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A PROSPECTIVE STUDY TO EVALUATE ACCESS TO ELECTIVE SURGICAL SERVICES IN A UROLOGICAL UNIT OF SRI LANKA

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Background: One of the core indicators of monitoring universal access to safe, affordable surgical care is access to timely, essential surgery. Analyzing the waiting time (WT) for elective operations is one way to determine access to surgical services in a country.

Aim/s: Aims of this study were to determine the access to surgical services in a urology unit of Sri Lanka by calculating the average WT and to determine whether WT is related to income categories and social classes

Methods: Patients undergoing elective surgery (excluding minor surgery) at a Urology unit between 1.1.2016 to 31.3.2017 were included in the study. The income groups and social classes were categorized using the data available in Household Income and Expenditure Survey 2012/2013 conducted by the Department of Census and Statistics.

Results: 883 patients had complete data. 687 were men. Average WT for surgery was 59.2 days (range 2-330). In 175 (19.8%), it was more than 100 days. Seventy eight (8.8%) were Samurdhi beneficiaries and their WT was 61.6 days, while that of those who didn't receive Samurdhi was 57.4 days ($p>0.05$). 27% of patients had a monthly income of less than SLR 15K, 42% had 16-30K, 22% had 31-50K and 9% had more than 50K, and the WT for each category were 57.1, 69.8, 51.5 and 48.3 respectively. 161 (15.8%) operations were done for malignancies and the average WT was 22.1 days. WT for TURP was 77.5 days. 132 (14.9%) patients had their operations postponed at least once.

Conclusion: WT for elective urological surgery is too long though WT for malignancies is satisfactory in the unit. Socioeconomic status of the patient has no influence on the WT indicating equity in the unit policy.

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