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## Original article

# Recommendations of “Not-to-Do”: Proposals of the Spanish Association of Surgeons to the Project “Commitment to quality of scientific societies”<sup>☆,☆☆</sup>



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## ABSTRACT

**Introduction:** The initiative of the Spanish Ministry of Health “Commitment to quality of scientific societies”, aims to reduce unnecessary interventions of healthcare professionals. **Methods:** The Spanish Association of Surgeons has selected 22 experts from the different sections that have participated in the identification of 26 proposals “do not do” to be ordered by the expected impact its implementation would have according to the GRADE methodology. From these proposals, the Delphi technique was used to select 5 recommendations presented in more detail in this article.

**Results:** The 5 selected recommendations are: Do not perform cholecystectomy in patients with asymptomatic cholelithiasis; do not keep bladder catheterization more than 48 h; do not extend antibiotic prophylaxis treatments more than 24 h after a surgical procedure; do not perform routine antibiotic prophylaxis for uncomplicated clean and no prosthetic surgery; and do not use antibiotics postoperatively after uncomplicated appendicitis.

**Conclusion:** The Spanish Association of Surgeons’s participation in this campaign has allowed a reflection on those activities that do not add value in the field of surgery and it is expected that the spread of this process serves to reduce its performance.

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## Recomendaciones de «no hacer»: propuestas de la Asociación Española de Cirujanos al proyecto de «Compromiso por la calidad de las sociedades científicas»

### RESUMEN

#### Palabras clave:

Calidad asistencial  
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**Introducción:** La iniciativa del Ministerio de Sanidad «Compromiso por la calidad de las sociedades científicas» tiene como objetivo disminuir las intervenciones innecesarias de los profesionales sanitarios.

**Métodos:** La Asociación Española de Cirujanos ha seleccionado a 22 expertos de las diferentes secciones que han participado en la identificación de 26 propuestas de «no hacer» que se ordenaron por el impacto esperado que tendría su puesta en marcha según la metodología GRADE. A partir de estas propuestas, se ha utilizado una técnica de Delphi para seleccionar las 5 recomendaciones más importantes en relación con el impacto potencial que tendría su aplicación.

**Resultados:** Las 5 recomendaciones seleccionadas son: no realizar colecistectomía en pacientes con colecistitis asintomática; no mantener sondaje vesical más de 48 h; no prolongar más de 24 h, tras un procedimiento quirúrgico, los tratamientos de profilaxis antibiótica; no realizar profilaxis antibiótica de rutina para la cirugía no protésica limpia y no complicada, y no emplear tratamiento antibiótico postoperatorio tras apendicitis no complicada.

**Conclusión:** La participación de la Asociación Española de Cirujanos en esta campaña ha permitido una reflexión sobre aquellas actuaciones que no aportan valor en el ámbito de nuestra especialidad y es esperable que la difusión de este proceso sirva para reducir su realización.

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## Introduction

Some years ago, the National Physicians Alliance in the US initiated a project called “Choosing wisely”.<sup>1</sup> The purpose of the project was for scientific societies to create a list of 5 recommendations aimed at promoting a more efficient use of healthcare resources and the indication of diagnostic tests or treatments. Currently, 60 American scientific societies have contributed more than 200 key clinical recommendations to help promote practical improvement and avoid unnecessary medical interventions and those with potential risks.

Simultaneously, in 2007 the National Institute for Health and Care Excellence (NICE), while involved in the process of defining their guidelines, identified certain clinical practices that they recommend not to do,<sup>2</sup> either because they provide no benefits, because the risk/benefit ratio is unclear, or because there is not sufficient evidence to recommend their systematic use. As of March 2014, the “Do not do” database contains 972 recommendations.<sup>2</sup>

In this context, in April 2013, the Spanish Ministry for Healthcare, Social Services and Equality started the project known as “Compromiso por la calidad de las sociedades científicas”, or “Commitment to quality of scientific societies”.<sup>3</sup> This project is included within the activities of the Spanish Network of Agencies for the Evaluation of Healthcare Technologies, and its aim is to reduce the number of unnecessary interventions, defined as those that have not demonstrated efficacy, have little or uncertain effectiveness, or are not cost-effective. A total of 12 scientific societies

proposed “Do not do” recommendations, and currently 39 medical societies have become associated.

The purpose of our study is to present the process and recommendations of what “not to do” that were finally selected by the Ministry of Health and the Spanish Association of Surgeons (AEC).

## Methods

In April 2014, a panel of 25 expert surgeons were selected, 22 of which finally participated. For the selection of the panelists, the AEC mainly based its criteria on clinical experience, in addition to also considering that their age and sex were representative of the sociodemographic profile of the society. Thus, as for age, 50% of the participants were between 36 and 50 years old, and 41% were between 51 and 65. In terms of years of experience, 82% had more than 15 years of experience and belonged to different sections of the AEC. The selected experts then created and assessed a preliminary list which was agreed upon by several members of each section. All the experts had previously signed a declaration of interests.

The first phase of the project was coordinated, according to a calendar agreed upon by *Guía Salud* (Spanish public healthcare entity) and the Quality Management section of the AEC, which collected and communicated to the different panelists the documentation that was generated over the course of this project.

During the months of July and August 2014, 26 recommendations were compiled. An effort was made to avoid

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