

Patient refusal for trichiasis surgery in Tanzania based on misconception of recovery time

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Man blinded by trachoma. Credit: Sonia Pelletreau, CDC (Public Domain, 2011)

Trachomatous trichiasis, caused by the bacterium *Chlamydia trachomatis*, is one of the leading causes of preventable blindness worldwide. It is common in areas of the world that lack access to health care and clean water. A relatively simple surgery can spare the patient's vision, and although this surgery is usually performed free of charge in

endemic regions, multiple studies indicate that surgical refusal is common.

In a new research article published with *PLOS Neglected Tropical Diseases*, Dr. Emily Gower of Gillings School of Global Public Health at the University of North Carolina and her colleagues identify why individuals would refuse free corrective [surgery](#) in Tanzania's Mtwara and Masasi districts. In the Mtwara district, 106 patients refused corrective surgery out of a total 570 individuals identified with trichiasis. The researchers held two focus groups with 15 patients in Masasi to determine why they refused surgery. The researchers also performed in-person interviews with Community Health Workers (CHW) to understand patient refusals.

Roughly 75% of participants were middle-aged or elderly women who are traditionally charged with most of the household tasks and unable to spend time being incapacitated after surgery. 39% of CHWs and 31% of [patients](#) noted that surgery was declined due belief that the surgery requires a long post-op recovery period. This fear was supported by the belief that the recovery period is up to six months. However, the recovery time is actually quite short. Patients can remove their bandages the morning after surgery and can farm within a few days while stitches are still in place. Even for the women who knew the recovery period is short, they were still unable to find anyone to cook for them for one night.

Once the researchers realized the main reasons for the high refusal rates were based on misconceptions of trichiasis and the surgery, they created a frequently asked questions sheet and distributed it to CHWs. Reports from the field indicated that this sheet successfully reduced the number of refusals and increased health worker knowledge about the procedure, although no formal comparison of refusal rates was performed.

"We've found important misinformation exists that limits people from deciding to undergo trichiasis surgery," the researchers note. "Our findings are applicable not only to trichiasis surgery programs, but to a broad range of health-related activities implemented at the community level, particularly in developing country settings where access to medical information is limited. And, while the rural communities we studied are closely knit, our findings highlight the fact that stronger support systems are needed to ensure surgical services for those most in need."

More information: Gupta KM, Harding JC, Othman MS, Merbs SL, Gower EW (2018) Why do patients refuse trichiasis surgery? Lessons and an education initiative from Mtwara Region, Tanzania. *PLOS Neglected Tropical Diseases* 12(6): e0006464.
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