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SERVICE WITH A SMILE

If You Are Willing To Wait A While

WALANT in SA
How to Start WALANT Practice in South Africa

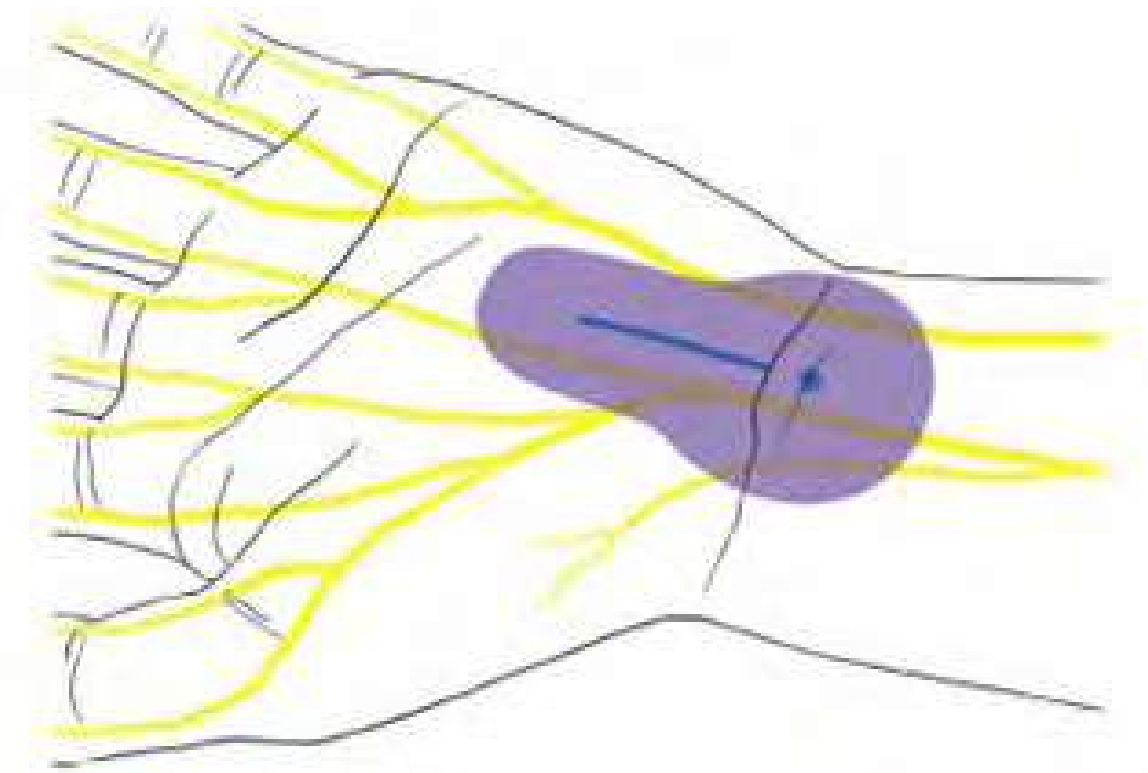


Photo courtesy of
Lalonde and Wong

How to start WALANT practice in SA

B

Be **BOLD** and start operating on awake patients in an office while administering epinephrine to the extremities. Expect initial pushback from decision-makers and co-workers.

R

Be **REALISTIC** about the initial operations. Start with straightforward cases, such as trigger fingers, carpal tunnel syndrome, and De Quervain's release, and work your way up to more difficult WALANT procedures such as tendon transfers and Dupuytren's.

A

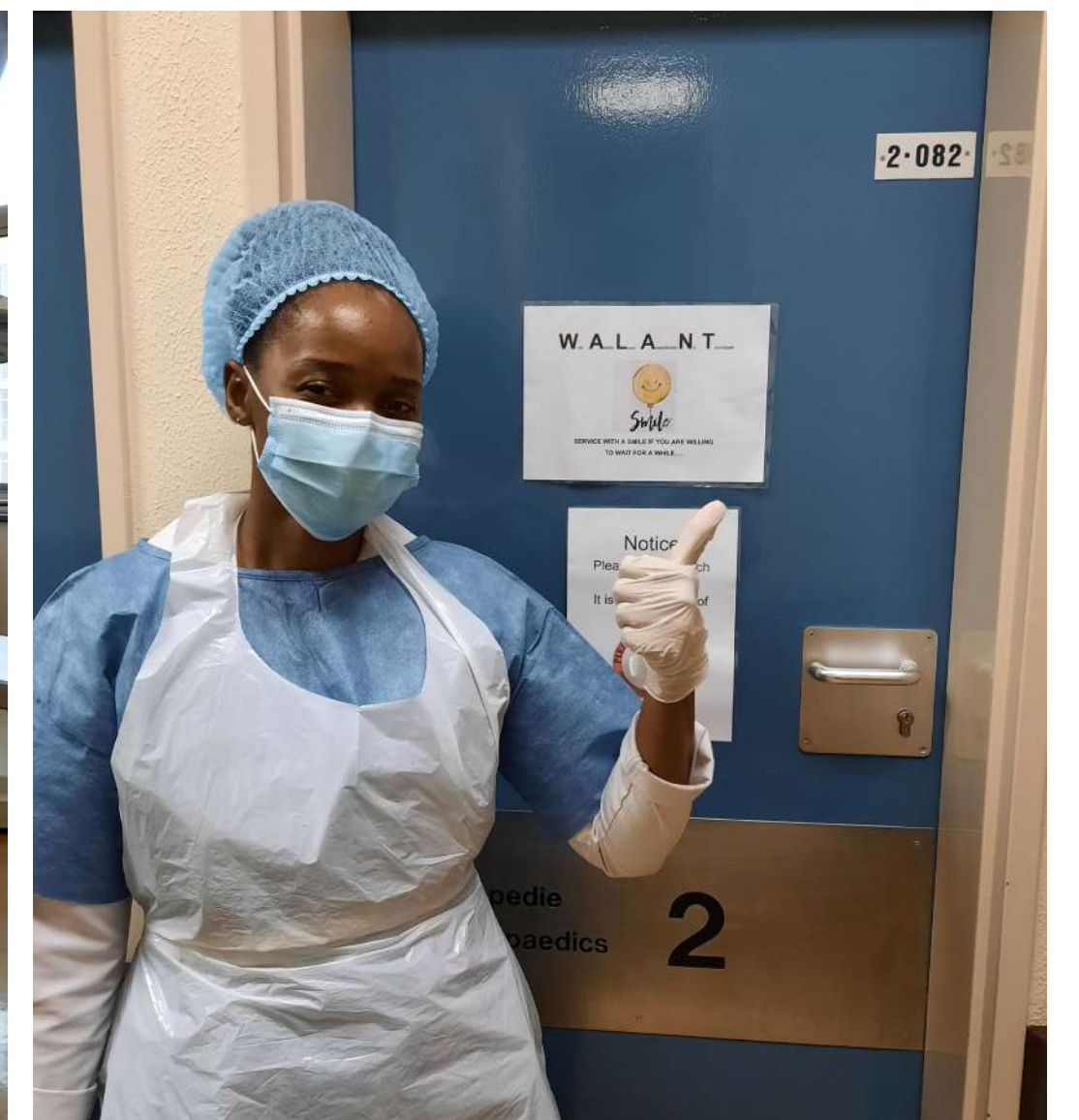
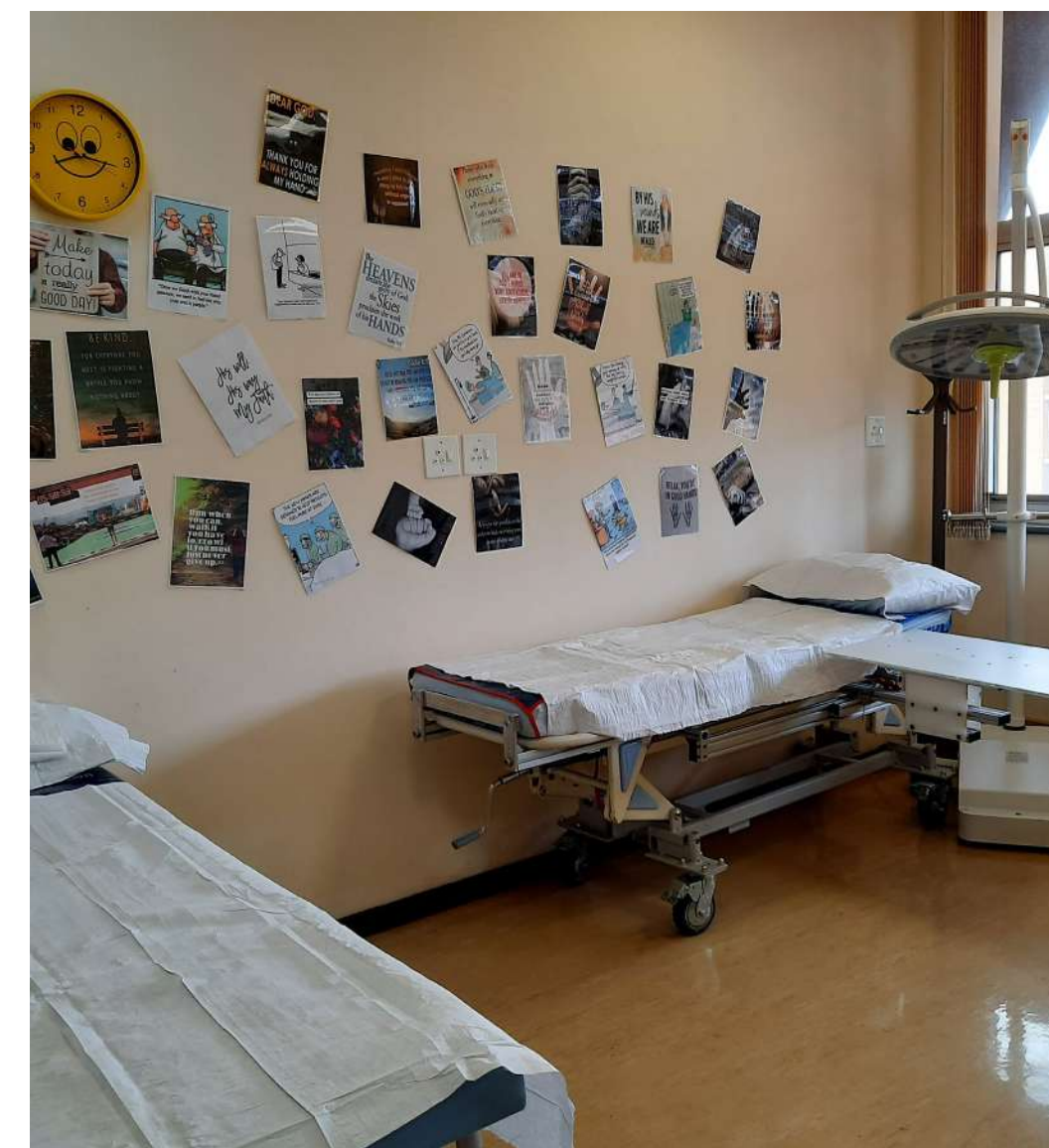
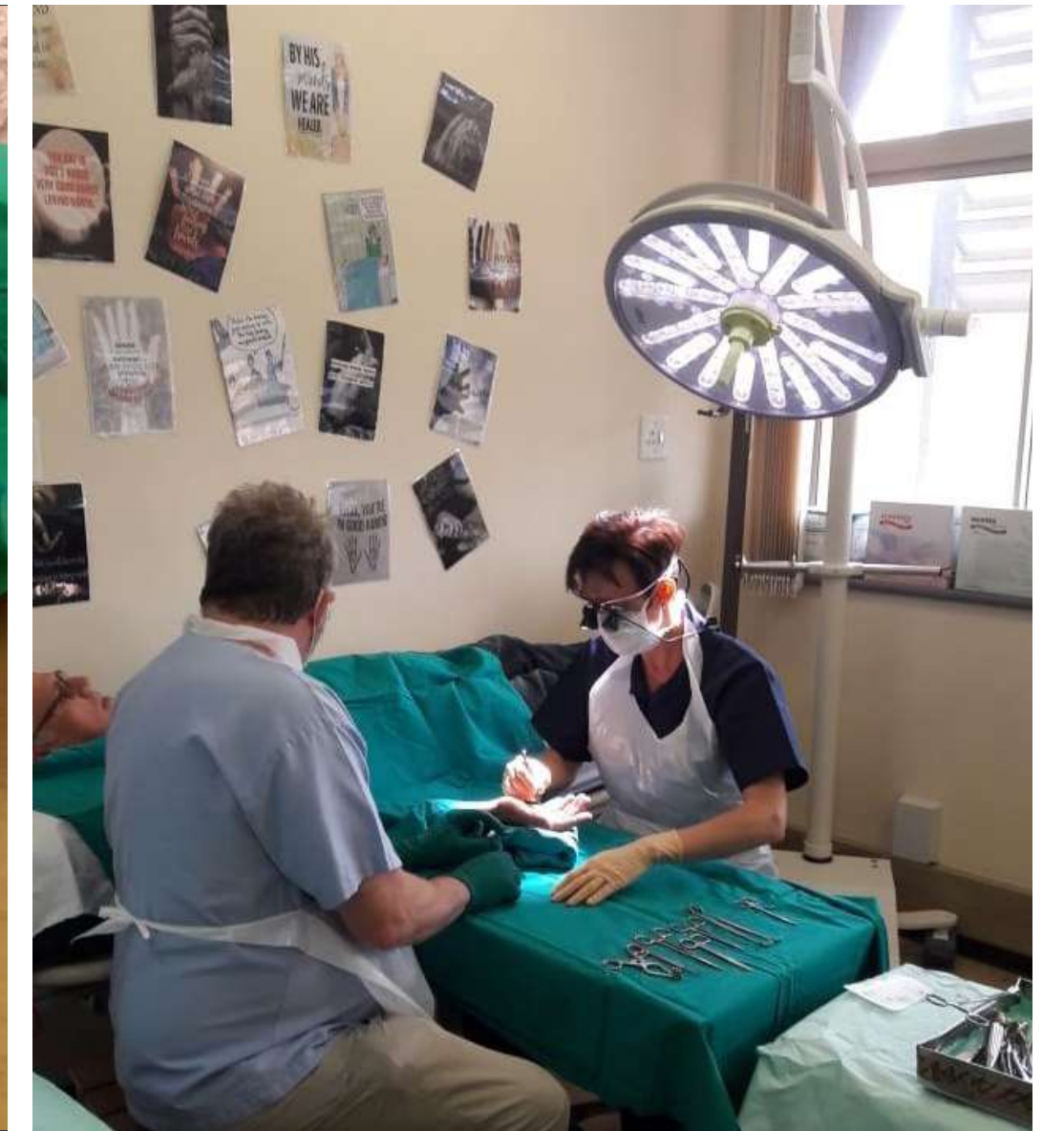
Establishing a WALANT practice is **AFFORDABLE** and reasonably low risk. To create a strategy, talk about the setup with your hospital manager.

V

Be **VERSATILE** and flexible to make the most of your support and floor space. A tiny space could become crowded with extra staff. It is advantageous to have one staff person present. We at 1MH have independently worked on a WALANT list since the pandemic and have more floor space available as a result.

E

ESSENTIAL EQUIPMENT includes a bed and chairs adjustable in height, a hand table, basic surgical instruments, reliable surgical light, primary suture material and minimal drapes. Minor hand cases are operated on while wearing gloves and a mask, but not a surgical gown and a cap. Spend time talking to the patient about the pathology and post-operative care. The patient should receive all the attention during the surgery. Background music greatly assists in calming anxiety.



Results of the successful implementation of WALANT at 1MH:

• Positive patient experience

The research article **“Positive patient experience of WALANT surgery in the government setting*”** published in the SAOJ in 2021 resulted from the institution’s Wide Awake initiative and confirmed the **overwhelmingly favourable patient experience**. The average pain on the Visual Analogue Scale (VAS) during the WALANT injection [1.5 (SD1.6)] and during the procedure [0.2 (SD0.7)] was comparable to the discomfort of dental procedures. One hundred per cent of the patients in the study group opted for WALANT surgery in the clinic over traditional surgery under GA in the operating room. Patients requested WALANT surgery for nearly everything after hearing about it from other patients who had the Wide Awake technique.

*Naude JJ, Koch O, Schmidt LW, Roux TLB. Positive patient experience of Wide Awake Local Anaesthesia No Tourniquet (WALANT) hand surgery in the government setting: a prospective descriptive study. SA Orthop J. 2021;20(3):141-146.

• Reduced waiting time for elective surgery

Moving small hand cases from the general theatre complex to the clinic **positively impacted the exceptionally long waiting time for elective surgery**, which is synonymous with South Africa’s government health sector. **The WALANT initiative reduced the waiting time** for other upper limb cases to be performed under general anaesthesia at 1MH from three to four months **to six weeks**. According to Groote Schuur Hospital’s experience, the waiting time in state practice can range from 0 to 1880 days**. The slogan, **“Service with a smile if you’re willing to wait a while”**, alludes to this relaxed and calm attitude.

** Dunn MH, Workman MI, Roux JL, Nortje M. Surgery of state patients in private hospitals – a free lunch? SA Orthop J. 2020;19(1):10-11

• ASA IV and geriatric patients received care

Patients previously disqualified for any procedure, such as those with severe tracheal stenosis, low cardiac ejection fraction, lung cancer on home oxygen, and the elderly, braved WALANT for minor problematic hand issues. After an Extensor Pollicis Longus (EPL) rupture of a conservatively treated distal radius, we assisted a **ninety-year-old patient with single tendon transfer surgery**. She couldn’t crochet before the surgery. **The WALANT transfer of the Extensor Indicis Proprius to the EPL tendon allowed her to resume her hobby and improve her quality of life.**

• Cost-effectiveness

According to the Standard Operating Procedures (SOP) for procedures performed in the general theatre complex, the **1MH WALANT surgery initiative saves the institution R10 492-R21 062 per procedure**. [Table 1]. The institution’s SOP before WALANT required all procedures to be performed in the main operating theatre, either at 1MH or in a private hospital, mostly under general anaesthetic. The patients were admitted the day before the surgery, and baseline pre-operative tests for anaesthesia were performed for all patients exceeding forty years of age, regardless of the surgery. Since the institution began performing WALANT surgeries in March 2019, over 400 have been performed. **The 1MH funding mechanism is specific and cannot be applied to the remainder of South Africa’s public or private healthcare systems. However, in an economically challenged country with a strained healthcare system, the significant cost savings provide an undeniable financial advantage.**



• Outreach

Minor hand surgery is an **ideal outreach opportunity due to the low cost of the WALANT injection** (R235; Table 2) and the few requirements. Operation Healing Hands (OHH), in collaboration with the **Triomf Clinic in Pretoria West**, provides **WALANT surgery** to needy patients on a **bimonthly** basis. Patients apply to OHH or are referred to the Triomf Clinic by a doctor from one of the state facilities nearby. The procedures are carried out in an office setting, and the patients are operated on and followed up on pro bono by the surgeons in charge. The Triomf Clinic’s consistent WALANT surgery aims to live up to the clinic’s slogan: **“Excellent care with dignity.”**



Photo: Triomf Clinic



Photo: Triomf Clinic





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Review Article

How to Start WALANT Practice in South Africa: “Service With a Smile if You Are Willing to Wait Awhile.”

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Wide-awake local anesthesia no tourniquet (WALANT) hand surgery at 1 Military Hospital in South Africa resulted in a positive patient experience and beneficial financial outcomes in an economically constrained environment. Using the WALANT technique also effectively reduced the waiting time for elective surgery, which is considered to be synonymous with improvement in the public health sector in South Africa. Elderly patients and those medically unfit for general anesthesia successfully underwent WALANT surgery and returned to daily activities. Additionally, the South African WALANT surgery initiative established a successful outreach program with Operation Healing Hands. Continuation of WALANT procedures during the pandemic in a “do not touch” environment had a low probability for disease transmission and was advantageous in reducing the elective surgery workload. In the beginning, WALANT’s initiation at the institution was brutal. Eventually, the critics shifted to value the inexpensive, effective service delivery of the WALANT method. Flexibility, open mindedness, and resilience are necessary to implement wide-awake surgery initiatives successfully.

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The South African Hand Society for Surgery of the Hand (SASSH) has a rich history. It was established on July 11, 1969.¹ SASSH is also proud to be among the earliest members of the International Federation of Societies for Surgery of the Hand. Over the years, many distinguished hand surgeons have visited our country. Among these, in the early years, were Guy Pulvertaft, Daniel Rioridan, and Willy White. In more recent years, world-renowned hand surgeons honored our society with visits to our congresses. South Africa is in the same time zone as most of Europe. Owing to the time zone differences and long traveling times between Asia, the Americas, and Canada, visits from fellow surgeons from these countries are few and far between.

Both Jin Bo Tang from China and Donald Lalonde from Canada traveled halfway across the globe to our congresses in recent years. The field of wide-awake, local anesthesia, no tourniquet (WALANT) surgery used to be uncharted territory in South Africa. When Jin Bo

Tang introduced SASSH to the concept of WALANT, we frowned. Jin Bo Tang presented their experience from 2 units in China of more than 12,000 cases.² Evidence showing epinephrine’s safety for use in hands, the improved work efficiency, high patient satisfaction, and improved patient outcomes still did not convince the South African surgeons to start using WALANT.^{3–5} Things changed when Donald Lalonde visited South Africa in 2019 and had a similar message to that of Jin Bo Tang. His presentation and outcome videos made some of the surgeons in the audience reconsider WALANT surgery.

The inception of WALANT procedures at a military hospital in South Africa has had a fruitful and financially beneficial result. The South African Military Health Service (SAMHS) is the larger South African National Defence Force (SANDF) medical division. The SANDF comprises the South African Air Force, South African Army, South African Navy, and SAMHS. All the members of the SANDF and their dependents receive medical attention at a military facility, either a local sick bay or at 1 of the 3 military hospitals. The most important of the 3 facilities is 1 Military Hospital (1MH).

The orthopedic department at 1MH has a large catchment area. It treats orthopedic emergency cases and all elective surgical needs of the members and dependents of Gauteng and the surrounding

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I share my circumstances and the wide-awake surgery’s **ripple effect** on the Military and the broader community. WALANT is **the new horizon in hand surgery**. In a third world country with a crippled economy, **you can be the change**—one grateful awake patient at a time.

I have learned that today’s struggles with instituting such a **paradigm-shifting initiative** develop the strength to build a better tomorrow.

My deepest **appreciation to Dr Don Lalonde**, who provided the inspiration for this work.

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