

# **Fifteen Years of Humanitarian Hernia Mission Camps - Training Local Surgeons in Resource-Limited Settings to Achieve Surgical Self-Reliance**

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## **Introduction:**

Humanitarian surgical missions have the potential to not only address immediate medical needs but also to build sustainable local capacity. Over 15 years a series of annual hernia mission camps were conducted in resource-limited settings each lasting 1–2 weeks (60–100 surgeries per camp). These camps focused on providing care for underserved populations while training local surgeons in key hernia repair techniques.

## **Methods:**

The program aimed to educate local surgeons in four common hernia repair techniques: pediatric inguinal hernia repair, umbilical preperitoneal repair, sublay repair and Lichtenstein repair. Five local surgeons participated in hands-on surgical training under the supervision of experienced humanitarian surgeons. Training sessions emphasized practical skill development adherence to evidence-based practices and techniques suitable for resource-constrained environments. Progress was assessed annually through direct observation and evaluation of surgical outcomes.

## **Results:**

Over the 15-year period all five participating surgeons achieved proficiency in the four key hernia repair techniques. They are now capable of performing these procedures independently and reliably meeting international surgical standards. The program not only reduced the burden of hernias in underserved communities but also established sustainable local expertise. This success highlights the feasibility and long-term impact of structured short-term mission-based surgical training programs in resource-limited settings.

## **Conclusions:**

The 15-year experience demonstrates that mission-based training programs can achieve sustainable outcomes by equipping local surgeons with the skills to perform a wide range of hernia repairs. This model offers a replicable framework for future humanitarian initiatives emphasizing capacity building alongside direct patient care to ensure lasting benefits for underserved populations.

The greatest sustainable impact of teaching and transfer of surgical knowledge is achieved through one-to-one active assistance in surgery. Therefore, individual mentoring will continue to be the best possible way to educate surgeons in the Third World.