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### Paediatric Cardiac Anaesthesia at the Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria: The Hurdles, Struggles, and Successes

*Anesthésie Cardiaque Pédiatrique à l'Hôpital Universitaire d'Obafemi Awolowo, Ile-Ife, Nigéria : Obstacles, Difficultés et Réussites*

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#### ABSTRACT

**BACKGROUND:** Open-heart surgery started at the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) Ile-Ife, Nigeria, 5 years ago through partnership with foreign partners. This paper reviewed the difficulties facing the development of paediatric cardiac anaesthesia, the pattern, and the outcome of cases managed.

**METHODS:** A review of the infrastructure, equipment, manpower and operational setup for open-heart surgery at OAUTHC was done. A retrospective study of all patients that were operated on from April 2016 to March 2021 was performed. Extracted data were analysed with Statistical Packages for the Social Scientists using descriptive statistics.

**RESULTS:** A total of 102 patients had open-heart surgeries during the period under review by the various teams in a shared facility of the hospital's main theatre. Challenges with manpower, infrastructure, and supplies were major limitations to service delivery. Most of the patients (75.5%) were aged  $\leq 5$  years. The commonest procedures performed were ventricular septal defect closure (31.4%), total correction of tetralogy of Fallot (26.5%), and atrial septal defect closure (9.8%). Fast-tracked anaesthesia was used always except where it was contraindicated. Most (76.7%) of the cases were extubated within 24 hours after surgery; the mean (SD) duration of ventilation in the ICU was 0.99 (1.2) days and the average length of ICU stay was 3 days. The overall mortality rate was 20.6%.

**CONCLUSION:** Numerous challenges confront the provision of sustainable paediatric cardiac anaesthesia services in resource-constrained settings like ours. Much can be achieved with appropriate investment in material and manpower, and partnership with experienced teams. **WAJM 2022; 39(1): 59–65.**

**Keywords:** Paediatrics, Anaesthesia, Cardiac Surgical Procedures, Nigeria, Developing Countries.

#### RÉSUMÉ

**CONTEXTE:** La chirurgie à cœur ouvert a commencé au complexe hospitalier universitaire Obafemi Awolowo (OAUTHC) Ile-Ife, au Nigeria, il y a 5 ans grâce à un partenariat avec des partenaires étrangers. Cet article a passé en revue les difficultés rencontrées dans le développement de l'anesthésie cardiaque pédiatrique, le schéma et l'issue des cas pris en charge.

**MÉTHODES:** Un examen de l'infrastructure, de l'équipement, de la main-d'œuvre et de la configuration opérationnelle pour la chirurgie à cœur ouvert à l'OAUTHC a été effectué. Une étude rétrospective de tous les patients opérés d'avril 2016 à mars 2021 a été réalisée. Les données extraites ont été analysées avec des logiciels statistiques pour les spécialistes des sciences sociales à l'aide de statistiques descriptives.

**RÉSULTATS:** Au total, 102 patients ont été opérés à cœur ouvert au cours de la période étudiée par les différentes équipes dans une salle commune du bloc opératoire principal de l'hôpital. Les défis liés à la main-d'œuvre, à l'infrastructure et aux fournitures constituaient des obstacles majeurs à la prestation de services. La plupart des patients (75.5%) étaient âgés de  $\leq 5$  ans. Les gestes les plus fréquemment pratiqués étaient la fermeture de la communication interventriculaire (31.4%), la correction totale de la tétralogie de Fallot (26.5 %) et la fermeture de la communication interauriculaire (9.8%). L'anesthésie accélérée a toujours été utilisée sauf en cas de contre-indication. La plupart (76.7%) des cas ont été extubés dans les 24 heures suivant la chirurgie ; la durée moyenne (ET) de la ventilation en USI était de 0.99 (1.2) jours et la durée moyenne de séjour en USI était de 3 jours. Le taux de mortalité global était de 20.6%.

**CONCLUSION:** De nombreux défis font face à la prestation de services durables d'anesthésie cardiaque pédiatrique dans des contextes aux ressources limitées comme le nôtre. Beaucoup peut être réalisé avec un investissement approprié en matériel et en main-d'œuvre, et un partenariat avec des équipes expérimentées. **WAJM 2022; 39(1): 59–65.**

**Mots-clés:** Pédiatrie, Anesthésie, Chirurgie Cardiaque, Nigéria, Pays en Développement.

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**Abbreviations:** COVID, Coronavirus Disease; CTSU, Cardiothoracic Surgery Unit; ICU, Intensive Care Unit; OR, Operating Rooms; SD, Standard Deviation; SPSS, Statistical Packages for the Social Scientists.