

Health Challenges and Outcomes

Knowledge, Attitudes and Practices toward Family Planning among Women Attending the Clinics at Princess Margaret Hospital, Agape Family Medicine Centre and the Public Health Community Clinics, Nassau, New Providence, The Bahamas

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Objective: To ascertain the knowledge, attitudes and practices toward Family Planning among Women Attending the Clinics at Princess Margaret Hospital (PMH), Agape Family Medicine Centre and the Public Health Community Clinics, Nassau, New Providence, The Bahamas.

Methods: A questionnaire was conveniently administered to 485 women ages of 18–49 years attending the above clinics, December 2015 to February 2016.

Results: Participants' mean age was 30.5 years and they knew an average of eight traditional and modern methods. The pill (95%), injectables (83%) and male condom (80%) were most commonly known. Knowledge regarding IUD (58.1%) and implant (45.6%) increased as age increased. Family planning clinics (90%) and other healthcare facilities (56%) were the most common cited sources of contraception information. Approximately 70% of respondents approved the use of hormonal methods. However, only 56% of women wanted to use a modern method in the future to prevent pregnancy. Fifty-three per cent of the women were practising a method; of those using a modern method (95%), injectables use was 29%, the pill (23.5%), female sterilization (16%), condom (12.5%), IUD and implant – 9.9%. The most common barriers cited by participants toward contraceptive use were desire to have children, side-effects and health concerns.

Conclusion: Overall, women in this study had good knowledge and attitude toward family planning and a fair practice of contraceptive use. However, the desire to have children at the time of this study along with the fears of side-effects and health concerns appear to decrease the uptake of modern contraception use.

Knowledge, Attitudes and Practices of Clinicians Regarding Adult Vaccines: Influenza, Pneumococcal and Hepatitis B Throughout the Government Clinics within New Providence and Grand Bahama, The Bahamas

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Objectives: To assess differences in clinician physicians' knowledge, attitudes and practices regarding the adult vaccines – influenza, pneumococcal and hepatitis B in the government clinic settings within The Bahamas.

Methods: A cross-sectional study design was used during July 2015 to February 2016. Clinicians (n = 147), selected through convenience sampling from various government clinics in Nassau and Grand Bahama, were invited to complete a self-administered questionnaire consisting of 75 questions. Descriptive and Inferential statistical analyses evaluated differences and associations.

Results: Of 120 questionnaires administered, 91 were completed; response rate – 75.8%. Overall attitude towards the present influenza vaccine was positive for 80%, pneumococcal vaccine (PPSV 23) 91% and hepatitis B, 92%. Median monthly numbers of vaccine recommendations were: flu – 5–9 (0–4, 20–30), pneumococcal – 0–4 (0–4, 10–14) and hepatitis B – 0–4 (0–4, 0–4). During patients' routine check-up 57.2% (52) recommended vaccination. Factors affecting clinicians' practices were multifaceted. There were 71.4% (65) who confessed that vaccination was not on the top of their mind as a consistent barrier and 15.4% (14) and 4.4% (4) have doubts about the efficacy of the flu and pneumococcal (PPSV-23) vaccine, respectively. Fifty-three (58.2%) recognized hepatitis B vaccine as safe for all ages, with a weak-positive relationship found between age and the physicians knowledge of safety ($r_{Sp} = 0.220, p = 0.036$).

Conclusion: Overall, physicians' adult vaccine knowledge and attitude were acceptable for vaccines studied. Adult vaccine continuing education is necessary to aid in keeping physicians current and vaccine information a priority in national health planning. Missed opportunities to immunize adults must become a thing of the past.

The Challenges and Realities of Establishing a Renal Transplantation Service in The Bahamas

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Objective: This study sought to highlight the inequities in healthcare in The Bahamas, with regards to access, availability and affordability to renal transplantation services.

Methodology: We reviewed retrospectively the outcomes of a cadaveric and a live donor programme to implement a renal transplant service for dialysis dependent patients (RDDP) in The Bahamas.

Results: The live donor programme started in 2006 in a private hospital; 42 RDDP and 20 potential living donors were evaluated. Dialysis dependent patients were referred from private dialysis centres with one, self-referred from the public sector. Of the 42 RDDP, 16 had major medical insurance, 21 recipients had no coverage and insurance coverage for five was unknown. Seventeen RDDP were unable to identify any donors. Twenty-two RDDP were unable to afford the evaluation procedures. Eighteen RDDP completed all their preoperative evaluations. Ten RDDP died awaiting evaluation. Eight donor-recipient pairs completed their evaluation, a year on average, but only three donors met all standard criteria to donate; two were transplanted in the United States of America (USA) and one in The Bahamas. The potential cadaveric programme arose out of a multi-organ donor initiative established in 1996; a University of Miami international team harvested organs in The Bahamas from brain-dead patients using approved international guide-lines. From eight brain-dead donors, 30 recipients received, respectively in the USA: 15 kidneys, eight livers, three pancreas, two hearts and four heart valves; all were non-Bahamains. One Bahamian received a heart and another a liver allograft. Both procedures were performed in the USA.

Conclusion: The affordability and availability of donor kidneys locally are major impediments to establishing a renal transplantation service in The Bahamas.

Usefulness of the Rockall Score to Predict High-risk Lesions in Patients Presenting with Non-variceal Upper Gastrointestinal Bleeding

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Objectives: To determine the utility of the Rockall score for risk stratification of patients presenting with non-variceal upper gastrointestinal bleeding (NVUGIB) in The Bahamas.

Methods: A non-randomized, prospective pilot study was conducted at the Princess Margaret Hospital (PMH) in Nassau, The Bahamas. Consecutive patients admitted to the PMH with a diagnosis of NVUGIB over a four-month period (August 1, 2015 and November 30, 2015) were included. Data collected included age, gender, co-morbidities,

aspirin/NSAID use, pre and post endoscopic Rockall scores, final diagnosis, rebleeding events and death from any cause during the study period.

Results: Seventeen patients were included in the study. There were 13 males and the mean age was 59 years. The most common aetiology of upper gastrointestinal bleeding (UGIB) was peptic ulcer disease (41%), erosive oesophagitis (35%) and erosive gastritis (24%). Of those with peptic ulcer disease (PUD), one patient had a high risk features *ie* visible vessels and required surgery. The pre-endoscopic Rockall score accurately predicted 12% of patients with high risk lesions prior to endoscopy. Only 12% of patients with high risk lesions were predicted. The overall mortality rate was 12%. The post-endoscopic score did not accurately predict those patients with complications.

Conclusion: In this study, the pre-and post-endoscopic Rockall scores did not reliably predict risk of rebleeding or death and therefore is not useful to risk stratify patients who may be treated safely without hospital admission. Larger trials are necessary to determine its validity in The Bahamas and other countries in the region.

Laparoscopic Colorectal Surgery in The Bahamas

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Objective: The purpose of this study was to characterize the outcomes of laparoscopic colectomy performed in The Bahamas by the surgical oncology service.

Method: A prospectively held database of consecutive laparoscopic colectomies performed from 2009 to 2016 was reviewed. The data were divided into three categories: patients' demographics, procedure details and outcomes both short and long-term.

Results: Over the study period there were 20 consecutive patients who underwent laparoscopic colorectal surgery. The male:female ratio was 50:50 and mean age was 62.3 years. Eighty per cent of patients had an ECOG status of 0 and the median body mass index (BMI) was 25.45 (range 19–34) years. The type of procedure was sigmoid colectomy in 40% of cases, right hemicolectomy in 35%, left colectomy 15% and transverse colectomy 10%. The median duration of surgery was 293 minutes. Left had a longer duration compared to right and sigmoid colectomies (mean: 354 vs 295 vs 248 minutes). The indication for the procedure was malignancy in 70% of cases. The median number of nodes removed was 14. There were two conversions early due to difficult anatomy and dense adhesions. Median return of bowel function and length of stay were two and four days, respectively. Complications included one bowel obstruction and one incisional hernia. Thirty-day mortality was zero.

Conclusion: In Nassau, The Bahamas, laparoscopic colectomy has been shown to be safe, with good short and long-term outcomes.