

Tappita

Liberia recently employed the first [neurosurgeon](#) in the [country's](#) history. In a country with a [population](#) of 4.7 million people and staggering rates of cranial and [spine trauma](#), as well as [hydrocephalus](#) and [neural tube defects](#), neurosurgery is considered a luxury. A study [documents](#) the [experience](#) of a [team](#) of neurosurgeons, [critical care](#) nurses, [scrub technicians](#), nurses, and [Biomedical engineering](#) who carried out a series of neurosurgical clinics and complex brain and spine surgeries in Liberia. Specifically, Bowen et al. aimed to highlight some of the larger obstacles, beyond [staff](#) and [equipment](#), facing the development of a neurosurgical or any other [specialty](#) practice in Liberia.

The [institutions](#), in [collaboration](#) with the Korle-Bu Neuroscience Foundation, spent 10 days in Liberia, based in Tappita, and performed 18 surgeries in addition to seeing several hundred clinic patients. This is a retrospective review of the cases performed along with outcomes to investigate obstacles in providing neurosurgical services in the country.

Before arriving in Liberia, they evaluated, planned, and supplied [staff](#) and [materials](#) for treating complex neurosurgical patients. Sixteen patients underwent 18 surgeries at a hospital in [Tappita](#), Liberia, in November [2018](#). Their ages ranged from 1 month to 72 years (average 20 years). Five patients (28%) were female. Ten patients (56%) were under the age of 18. Surgeries included [ventriculoperitoneal shunting](#) (VP-shunt), lumbar [myelomeningocele repair](#), [encephalocele repair](#), [laminectomy](#), and a [craniotomy](#) for [tumor resection](#). Ten patients (55%) underwent VP-shunting. Two patients (11%) had a craniotomy for tumor resection. Three patients (17%) had laminectomy for lumbar stenosis. Two patients (11%) had repair of lumbar myelomeningocele.

After an aggressive and in-depth approach to planning, conducting, and supplying complex neurosurgical procedures in Liberia, the greatest limiting factor to successful outcomes lie in real-time is access to [health care](#), which is largely limited by overall [infrastructure](#). The study documents the experience of a team of neurosurgeons, critical care nurses, scrub technicians, nurses, and biomedical engineers who carried out a series of neurosurgical clinics and complex brain and spine surgeries in Liberia. Specifically, they aimed to highlight some of the larger obstacles, beyond staff and equipment, facing the development of a neurosurgical or any other specialty procedural practice in the country of Liberia. Most notably, they focused on infrastructure factors, including power, roads, water, education, and overall health care ¹⁾.

¹⁾
Bowen I, Toor H, Zampella B, Doe A, King C, Miulli DE. Infrastructural Limitations in Establishing Neurosurgical Specialty Services in Liberia. Cureus. 2022 Sep 20;14(9):e29373. doi: 10.7759/cureus.29373. PMID: 36284802; PMCID: PMC9584543.

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Last update: **2025/04/29 20:25**

