



Co-developing research for inguinal hernia repair in Ghana

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Cite as: S Tabiri, NB Sam, E Amofa. Co-developing research for inguinal hernia repair in Ghana. *Impact Surgery*. 2024;1(3):98-99. Doi: <https://doi.org/10.62463/surgery.68>

Introduction

We held a community engagement event on the Abdominal Hernia Q tool¹ for the TIGER trial, which is accelerating training for surgeons and providing increased capacity in operating theatres in Ghana. This included two face-to-face meetings and phone calls with representation from Northern and Southern Ghanaian communities, including patients who had recently undergone hernia repairs. The following were our objectives:

1. Assess the acceptability and clarity of the Abdominal Hernia Q tool
2. Assess the acceptability of adding a picture of a patient with a hernia to the recruitment posters
3. Assess other parameters of Quality of Life which had not been addressed by the tool.

Methods

The first meeting was at Gurugu, Sagnarigu Municipality, Ghana on 15th November, 2022 with stakeholders that included patients who had hernia repair within the previous 30 days: 10 patients, one patient's partner, two surgeons, a translator and the Hub Community Engagement and Involvement (CEI) lead. They found the questions appropriate and wanted them expanded to address when they could resume sexual activity, return to farming, eating staple foods, and how to manage scrotal swelling. There was a consensus that a picture on a poster with adequate exposure, from navel to mid-thigh,

could be interpreted by both literate and illiterate persons. They proposed that the phallus should be covered.

Results

The Abdominal Hernia Q tool was expanded based on this input. A second CEI meeting was held to assess the clarity and appropriateness of each question. From 5th-18th November 2022, 14 volunteer patients in the Bono Ahafo Region attended a meeting within 30 days of their surgery. They proposed that the tool address numbness and itchiness at the surgical site, and a rumour of male infertility post-hernia surgery. Participants were not told when it was safe to resume childbirth, exercise, and return to work. Some patients managed pain by binge drinking of alcohol while two said other patients with an experience of hernia surgery influenced their decision to undergo surgery. Most participants lived in their communities with other people who had a hernia.

The third CEI meeting was held at Nyankpala, Tolon District with five participants: a female Presbyterian minister, an agriculturalist with the Savana Agricultural Research Institute and three other members of the community. They shared experiences and related to it as a hereditary surgical disease. They proposed that changes be made to the preamble of questions related to appearance and satisfaction, to improve understanding, which were incorporated into the final version of the questionnaire.



Figure Legend: Community forum for surgical research in rural Ghana



Discussion

From these engagements, we concluded that:

1. CEI can help make context-specific changes to questions, to enhance participation.
2. Aside from recruitment posters, persons with experience of hernia surgery could help recruit others through a “snowballing approach”.
3. Community members with experience of hernia repair could be trained to recruit and administer consent forms for participants during the trial.

Funding statement: This study was supported by the NIHR Global Health Research Unit Grant (NIHR133364). The funders had no role in the study design or writing of this report. The views expressed are those of the authors and not necessarily those of the National Health Service, the NIHR or the UK Department of Health and Social Care.

References

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