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PUBLICATION:	Egyptian Mail
DATE:	31-March-2015
COUNTRY:	Egypt
CIRCULATION:	60,000
TITLE :	Challenges of new medical techniques
PAGE:	03
ARTICLE TYPE:	General Health News
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**A Surgeon's
Journal**

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Challenges of new medical techniques

ALL new innovations concern what is called mini-invasive surgery. Until now, most cardiac surgery procedures were done via long median sternotomy incisions. The latter approach assumes excellent exposure that allows a surgeon to manipulate all types of heart lesions. Nevertheless, such an approach is the source of many complications such as delayed wound healing and infections. All new trends try to avoid tackling the heart via such a long disfiguring incision.

A small incision of 5 to 6cm long is made on the right side of the chest. Three holes are then made to introduce from the first one a camera that projects the surgical field on a wide television screen. The other two holes are used to introduce the instruments.

Such a new technique needs new training for all surgeons. They learn to look at the screen while manipulating the heart. Such an approach may be considered a type of robotic surgery. The patient recovers very rapidly. Long incisions with delayed wound healing are avoided. The problem is that the cost of equipment and disposables are multiplied by more than 10 times. Industry is pushing physicians to consume more expensive disposable instruments.

Similarly, the endoscopic repair of aortic

aneurysms is a relatively new technique that allows repair of large aneurysms without performing large incisions. Repair of a thoraco-abdominal aneurysm is made by a very long incision, in which the thorax is incised. The approach is extended to the abdomen. Dealing with such aneurysms by the new endoscopic procedures is much simpler. Under radioscopic vision, a stent is pushed from a small incision in the thigh to expose the femoral artery. A stent is deployed in the dilated area of the aorta under radioscopic vision. It is an extremely interesting technique that saves lives without disfiguring patients.

Nevertheless it needs new types of operation rooms called hybrid rooms, where radiology equipment is installed to facilitate visualisation of the procedure. The operation room costs several millions of euros to install. The procedure and the stent cost in Egypt around LE200,000 per patient.

Recently a new technique for repair of the mitral valve of the heart has been introduced. It consists of repairing the mitral valve of the heart by introducing clips by catheters. The cost is LE400,000 per patient. Insertion of a prosthetic aortic valve by catheter is also a new technique. Its indication has been extended to different types of patients and not only debilitated ones, in whom surgery is contraindicated. Cost per patient varies between LE250,000 and LE300,000. Cost of classic surgery varies in Egypt between LE25,000 to LE60,000 according to the hospital.

There is a new valve being offered that may be implanted by surgery, but without using surgical sutures. The cost of the

prosthesis varies between LE55,000 and LE60,000. The prostheses used cost between LE5,000 for a metallic valve to LE9,500 for a biological valve. A type of pace maker called Cardiac synchronisation therapy is used for patients with weak cardiac muscles. Cost of the CRT varies between LE60,000 and LE80,000.

What is mentioned above concerns cardiology and cardiac surgery. Other disciplines such as neurosurgery, cancer therapy, ear, nose and throat (cochlear implantation in the ear), transplantation programmes, immunology etc. are also using increasingly high cost medications, equipment and disposables.

Health insurance in Europe and America are facing great financial difficulties to cope with all the modern medicine techniques. The industry is making great profit from medical fields, pushing physicians to use more and use more and more disposable equipment.

Most of the above techniques have been carried out this year in Egypt. The Egyptian National Heart Institute has carried out around 26 cases of percutaneous valve implantation this year. Cases were sponsored by donations.

What to do in Egypt?

The problem in Egypt is that the monthly payment for health insurance is far beyond the optimal level. Egyptian social security is far beyond capacity to cope routinely with all such new innovations. Nevertheless patients in need of such techniques are sponsored and covered by the general organisation of social security. It is time to find a practical solution to allow the healthcare system to cover all such new modes of therapy

routinely. Better management of the healthcare budget is needed. As an example, a great part of the budget is used to offer users simple useless medications. The gradual application of healthcare general insurance is becoming increasingly a must.

Solution:

1- Giving more importance to prevention to avoid high numbers of patients in need of treatment. Early detection of diseases is also an important issue that may decrease the cost of medical care.

2- Evaluation of cost of medical acts without exaggeration in order to let patients know exactly the real cost of the medical procedure they need. It allows also to fix the amount of financial reimbursement for patients.

3- Directing investments into producing locally most of the equipment that is needed, as was the case with The Egyptian National Heart Institute that guided industry to locally produce sutures, instruments and equipment.

It is possible but needs a new policy new education and training Egyptians to be disciplined and accurate.

4- Concentrating National Health Insurance resources to cover expensive techniques of medical care, intensive care costs, taking in charge non ambulant patients, covering prices of cancer therapy etc.

Without a new modern policy of healthcare planning, medical care will not be optimal. Human, financial and infrastructure resources should be managed in a different and rational way.

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