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organizations or educational institutions have been the most successful grounds for growing workforces.

Going Forward: These experiences aim to help global research and intervention programs create teams for large-scale global projects. Training and recruitment go hand-in-hand and must be concurrently achieved for success. The importance of retaining involvement from those individuals who are recruited and invested in by training is critical, particularly with higher-level tasks. In addition, volunteer-based models must also consider the personal interests and motivations of their individuals and determine how to best incentivize retention. Each setting offers new challenges, but by recruiting and training sustainable local workforces, projects ensure they will have local teams leading the charge in their global health efforts.

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Abstract #: *1.018_HHR*

Long-term Patient Follow-up for Short-term Surgical Trips Is Possible

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Background: Achieving adequate follow-up for surgical patients is challenging in resource-poor environments, especially for short-term surgical trips. The aim of this study was to evaluate the extent of follow-up using mobile phones to reach patients post-operatively and to evaluate post-surgical quality of life.

Methods: At a single institution, the School of Medicine and Department of Surgery have provided surgical care yearly to patients at a public hospital in the central plateau of Haiti since 2008. During the 2016 surgical trip, 2014-2015 surgical patients were called on mobile phones to invite to clinic for follow-up evaluation. Patients who were unable to return to clinic were interviewed over the phone. Quality of life was determined using an institution-generated tool that measured patients' ability to perform activities of daily living (ADLs). For prostatectomy patients, the tool also incorporated the International-Prostate Symptom Score (I-PSS) tool.

Findings: With a mean length of follow-up of 17.8 months (range: 3-60), follow-up was achieved in 34 (28%) of 122 operative patients. 19 (56%) of these patients returned to clinic, 25 (74%) were able to be reached by phone, and 2 (6%) were reached via another source. Prior to using mobile phones to facilitate follow-up, four operative patients returned to clinic during the two previous trips. Follow-up patients had received the following operations: 14 inguinal hernia repair, 8 open prostatectomy, 5 lipoma removal, 2 hydrocelectomy, 1 cystoscopy and dilation, 1 celiotomy for bilateral kidney stone obstruction, 1 meatoplasty, and 1 drainage for enlarged cervical lymph nodes. Mean age was 44 (range: 6-76). Mean travel time for patients was 65 minutes (range: 5-300). At follow-up, there was a 41% improvement in patients' ability to perform ADLs and a 38% reduction in reported pain from the pre-operative period. Among the prostatectomy patients, 7 (88%) pre-op vs. 0 post-op were catheter-dependent.

Interpretation: Achieving long-term follow-up for operative patients following short-term surgical trips is challenging but mobile phones facilitate follow-up. Barriers encountered that limited the extent of follow-up included language barriers, limited means of communication with patients, far travel distance for patients, and limited time in country. The follow-up data obtained demonstrates that quality of life appears to improve after short-term surgical trips.

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Abstract #: *1.019_HHR*

Comprehension of Surgical Informed Consent in Haiti

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Background: Informed consent has long been considered an essential requirement of surgical care in the United States; however, US studies have demonstrated that patient comprehension of informed consent is poor. Little is known about the use of informed consent on international surgical trips.

Methods: Since 2008, a multi-disciplinary team from a single institution has partnered with a public hospital in the central plateau of Haiti to provide surgical care on an annual trip. Written and video informed consent tools were developed that explained the procedures, risks and benefits of both surgery and anesthesia and were translated into Creole. All 2015 surgical patients (n=52) received the dual-media informed consent prior to surgery. Procedures performed were primarily inguinal herniorraphy(50%) and open prostatectomy(17%). Following the informed consent, with assistance from hired translators, patients completed a multiple-choice survey translated into Creole evaluating their understanding of and satisfaction with the procedures using an iPad survey app both before(n=48) and after surgery(n=47).

Findings: Following informed consent, 91% of patients were able to correctly identify their surgical procedure. The majority of patients were able to identify the most common risks of surgery including pain (85%), bleeding (80%) and infection (70%). Hernia patients struggled to identify the more complex possible complications such as recurrent hernia (31%) and chronic testicular pain (23%). In contrast, patients believed impotence (17%) and death (33%) to be likely complications. The majority (89%) of patients claimed they understood the video, but 30% had additional questions. The majority (61%) noted difficulty communicating through hired translators and only 35% were able to complete the surveys independently either due to inability to read (54%), difficulty understanding the questions (28%) or difficulty using the iPad itself (33%). Almost all (98%) patients were satisfied with the informed consent process and 91% of patients would have their operation again at discharge.

Interpretation: The results of our survey demonstrate that a multi-media informed consent tool can prepare patients for surgery but that communication barriers such as language and literacy inherent to the setting of international surgical trips should be considered in