

## *Transmission of Hepatitis C virus from Surgeon to Patient*

Increasing incidence of hepatitis C infection, although a lot has been done in this respect on both governmental and non governmental organization but in spite of this situation is getting worst.

As surgeons all of us frequently come across patients who are diagnosed with hepatitis C infection during course of routine preoperative investigations and in most of cases no point source is found. Many non governmental organizations have come forward in this respect and started awareness programmes for general public but a lot of emphasis has been put on transmission Via blood products, infected syringes and instruments etc. Still we are unable to launch any effective screening programmes nation wide to prevent the spread of Hepatitis C. Many substandard healthcare institutes are in operation in many places even in the city like Karachi who do not observe recommended precaution against spread of Hepatitis C, while in other parts of country situation is more grave.

We are also neglecting another important aspect of transmission chain in which a infected health care pro-vider can transmit the infection to his patient. Surgeons and others who perform exposure-prone procedures are at risk of contracting blood-borne viruses, but do not always recognize or report potential exposures. They may be reluctant to report sharps injuries, or to present for testing for blood-borne virus transmission, for fear of being barred from surgical practice.<sup>1,2</sup>

Three conditions are necessary for transmission of blood borne viruses from healthcare personnel to patients:

- 1) The healthcare provider must be infected and have the virus circulating in the bloodstream.
- 2) The healthcare provider must be injured or have a condition that provides some other source of direct exposure to infected blood or body fluids.
- 3) The injury mechanism or condition must present

an opportunity for the healthcare provider's blood to directly contact a patient's mucous membranes, wound, or traumatized tissue.

Surgeons who are HCV-positive pose a low, but definite potential, risk to patients. As acute hepatitis C is usually asymptomatic, infection will often be unrecognised. Several published cases have documented trans-mission rate of 0.036% - 2.2%.<sup>3,4</sup>

The CDC guidelines restrict HIV and Hepatitis B positive health care professionals from doing exposure prone procedures. Currently, no recommendations exist to restrict professional activities of health-care workers with HCV infection.<sup>5,6</sup>

If honestly analyze how many times we think of even screening the surgeons or technical theatre staff for Hepatitis C infection. Although few institutes get there employees investigated before giving them jobs but on broader spectrum this is not true; also no effort is made to find out about the status of these personals over years.

I would like to use this opportunity to emphasize about launching a nation wide screening programme both for patients and health care providers also some efforts should also be put regarding the vertical analysis of the health professionals specially those involved in surgical procedures in order to improve the quality of health care services.

I would further like to emphasize that every surgeon and healthcare provider whenever experiences sharp injuries, should encourage to report and follow-up sharp injuries to allow early detection of Hepatitis C and treatment.

The overall risks of transmission of blood bone viruses to surgeons are low, with hepatitis C posing the greatest transmission risk. Recent trial show that early treatment of acute hepatitis C results in a cure rate approaching 100%. Therefore, we recommend the early report of sharp injuries and

their management.

188-192.

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