

Brief Note on Lancet Commission on Global Surgery

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Received date: December 07, 2022, Manuscript No. IPARS-23-15796; **Editor assigned date:** December 09, 2022, PreQC No. IPARS-23-15796 (PQ);

Reviewed date: December 23, 2022, QC No. IPARS-23-15796; **Revised date:** December 28, 2022, Manuscript No. IPARS-23-15796 (R); **Published date:** January 07, 2023, DOI: 10.36648/2472-1905.9.1.38

Citation: Dasgupta B (2022) Brief Note on Lancet Commission on Global Surgery. J Aesthet Reconstr Surg Vol.9 No.1:038.

Description

Emergency and essential surgical diseases are a predominant global health care burden, and the need to confront the challenge is ever more critical. Currently, five billion global citizens are estimated to lack access to timely, safe, and affordable surgical services. Academic global surgeons are seeking to involve future physicians early to increase awareness of the burden and engage them as influential stakeholders. Many organizations have highlighted a need for increased surgical education, training, and allied health workforce expansion in the international setting, in addition to the expansion of international research. Several studies have also identified a trend in rising medical student interest in global health, and specifically global surgery, but there is limited information on if, and how, medical schools are cultivating this particular enthusiasm. In addition, there is a paucity of data on medical student characteristics associated with the observed increased interest in global surgery, as well the extent of exposure to global surgery education in core curricula and elective opportunities.

Lancet Commission on Global Surgery

In 2015, the Lancet Commission on Global Surgery (LCoGS) called attention to the growing burden of surgical disease and proposed a number of health system metrics for addressing the challenge. Similarly, both the World Bank (WB) disease control priorities project and the World Health Organization (WHO) global initiative for emergency and essential surgical care prioritized better access to surgical care as a crucial worldwide need. Collectively, the LCoGS, WB, and WHO advocate for a strengthened surgery, obstetric, and anesthesia education/training, workforce expansion, and increased research globally as avenues to address the growing burden. It stands to reason that the increased workforce capacity must come from the pool of medical students across the nation and world the next generation of global surgeons.

Mirroring the call for an increased workforce, medical students are expressing a rapidly growing interest in participating in all aspects of a global surgery vocation. In fact, studies have shown that graduating medical students preferentially rank higher those residency programs that highlight global health rotations. This trend is echoed by national surveys that demonstrate a growing interest among

general surgery residents to participate in global surgery electives during residency and throughout their career. In addition, the rapidity with which students have self-organized into large, nationwide networks such as the Global Surgery Student Alliance (GSSA) further demonstrates the interest and more importantly, commitment that these learners are demonstrating to address this urgent global need. However, emerging data suggest that medical school curricula have not evolved with equivalent rapidity to meet the student's increasing pursuit. Although expert panels have emphasized the importance of exposure to globally relevant health topics throughout medical education, most students consistently report dissatisfaction with their current global health curricula. Although the existing state of general global health education has been examined in greater detail in recent years, there is limited data regarding the extent to which, global surgery issues are specifically addressed in core curricula across the nation. The present study was undertaken to provide insight into the current state of global surgery education in the United States (U.S.) to support recommendations for future curriculum development to effectively expose, educate, and encourage medical students to participate in global surgery initiatives.

Abnormal Growth

Abnormal growth results in facial asymmetry and deviation of the chin, and may not become apparent for several years. The cause of the actual growth disturbances remains unclear, as different outcomes occur with similar fractures. It is possible that certain children may have lost growth stimuli or suffers from decreased regional vascularity, resulting in growth restriction. Over the age of five, there is an increase in the frequency of mandibular fractures. The rare occurrence of jaw-area fractures in children is due to the anatomical advantages such as mandibular flexibility.

The diagnosis of mandibular fractures in children can be difficult compared to adult patients due to lack of coordination. Firstly, complete anamnesis taken from relatives of the patient, and if possible, from the patient, can guide an examiner in terms of accompanying pathologies, life-threatening conditions and treatment management. Although lower jaw fractures in the pediatric population are uncommon relatively to the adult age range, mandibular fractures are the most frequently seen in pediatric maxillofacial trauma.

Muscle spasm and pain resulting from mandibular fracture may be encountered with trismus. This functional therapy can be as simple as elastics in conjunction with orthodontic appliances or occlusal splints, or it may require a formal functional appliance, which are placed by orthodontists. In growing children, over a period of time, a functional appliance can correct a malocclusion caused by a condylar fracture and help correct abnormal mandibular function. A deviation, malocclusion and limited mobility may be seen when opening and closing the mouth in the jaw examination. High estrogenic potential of pediatric mandible allows nonsurgical management to be successful in younger patients with conservative approaches. Maxillofacial surgeons generally justify the use of plate and screw-type internal fixation to be reserved for difficult fractures.

In case of significant malocclusion or nonunion open reduction and internal fixation should be performed by secondary surgical operation. Patients who exhibit persistent

malocclusion after unilateral or bilateral condylar fractures that have been treated with MMF can often further be treated nonsurgically; however, some type of functional therapy is recommended to address the abnormal occlusal relationship.

Maintaining appropriate range of motion at the TMJ is important in maintaining proper mandibular growth, as well as avoiding alkalosis and TMJ dysfunction. In all cases, restoring facial symmetry is a very difficult challenge in these patients, and may require additional interventions that may range from fat grafting, to orthodontics to combined orthodontic-orthographic surgery approaches. Variable chemical compositions of these plates attempt to balance an expedient degradation process while minimizing local foreign-body inflammatory reactions. Typically their strength holds for 4 to 6 weeks while the complete degradation process may take 1 to 2 years. 31 patients with 43 fractures of the mandible were enrolled in the study. Patient age ranged from 20 months to 14 years with a mean of 8.05 years.