

## Structured Hernia Surgery Training for General Practitioners in Rwanda

Ralph LORENZ<sup>1,2</sup>, Lea Hubert<sup>2</sup>, Christoph Paasch<sup>2</sup>, Joachim Conze, Chris Oppong, Jacob A. Akoh, David M. Sedgwick, Venuste Nsabimana, Rene Mantke<sup>2</sup>

<sup>1</sup>Hernia Center 3+CHIRURGEN, Klosterstrasse 34/35, 13581 Berlin, Germany

<sup>2</sup>Department of General and Abdominal Surgery, Clinic for General and Abdominal Surgery, University Hospital Brandenburg an der Havel, Hochstrasse 29, 14770 Brandenburg an der Havel, Germany

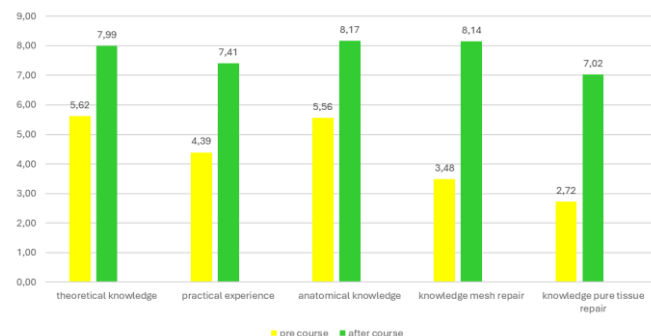
Hernia 2025, 29(1), 73. <https://doi.org/10.1007/s10029-025-03260-8>

**Introduction:** Hernias are among the most common surgical conditions worldwide, with significant prevalence in Africa. However, according to recent WHO statistics, Africa faces a critical shortage of trained surgeons. Structured surgical training programs are also scarce. Since 2016, Surgeons for Africa in collaboration with Operation Hernia have developed structured training course on hernia surgery specifically for surgeons in Rwanda. Due to the severe shortage of surgeons, a new initiative was launched in 2023 to train general practitioners (GPs) to support the country's surgical care needs. This study aims to assess the feasibility and effectiveness of

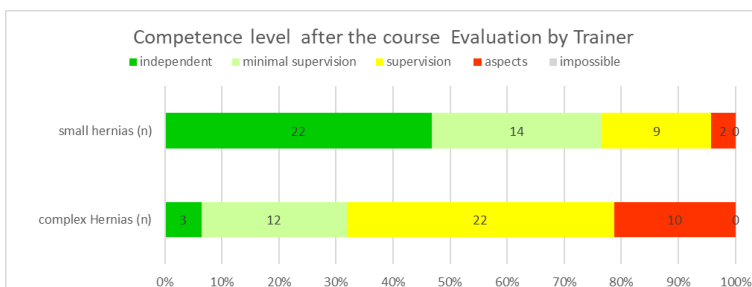


**Methods:** Six standardized questionnaires were used to evaluate the structured training program before, during, and after the one-and-a-half-week courses conducted in Rwanda. Both trainees and trainers completed the relevant evaluations. The results were anonymized, ummarized using descriptive statistics, and statistically analysed. Trainers also assessed the surgical competence of each participant at the end of the course..

Figure 1: Self-assessment of the trainees' average theoretical knowledge before and after the training programme in school grades on a scale of 1-10 (1 = poor, 10 = excellent), (n=47)



**Results:** Between 2023 and 2024, 47 general practitioners received hernia surgery training in several Rwandan hospitals. The course significantly improved both the theoretical knowledge and practical surgical skills of the participants. Of the 47 GPs, 22 were able to independently perform simple inguinal hernia surgeries after the training. Three were able to perform complex inguinal hernia repairs independently. 12 participants required minimal supervision, while 22 required full supervision.



**Conclusion:** This study confirms the feasibility and effectiveness of a standardized hernia surgery training program for general practitioners in Rwanda. The results demonstrate the rogramme's potential to address the surgical care gap by enabling GPs to perform basic hernia surgeries.