

## Original Research Article

# Assessment of the success rate of specialised female surgical clinic in tertiary care hospital

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## ABSTRACT

**Background:** Specialized female surgical clinics are the basic requirement in surgical department which should be addressed routinely. The management of surgical problems in female patients requires multidisciplinary approach mainly general surgery, obstetrics and gynaecology, general medicine, paediatrics, dermatology and psychiatry. If proper care is provided then this will uplift the follow up of same patients in such clinics. The objective of the study was to assess the success rate of female surgical clinics and to determine the follow up visits done by female patients once visited the female surgical clinics.

**Methods:** Prospective educational interventional study was conducted. A total of 952 patients visiting the clinic were studied. Statistical analysis was done.

**Results:** Out of 952 cases 944 (99.2%) cases were willing to continue visit to the clinic, while 809 (84.9%) cases revisited for follow up treatment in female surgical clinics within one year duration.

**Conclusions:** It can be concluded that there is a requirement and need of a fully functional specialized female surgical clinic in our hospital. As the success rate for follow up visit by patients in this clinic was high.

**Keywords:** Specialized, Clinics, Information, Knowledge and female patients

## INTRODUCTION

As specialized female surgical clinics are required and efficient work for development of such clinics is in process, there is a high time to assess the effectiveness and success rate of such clinics. The concept for such clinic was unified work from various departments so that management of surgical problems in female patients is worked upon. general surgery, obstetrics and gynaecology, general medicine, paediatrics, dermatology and psychiatry are some of such departments which should have a concern for female patients in separate setup. If proper care is provided then this there would be upliftment of follow up of same patients in such clinics.<sup>1-3</sup>

Indian females of all age groups suffer from many curable surgical diseases as for example genitourinary related (pelvic organ prolapse, urinary incontinence), breast related (benign and neoplastic diseases), gastrointestinal related (abdominal viscera related, anal and perianal), endocrinal disorders (thyroid, parathyroid, ovarian), skin and skin appendages etc. The basis of such clinics was to cure and provide treatment to such women. The evaluation of success rate of these clinics is still pending, which should be fulfilled by current study.<sup>4,5</sup>

Also there have been evident establishment of such clinics in various set ups. This study was done to assess its success rate so that further work should be done to establish this clinic in regular basis.

The present study was done with the objective to assess the success rate of female surgical clinics and to determine the follow up visits done by female patients once visited the female surgical clinics.

## METHODS

The study was conducted in Surgery Department of Sanjay Gandhi Hospital (Shyam Shah Medical College, Rewa, M.P). This was a prospective educational interventional study. Sample size was 952 patients, according to the cases visiting the clinic in required study period of first one month (September 2018) of establishment of this clinic. Study duration was from September 2018 to September 2019, that is last one year after the establishment of female surgical clinics. In the same duration follow up visits done by same patients visiting in first one month (September 2018) were recorded and evaluation of data was done by assessing the success rate by outcome measures of visits. The study period was for one year. Inclusion criteria were all the cases visiting female surgical clinic in the month of September 2018. All patients who lost to follow up due to any prolonged illness or mortality were excluded from the study.

### Description of female surgical clinics

Along with the general surgical OPD, a separate specialised female surgical clinic was established. Only female patients of all age groups were registered in this particular clinic. The clinics were conducted by the faculty members, senior residents, postgraduate students of the department of surgery and interns posted in the department. A separate waiting room, examination room and procedure room and separate paramedical staff (females) for the female surgical patients were facilitated. Written informed consent of all female patients was taken at the time of registration.

After the conduction of study for one year, in later duration same patients (of September 2018 OPD) were tracked by their previous data on their follow up visit. They were tracked from their previous records available with them or from the data of female surgical registers maintained in female surgical clinics. All the records were reviewed for assessing follow up visit in last one year (September 2018 to September 2019) after the establishment of female surgical clinics in our hospital.

Data were collected and baseline demographic parameters were evaluated. Statistical analysis was done using SPSS version 16 (SPSS Inc, headquartered in Chicago, IL, USA) for Chi-square test keeping  $\alpha$  level to 0.05. All cases were studied considering significance and error. Descriptive Statistics were used for analyzing mean and standard deviation.

## RESULTS

Out of 952 cases 944 (99.2%) cases were willing to continue visit to the clinic, while 809 (84.9%) cases revisited for follow up treatment in female surgical clinics within one year duration. Mean age of patients visiting specialized female surgical clinic was  $33.59 \pm 14.85$  years. Range of age was from 2 years to 80 years.

**Table 1: Assessment of follow up visits of female patients for continuation of this female surgical clinics (n=952).**

| Variable                            | Number (N) | Percentage (%) |
|-------------------------------------|------------|----------------|
| Patients willing to revisit         | 944        | 99.2           |
| Patients revisited in last one year | 809        | 84.9           |

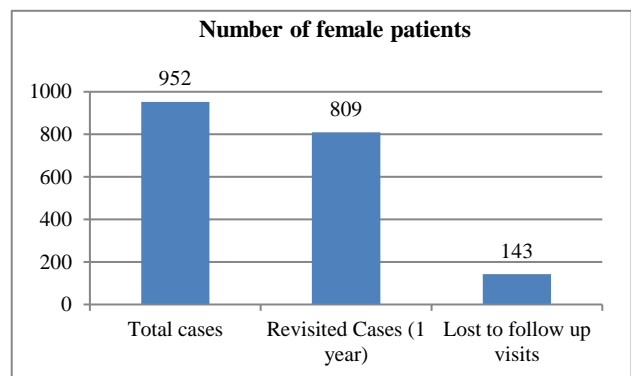
**Table 2: Background characteristics of study population.**

|                | Minimum | Maximum | Mean  | SD    |
|----------------|---------|---------|-------|-------|
| Age (in years) | 2       | 80      | 33.59 | 14.85 |

On assessment of success for one year and after checking the data recorded for one year it was observed that the success rate of clinic was satisfactory i.e. 84.9%.

**Table 3: Success rate of specialized female surgical clinic (n=952).**

| Variable                 | Number (N) | Percentage (%) |
|--------------------------|------------|----------------|
| Revisited cases (1 year) | 809        | 84.9           |
| Success rate             | 809/953    | 84.9           |



**Figure 1: Follow up visits of female patients.**

Total 952 patients visited the specialized female surgical clinic, out of which 809 (84.90%) were revisited cases that were presenting in this clinic for more than one time in the last one year September 2018 to September 2019. So the success rate observed was 84.9%. The failure rate

was  $(952-809)/952 \times 100 = 143/953 \times 100 = 15.1\%$ , which implies that 15.1% female failed to follow up visit for a duration of one year.

## DISCUSSION

In present study female patients revisited for continuation of these female surgical clinics was found to be 84.9%, i.e. success rate was assessed to be 84.9%. In a study by Amir et al 76.6 females preferred a female gynaecologist.<sup>1</sup> But in our study nearly all women preferred specialized female surgical OPD. In another similar study by Shah et al it was found that more female subjects expressed gender preferences for the endoscopists (overall 70%; female (67.7%) and male (2.3%)) compared to male subjects (overall 62.8%; male (56%) and female (6.8%)).<sup>2</sup> Similarly, more female subjects expressed gender preferences for the assistants (overall 74.5%; female (73.4%) and male (1.1%)) compared to male subjects (overall 58%, male (49.3%) and female (8.7%),  $p < 0.001$ ).

Hendrickson et al examined effects of implementing nursing information computer system in 17 hospitals in New Jersey, USA.<sup>8</sup> They observed that staff impression of the effects of system was positive; documentation was better (more readable). Bregan et al conducted a study on women delivered by cesarean in the maternity unit at a tertiary level university hospital of Iowa, USA.<sup>9</sup> They found decrease in average length of stay by 13.5% and the average cost decreased by 13.1%, patients' perception quality of care increased from 4.26 to 4.41 on a 1-5 scale. Cock et al conducted a 'continuous quality improvement study' in their medicine department of McMaster University, Faculty of Health Sciences, Ontario by monitoring patterns in medical teaching ward.<sup>10</sup> They found that in 68% of cases, oxygen therapy was initiated by house staff, nurse initiated therapy in 18% of cases, but discontinued it more often than any other health worker. About 30% of patients on oxygen did not meet the criteria set by American College of Chest Physicians.

All the above studies have evaluated increase in revisiting rate of cases due to satisfactory care and good quality of care provided to cases in first visit. This can also be interpreted from our study by satisfactory revisit and follow up by female patients in our OPD.<sup>8-10</sup>

Success rate of such clinics was not evaluated in previous studies, which was recent approach and calculated in our study. Success of female surgical clinics in our setting was found satisfactorily good, and this encouraged further growth of such clinics to support female patients.

## CONCLUSION

Introduction of female surgical OPD was very useful to the most of the patients, as female patients preferred their

treatment in such specialized clinics. Also their revisiting rate was also more due to satisfactory services provided in such clinics. There is a need to elaborate this concept of female surgical clinics in other hospitals also. Preventive and counseling section of this clinic is to be strengthening for further success. Patient who lost to follow up are elderly or may be cured for the disease, so that no follow up was required by them in future period. Thus, a quality care and quality treatment was provided to all the patients, specially female patient.

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