the operation (46%), lack of surgical equipment (72%), and lack of training (75%), as barriers for laparoscopy.

CONCLUSIONS: Improved local patient and physician perception of laparoscopy is propelling the increasing demand for laparoscopic surgery in Mongolia.

Utilizing Social Media to Disseminate Information and Engage Feedback: Experiences from the Lancet Commission on Global Surgery
Johanna Riesel, MD*, Sarah LM Greenberg, MD, MPH, Hampus Holmer, BSc, John G Meara, MD, FACS
Boston Children’s Hospital, Boston, MA

INTRODUCTION: The Lancet Commission on Global Surgery (LCoGS) aims to address the critical need for surgical care worldwide. To galvanize the global health community, engage key stakeholders, build an inclusive movement, and strengthen the content and impact of the commission, LCoGS launched a Social Media (SM) campaign. This is the first SM Campaign of any Lancet Commission.

METHODS: LCoGS Twitter and Facebook accounts were launched in December 2013. Information about LCoGS, live updates from the first commission meeting (LCoGS1), current global surgery updates, and audience-generated feedback were posted. SM analytic tools were used to assess the reach of the SM campaign.

RESULTS: In 82 days, 470 Twitter followers from 37 countries and 6 continents and 188 Facebook fans from 32 countries were amassed. The majority of SM engagements were from high-income countries and mirror global use of SM. The LCoGS’s launching publication reached over 180,000 people on Twitter. Among over 1.7 million scientific articles tracked by a tool called Altmetric, the launching publication is in the top 5% of all articles discussed on Twitter. During LCoGS1, we received over 1000 replies to SM posts. Several novel ideas from these interactions have strengthened the commission process.

CONCLUSIONS: SM enables a global, multidirectional engagement that can fortify academic pursuits. Engagement is largely seated in high-income countries. Analytic tools can be used to understand the demographic reach of SM campaigns. Although we can investigate the reach of the LCoGS SM efforts, we cannot determine the impact of that reach.

Community Health Workers for Surgery: A Pilot Study of an mHealth Application for the Early Detection of Surgical Site Infection in Rural Haiti
Alexi Matousek, MD, MPH, Stephen Addington, BS, Kenneth E Paik, MD, MBA, MMS, Eric Winkler, BS, Chauvet Exe, MD, Rodolph R Eisenhower Jean Louis, MD, John G Meara, MD, FACS, Robert Riviello, MD, MPH
The Center for Surgery and Public Health, Brigham and Women’s Hospital, Boston, MA, Program in Global Surgery and Social Change, Harvard Medical School, Boston, MA, Sana, Massachusetts Institute of Technology, Cambridge, MA

INTRODUCTION: Routine outpatient monitoring for surgical site infection (SSI) is rarely performed at hospitals in LMICs. We set out to test the feasibility of a novel outpatient monitoring system using community health workers (CHWs) and a mobile phone application designed to detect symptoms of SSI at Hôpital Albert Schweitzer in Deschapelles, Haiti.

METHODS: A mobile phone application was designed using Sana 2.0 software on smartphones running Android OS 4.1.2. Five CHWs were trained to perform home visits on surgical patients on the 2nd day after discharge and the 30th day after operation. A survey regarding symptoms of SSI and a photograph of the incision site were obtained at each home visit. All patients were required to attend clinic visits for routine follow up and whenever concerning symptoms were discovered. Primary outcomes included the number of home visits made on time and the number of patients completing 30-day follow up. Secondary outcomes included the agreement of the surgeons with the diagnosis of the CHWs, the appropriateness of the referrals and the adequacy of the photographs.

RESULTS: 40 of the 45 patients who were enrolled in the pilot study completed the 30-day follow up (80%). 91% of all home visits were completed on time. Surgeons and CHWs demonstrated 68% agreement on the diagnosis of SSI. 74% of photographs were deemed adequate.

CONCLUSIONS: A system of routine postoperative monitoring for SSI using CHWs and mobile phones is feasible in rural Haiti. Further validation of the system needs to be performed prior to widespread adoption.