

# In El Salvador, from 10 surgical practices, surgeons introduce high quality evidence in above 80% on 3, and less than 25% on other 3.

## The Problem

Variations in medical practice (VPM) are known to introduce inequity, injustice and waste of resources in health care systems. Critical reading and clinical guidelines are tools to help introduce scientific evidence into practice. In El Salvador, these necessary skills are still not yet introduced in the university curricula for health care professionals, included surgeons. Even though surgical scientists publish research with high risk of bias (case series) there is also high level evidence (grade A GRADE) for some daily practices. We identified for research purpose, 10 practices sustained by high level evidence in surgery. The aim of this study was to measure the frequency of introduction in daily surgical practice of high level evidence and some associated variables to its introduction.

## Methods

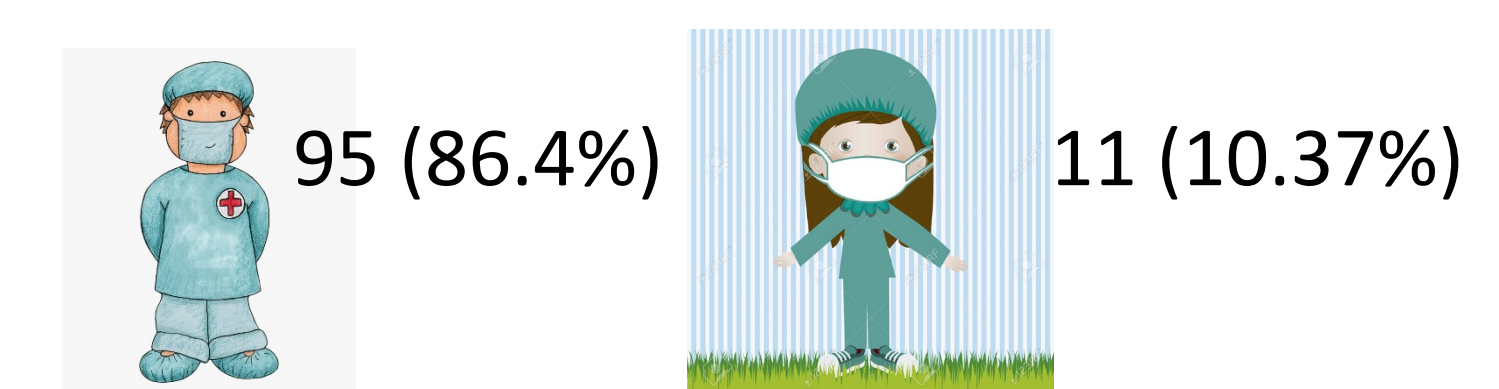
1. Cross sectional design based on digital survey using SurveyMonkey® platform. The link was sent to the Board of Directors of the two surgical associations in El Salvador who resent it to all associates (N= 260), there was no sampling.
2. First, researchers chose 10 daily surgical practices and did a search in the surgical literature in Medline. Those that had high quality evidence, using GRADE system, were chosen.
3. The 10 topics were transformed into multiple response format questions, being one choice scientific evidence and another choice the “traditional” way of practicing.
4. Data is presented using descriptive statistics, Comparison of variables was done for introduction of evidence and gender, age, surgical school, abroad fellowship and mean for surgical knowledge updating.
5. Protocol was previously approved by University of El Salvador, Faculty of Medicine Research Ethics Committee.

## Key Results

Surgical practice	Evidence introduction rate	Associated variable
1.No hair removal in surgical site, and when needed, use clippers	40.59%	Surgical school
a. hair removal on surgical site doesn't make any difference for surgical site infection	48.5%	
b. If necessary use clippers	74.3%	
2.Time for preoperative fasting	16.8%	None
3.Deep vein thrombosis risk evaluation preoperative	75.3%	Surgical school Elders in age
4.Global antibiotic prophylaxis for colorectal surgery	19.8%	None
a. How to indicate it	35.6%	
b. Type of antibiotic	62.4%	
5.Preoperative skin antiseptic, with alcohol added	46.5%	Minors in age
6.No need for invagination or appendicular stump while open appendectomy	48.5%	Surgical school
7.No need of prophylactic drains after laparoscopic cholecystectomy for acute cholecystitis	96%	None
8. No need to leave a prophylactic nasogastric tube after gastrointestinal surgery	80.2%	Fellowship abroad
9. Early timing for oral diet after gastrointestinal surgery	21.8%	None
10. No need to place routinely prophylactic nasogastric tube drainage for acute pancreatitis	85.1%	None

## Participants characteristics

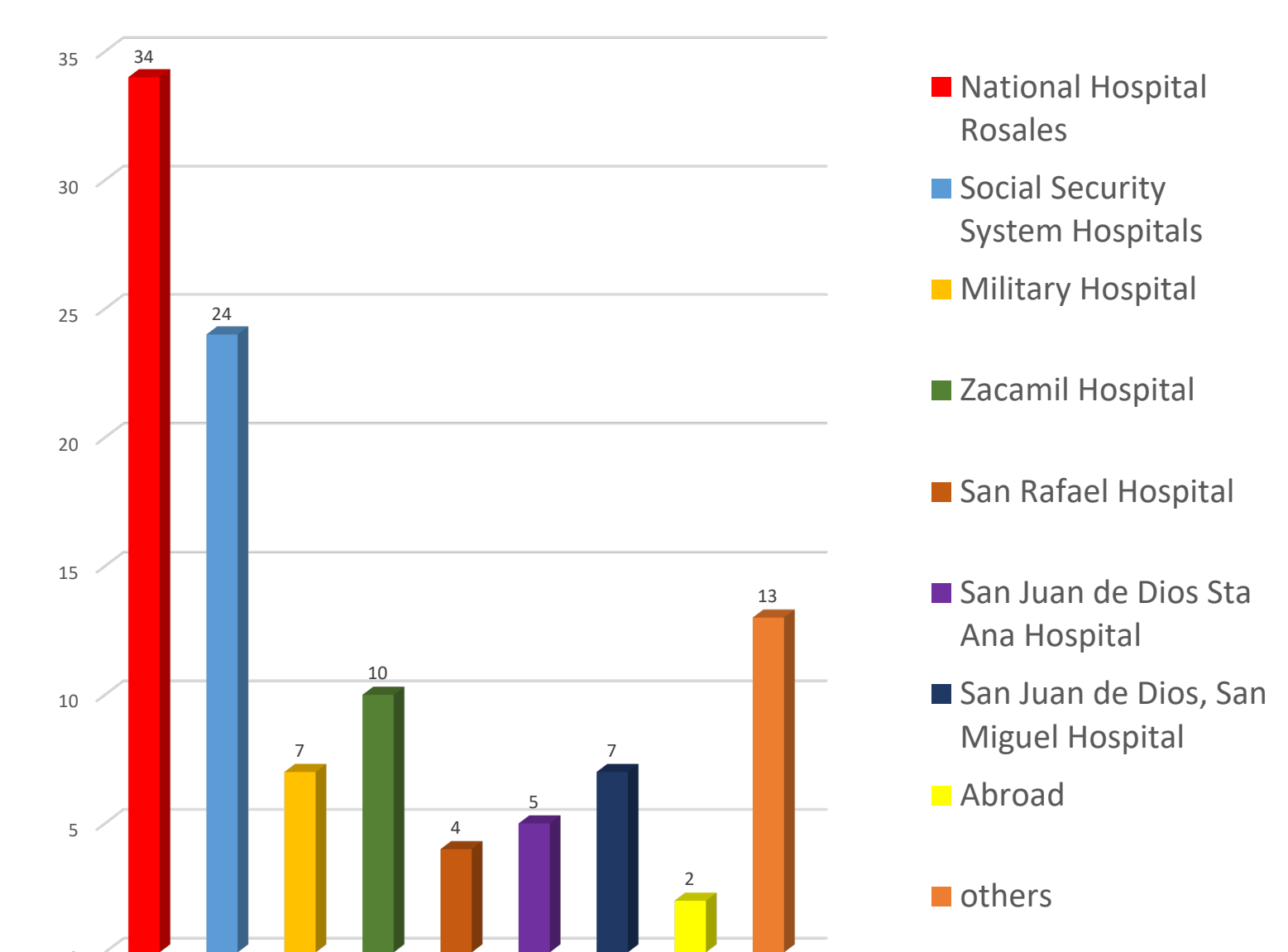
N= 106 surgeons



Global mean age 48.10 years (SD ± 11.370), median 47 years, ranges from 28 to 74 years old.

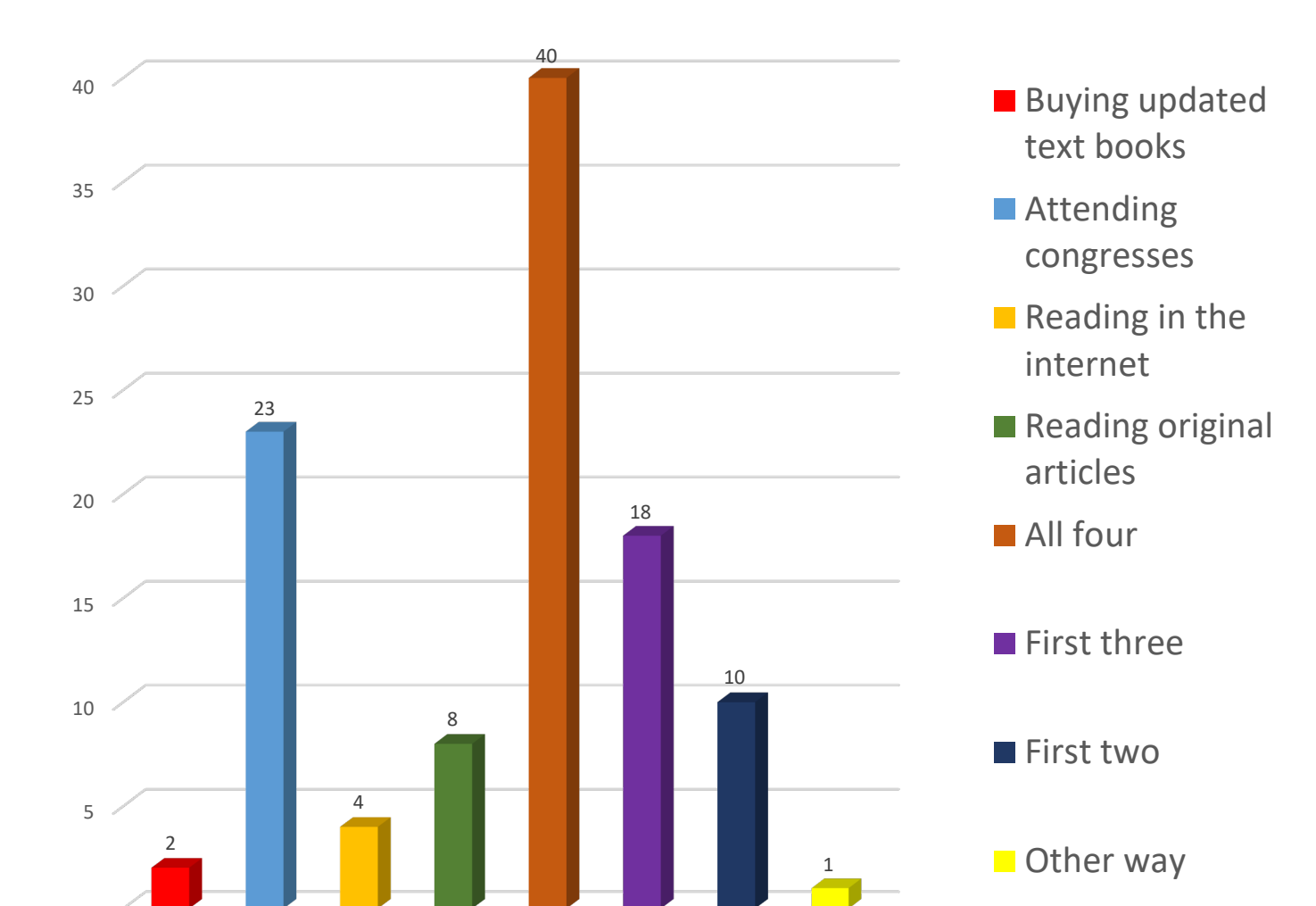
Global mean years of surgical practice 18.77 years (SD ± 11.202), median 18 years, with ranges from 1 to 47 years.

## Surgical school



55 surgeons (50%) continued complementary surgical studies abroad.

## Means to maintain updated



## Introduction of high evidence knowledge into daily surgical practice in El Salvador

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Hacia la Libertad por la Cultura.

