Future plans to expand spine care in Botswana

Tuesday May 8, 2018

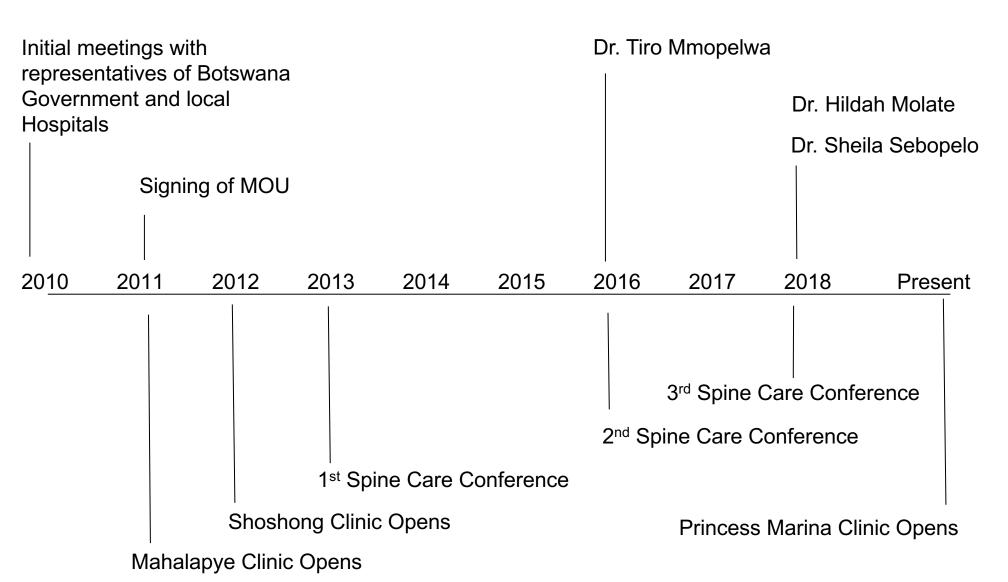
Dr. Stefan Eberspaecher



worldspinecare.org









First Steps

Level 5 = Specialized spine center.

All diagnostics and therapeutic activities are safe.

 Level 4 = University hospital setting with departments of orthopaedics and neurosurgery.

Most procedures are deemed safe. No consensus was achieved for complex deformity surgeries and complex tumor ablations.

 Level 3 = A setting equivalent to a city general hospital.

Most diagnostic procedures, non-surgical treatment modalities and basics surgeries (ie, decompression and stabilization) are deemed safe.

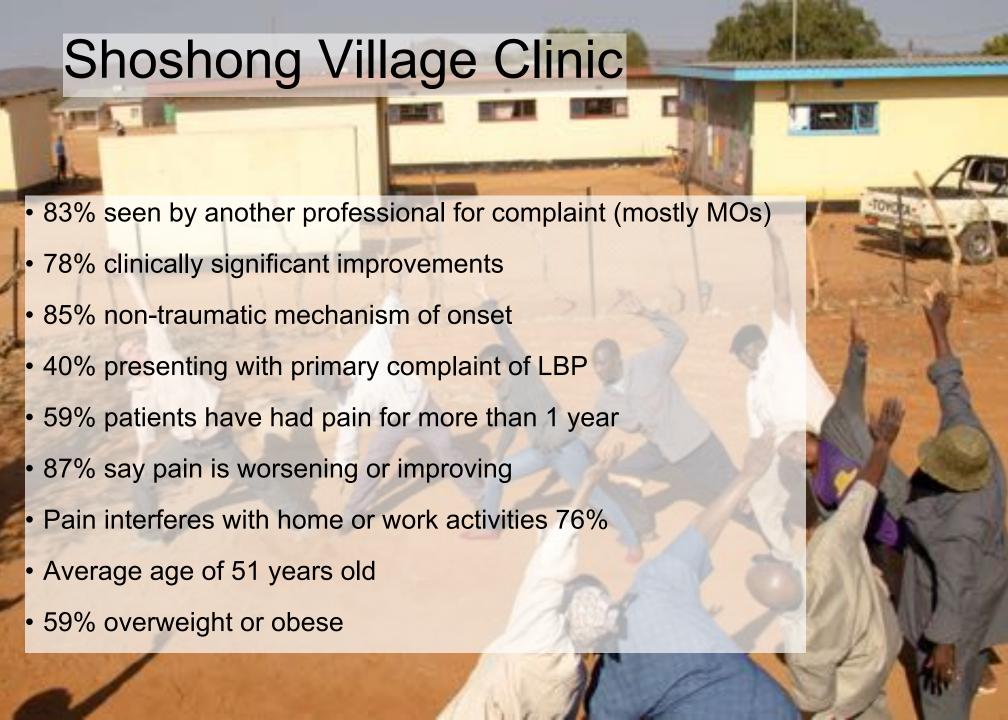
Level 2 = A setting equivalent to a district hospital.

A few non-invasive procedures may be performed. No consensus was achieved on the safety and feasibility of all invasive procedures and some non-invasive modalities, such as treatment of infections, and prescriptions for osteoporosis.

Level 1 = Rural clinic setting.

No invasive procedures are recommended as they are deemed unsafe and unfeasible. No consensus was achieved for non-invasive procedures in this setting.





Mahalapye District Hospital





Mahalapye District Hospital



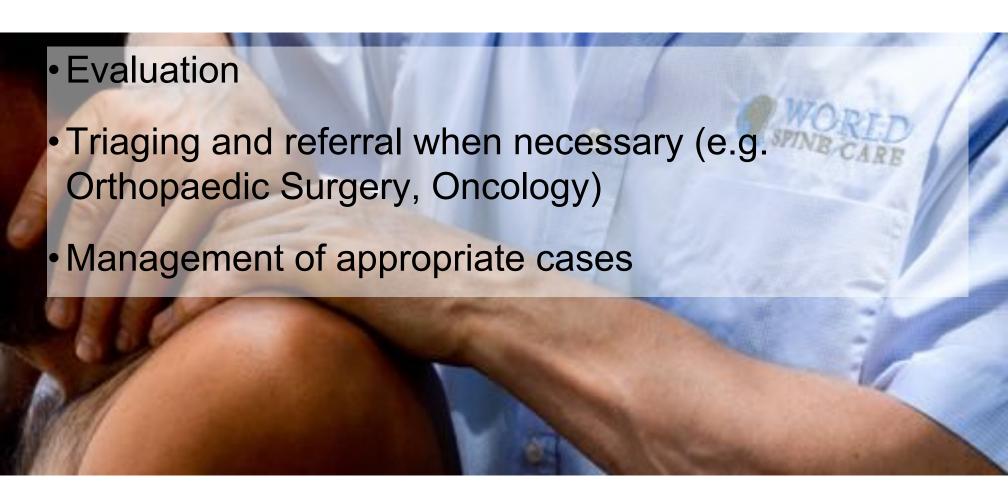
- 84% seen by another professional for complaint (mostly MOs)
- 74% clinically significant improvements
- 91% non-traumatic mechanism of onset
- 56% presenting with primary complaint of LBP
- 65% patients have had pain for more than 1 year
- 87% say pain is worsening or not improving
- Pain interferes with home or work activities 76%



75% overweight or obese

Clinical Research Database This allows us to keep track of our results and improve our care



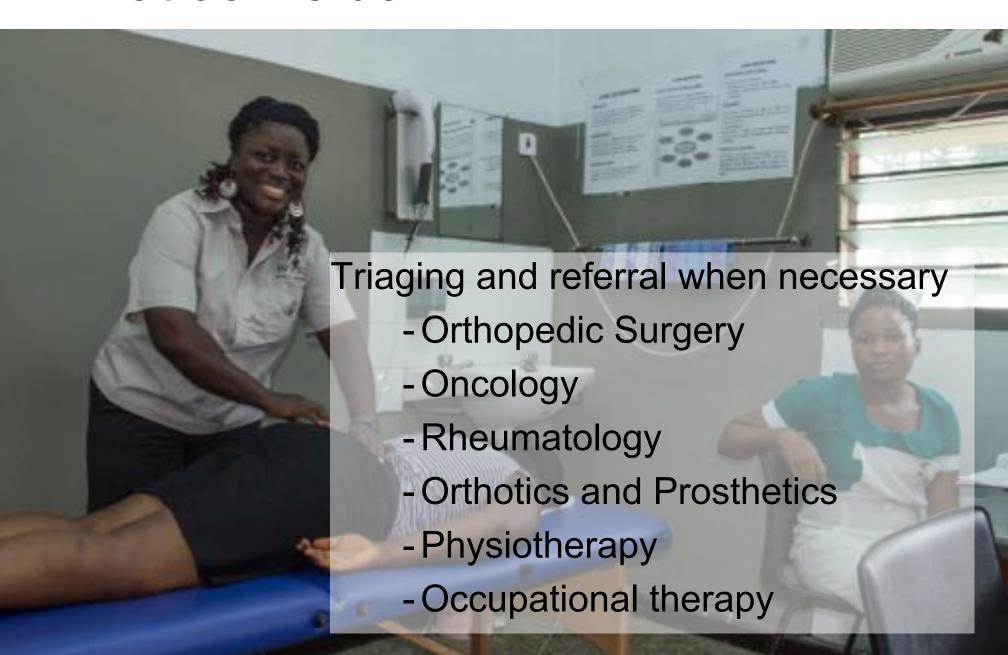




Evaluation

- Careful clinical history
- Identification of Red Flags
- Identification of Yellow Flags





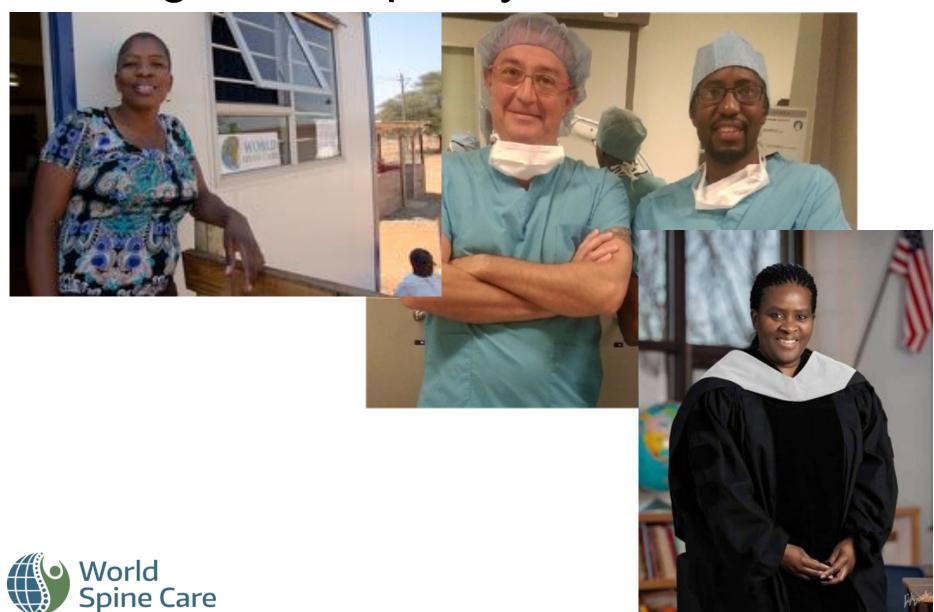


The Scoliosis Program

- Educate and train teachers and nurses
- Identify children at risk
- Treat children early so that the number of spinal problems are dealt with prior to adulthood
- Improve quality of life of children with scoliosis
- Determine the incidence of scoliosis in Botswana



Building local capacity



Where are we now?

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What's next?



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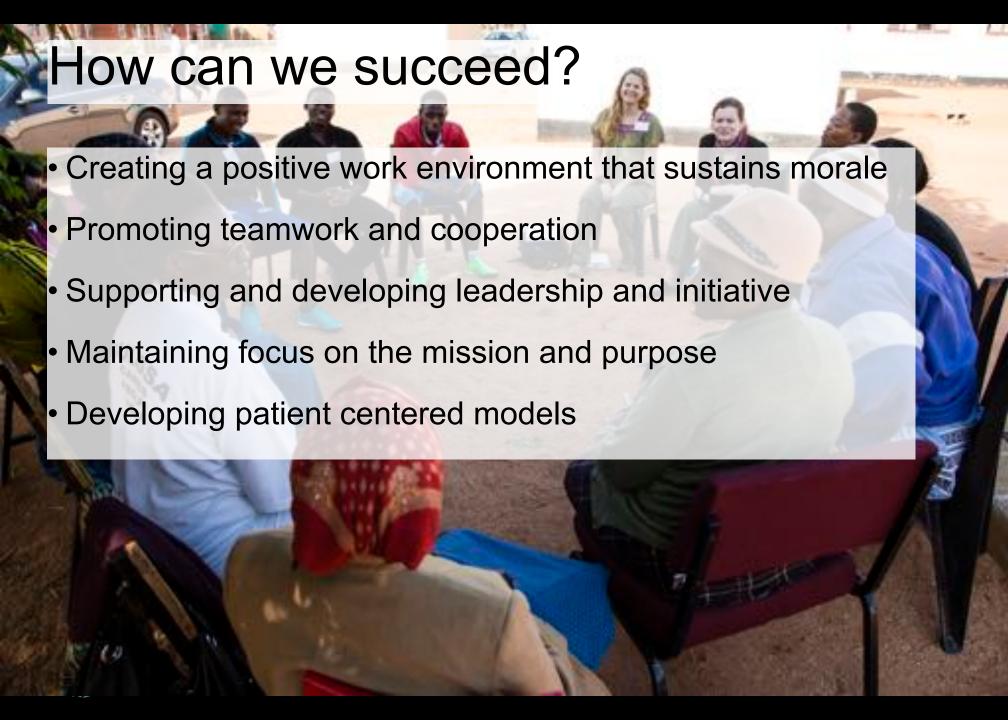
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Expansion of the program

- Reproduce the community clinic model as in Shoshong
- Institute primary spine care clinics in the hospitals as in Mahalapye District Hospital and soon Princess Marina Hospital
- Coordinate community-based education programs
- Facilitate the training of further expertise
- Work with other key-stakeholders to develop a national framework for the management of spinal conditions

National Referral Framework

- Complete the development of the level 3 and level 4 spine care program in Gabo
- Establish surgical facilities for advanced spine surgery
- Ensure there are qualified support surgical staff, pre-op and post-op rehabilitation
- Ensure that there are properly trained spine surgeons
- Develop a clear program for referral to the tertiary spine program
- Establish a cognitive-behavioural spine care program for those patients disabled program
- Integrate with the spinal cord rehabilitation program (Spinalis)
- Ensure availability and criteria for referral to advanced medial specialist care
- We have an opportunity to integrate Botswana's Spine Care resources!





"The best leaders don't just take responsibility for their job. They take Extreme Ownership of everything that impacts their mission."

Extreme Ownership: How U.S. Navy SEALs Lead and Win, p.30

Jocko Willink & Leif Babin



Re a leboga!

