

GUEST EDITORIAL

HIV-related surgery

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The demand for surgical procedures in HIV-infected patients is constantly increasing. This is due to the facts that the HIV-infected population is increasing in numbers and that patients live longer as a result of effective treatment. To a significant degree HIV has come out of the closet as more and more people are open about their status in order to receive the benefits of effective drug therapy.

Currently we are into the fourth decade of HIV disease. In the 1980s a nihilistic attitude towards HIV patients prevailed. Doctors were scared to treat these patients and even patients with reversible pathologies were not operated on account of an overrated perceived risk of seroconversion. Outlandish precautionary safety mechanisms were the order of the day.

In the 1990s the advance segment of the pandemic invaded our clinics, wards and operating theatres. HIV changed from a homo- to a heterosexual disease.

The 2000s brought the full impact of the disease. HIV/AIDS has become a companion of each and every health care worker.

The 2010s have dawned. The pandemic seems to be forever gaining momentum.

In the current decade we are probably going to focus on:

- Learning why HIV affects some patients more than others. The cure for smallpox was found by investigating this phenomenon.
- Immunotherapy replacing chemotherapy as the prime combating force.
- Evaporation of the social stain and replacing it with empathy, understanding and caring.

In this issue we endeavour to bring you an up-to-date report of the current developments on the interface between HIV/AIDS and surgery. We trust that you will find the information useful in your clinical practice.

CO-GUEST EDITORIAL

HIV and surgery

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The prognosis of a positive HIV test has changed over the past years. Many patients initially refused to have their HIV tests done or to receive the results. This fear of or resistance to testing was in part strengthened by the denialist attitude of the state.

Three decades on, however, there is a better outlook for people who have been diagnosed with HIV. The poor prognosis has improved significantly with adequate treatment and holistic care. The articles in this issue concur that the initial apprehensions of the possibility of complications of surgery in HIV-positive people have not been substantiated. The surgical treatment of HIV-positive patients need not differ much from that for HIV-negative patients. Clinicians are encouraged to perform surgical procedures on HIV-positive patients, should the procedure be necessary. Furthermore, clinicians are

encouraged to recognise new diseases or conditions resulting from or associated with HIV positivity.

The current turnabout in attitude and policy by the Department of Health on testing for HIV and treating people with HIV needs to be supported. This should lead to a 'normalisation' of the disease as a chronic infection. As more people are tested, it becomes possible to more accurately delineate the extent of HIV infection in the population. Knowing this, it becomes easier to implement solutions and monitor the progress of the resolution of this health burden.

Health Minister Motsoaledi's call for the primary prevention of this disease should however remain the main aim in the national management plan of the epidemic.