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CS002

Cardiothoracic Surgery & Interventions • Poster Presentation

EVOLUTION OF LOCAL CARDIAC SURGICAL CAPACITY IN A NIGERIAN TERTIARY HOSPITAL: DISEASE SPECTRUM AND TRANSITION FROM VISITING TO IN-HOUSE CONSULTANT CARDIOTHORACIC SURGEONS

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Introduction: Cardiac surgical services in low- and middle-income countries often struggle due to poor infrastructure and reliance on visiting teams. Transferring operative responsibility to local consultants indicates successful program development. This study evaluated the surgical disease spectrum and shifting operative responsibility at the Federal Medical Centre, Abuja, Nigeria.

Methods: This retrospective descriptive study reviewed all patients who underwent cardiac surgery during the study period using operative notes and institutional databases. Variables analyzed included socio-demographics, primary diagnosis, surgical procedure, and lead operating surgeon (visiting vs. in-house consultant).

Results: Of the 53 cardiac surgeries performed, visiting consultants led 31 (58.5%), while in-house consultants led 22 (41.5%). Congenital heart disease accounted for 86.8% ($n=46$) of cases, predominantly atrial septal defects (30.2%) and ventricular septal defects (26.4%). Over time, the surgical spectrum expanded to include complex congenital cases (tetralogy of Fallot, complete atrioventricular canal defect, double outlet right ventricle), valvular heart disease, and coronary artery bypass surgery. In-house surgeons progressively performed a broader range of both congenital and acquired cardiac procedures.

Conclusion: Structured collaboration between visiting and local surgeons can establish a sustainable indigenous cardiac surgical service. Transitioning lead operative responsibility to local surgeons serves as a practical benchmark for program growth.

Keywords: Cardiac surgery; Congenital heart disease; Indigenous surgical capacity; Nigeria; Open-heart surgery.