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Original research article

Outcomes for patients with rheumatic heart disease after cardiac surgery followed at rural district hospitals in Rwanda

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### **MANAGEMENT OF POST VALVULAR SURGERY PATIENTS IN NORTHERN SRI LANKA**

Thirunavukarasu Kumanan, Kanapathipillai Sujanitha, Mahesan Guruparan and Nadarajah Sreeharan

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### **MANAGEMENT OF POST VALVULAR SURGERY PATIENTS IN NORTHERN SRI LANKA**

[Thirunavukarasu Kumanan](#), Senior Lecturer & Consultant Physician Teaching Hospital, Jaffna, Sri Lanka

Other Contributors:

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Kanapathipillai Sujanitha, Senior Lecturer & Consultant Physician

Mahesan Guruparan, Consultant Cardiologist

Nadarajah Sreeharan, Visiting Professor

We read with interest the article by Rusingiza et al (1) and report our experience from Northern Sri Lanka, a Low Middle Income Country (LMIC). Sri Lanka had invested heavily in free education and healthcare with demonstrably high literacy rates and positive health indices (2). However, the focus of the healthcare related investment has been in the secondary and tertiary care institutions, whilst primary care systems remain poorly developed. Northern Sri Lanka had been further impacted adversely by three decades of civil strife.

We report our experience in the management of post-valvular surgery patients at the Jaffna Teaching Hospital, the only tertiary referral centre for the region. Improvements in socioeconomic conditions has resulted in a decline in the incidence of rheumatic heart disease in Sri Lanka which accounted for only 0.34% of all deaths in 2017 (3). Concurrently, established patients receiving prosthetic heart valves has increased mainly due to improving access to surgical facilities. Unfortunately, Northern Sri Lanka had been without facilities for cardiac surgery for three decades leaving patients to access facilities elsewhere in the country. Post-surgery follow-up occurred primarily in Jaffna and a few other

secondary care hospitals in the region. Unlike in the Rwandan study, most of our patients received parenteral penicillin prophylaxis thereby enhancing compliance and were fitted with metallic rather than bioprosthetic valves, thereby necessitating the need for long-term monitoring on warfarin, the only available anticoagulant in the state sector in Sri Lanka. This need, together with the increase in valvular surgery following the recent development of cardiac surgery in Jaffna, further emphasizes the urgent need for managing these patients in integrated primary care setups closer to their homes.

It is encouraging that Sri Lanka has now recognized the urgency to develop the primary care infrastructure, driven by the emerging epidemic in Non-Communicable Diseases. The lesson from Rwanda is of relevance to countries like Sri Lanka and will decrease the overloading of secondary and tertiary institutions with overall reductions in the cost of healthcare.

References:

1. Rusingiza EK, El-Khatib Z, Hedt-Gauthier B et al. Outcomes for patients with rheumatic heart disease after cardiac surgery followed at rural district hospitals in Rwanda. *Heart*. 2018; 104:1707-1714
2. WHO Annual Report 2012. [http://www.who.int/kobe\\_centre/publications/annual\\_report2012\\_en.pdf](http://www.who.int/kobe_centre/publications/annual_report2012_en.pdf).
3. <https://www.worldlifeexpectancy.com/sri-lanka-rheumatic-heart-disease>

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Conflict of Interest:

None declared.

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