people globally are unable to access safe surgical treatment, and nearly 95% of these people live in low-and middle-income countries. This study provides data to inform safer surgery in Africa.

Prof Biccard adds: “Although increased access to surgery is important, it is essential that surgery is safe. The majority of deaths in the ASOS study occurred in the postoperative period. It suggests that interventions to identify patients at risk in the postoperative period may make surgery safer in Africa.”

Nearly 95% of all surgical deaths in the study occurred after the day of the surgery. It appears that the lack of resources is a significant contributor to postoperative mortality in Africa. A continent-wide quality improvement programme – addressing the problem of limited surgical resources and increasing postoperative surveillance of surgical patients – may lead to better surgical outcomes in Africa.

The ASOS study includes 11 422 patients from 247 hospitals in 25 African countries. Besides documenting surgical patients’ outcomes, the study also documents the available hospital resources for surgery, which included the number of beds, operating rooms, critical care beds, and specialist personnel, including anaesthetists, surgeons and obstetricians. The study was conducted in 2016 over a specific week for each hospital.

***ENDS***

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