

Concurrent Surgery What is Appropriate?

David B. Hoyt, MD^{a,b,*}, Peter Angelos, MD, PhD^c

^aUniversity of California, Irvine, Irvine, CA, USA; ^bAmerican College of Surgeons, 633 North Saint Clair Street, Chicago, IL 60611-3211, USA; ^cEndocrine Surgery, Department of Surgery, MacLean Center for Clinical Medical Ethics, The University of Chicago Medicine, MC 4052, 5841 South Maryland Avenue, Chicago, IL 60637, USA

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- Immediately available • Statements on principles • Informed consent

Key points

- The American College of Surgeons (ACS) and other stakeholder organizations throughout the United States are responding to public concerns about patient safety when an operating surgeon is involved in more than one surgical procedure at a time.
- These procedures are known as overlapping or concurrent operations; sometimes the terms are used interchangeably, although the terms refer to distinct practices, and the differences need to be clarified.
- The ACS has updated its “Statements on Principles” to add clarity to the organization’s position on this issue, to more clearly identify acceptable procedures, and to identify best practices moving forward.
- The ACS maintains that patients should be fully informed before consenting to surgery of the possibility that some portions of their operation may be performed by someone other than the primary surgeon.
- The ACS is consulting with congressional committees and regulatory bodies on how best to regulate overlapping and concurrent operations and address remaining concerns.

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*Corresponding author. American College of Surgeons, 633 North Saint Clair Street, Chicago, IL 60611-3211. E-mail address: dhoyt@facs.org

INTRODUCTION

Surgeons commonly perform procedures in which the beginning of one operation overlaps with the conclusion of another. Such procedures are defined as concurrent operations when the critical portions of both procedures occur at the same time and as overlapping when they do not. Advocates of overlapping operations say that they improve efficiency, access to surgical care, and surgical training by exposing students and trainees to opportunities to develop their skills and knowledge in the clinical setting [1].

An October 2015 article in the *Boston Globe*, however, called these practices into question [2]. The reporters described a case in which a patient experienced an adverse outcome after undergoing an operation that was performed by a surgeon who was involved in another procedure at the same time. The *Boston Globe* article further suggested that patients often are not informed that their operation may occur at the same time as another procedure and questioned hospital consent processes in general. Some patient advocates also raised concerns that the primary motivation for a surgeon to conduct concurrent surgery was financial at the expense of highest-quality patient care.

The Senate Finance Committee, which has jurisdiction over the Centers for Medicare and Medicaid Services (CMS) and has worked on many projects over the years to improve patient safety and transparency, sought the advice of the American College of Surgeons (ACS) and other members of the surgical community on the possible ethical issues associated with this practice and its effects on patient care.

In response to these concerns and questions, the ACS reviewed its policies and procedures and decided to revisit its guidelines on perioperative patient care in an effort to create greater clarity around this issue [3].

Of particular concern to the ACS and the surgical community as a whole was the need to educate the public about why overlapping operations occur, the precautions that hospitals and clinicians take to ensure their safety, and possible effects of this common practice on their care. Providing this information, the ACS determined, was integral to maintaining the integrity of the process of obtaining informed consent and the physician-patient relationship.

AN ORGANIZED SURGERY RESPONSE

Advocates of overlapping surgery argue that this long-standing practice increases access to highly skilled, in-demand surgeons by freeing up their time to perform more operations, advances surgical education and training by pairing senior physicians with residents and fellows, and improves the efficiency of surgical facilities. The use of a team to perform staggered procedures has been a common and accepted practice in high-complexity surgery for many years. Internal analysis at hospitals has demonstrated no increased rate of complications. This practice has, in fact, been studied for cardiothoracic

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