

4. Surgery

Elective surgery >> Surgeons' workload

Surgeons' workload

18% of elective patients were operated on by a surgeon who performed fewer than 10 elective AAA repairs a year.

This section must be interpreted with great caution because the denominator data are based on returned surgical questionnaires. Some surgeons may have returned more than one. This is most likely to happen with surgeons who perform many aneurysm repairs but could happen with low volume surgeons by chance.

The most senior operating surgeon was asked to supply the number of AAA repairs performed in 2002/03 and the source of that information. In 122 questionnaires the surgeon chose not to answer the question, 67 answers were "from memory" and 245 from a logbook or information system. NCEPOD believe that clinicians and Trusts should take joint responsibility for collecting high quality data about procedures performed and outcomes. This is recognised as part of good clinical governance.

Number of cases

Figure 8 shows how many patients were operated on by a surgeon performing between one and five elective AAA repairs in 2002/03, the number who reported performing between six and 10 and so on. In all cases the surgeon reporting data had performed at least one elective repair in 2002/03. It must be remembered that some surgeons may have returned more than one questionnaire and many surgeons relied on memory. Since surgeons performing the most AAA repairs are more likely to have contributed more than one case, the right hand side of the chart (which already demonstrates that relatively few surgeons performed more than thirty AAA repairs) may be an overestimate.

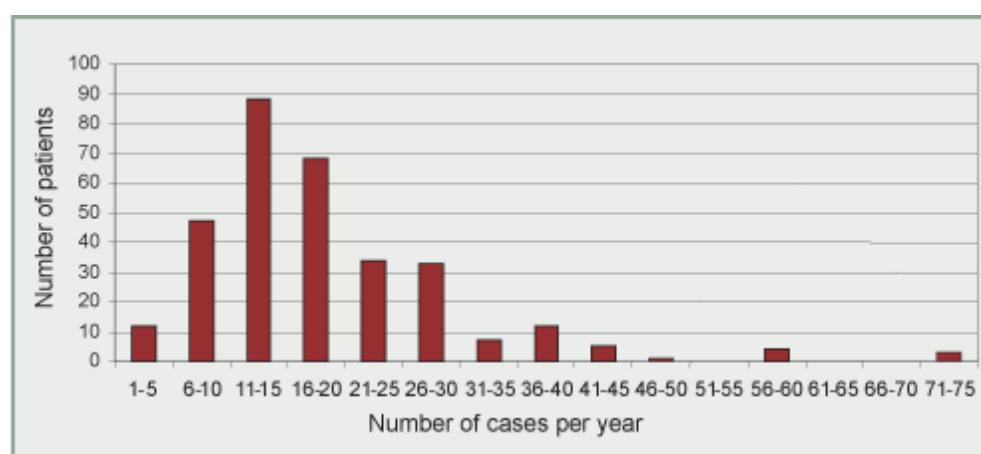


Figure 8. Number of elective repairs performed by the most senior surgeon $n=312/434$

Only 82% (255/312) of procedures were performed by surgeons who had probably performed more than 10 elective aneurysm repairs in the year 2002/03.

Workload and outcome

NCEPOD has considered whether the data available can be of use in examining the relationship between the outcome of surgery and the number of procedures that a surgeon performed in a year.

While other studies have suggested a relationship between outcomes after AAA repair and the experience of the surgeon, the relationship is not clear in this study. This may reflect small numbers or the fact that the experience of the surgeon is, as seems likely, only a part of the explanation of postoperative mortality. What we do note in the present study however, is that patients operated on by surgeons performing over 30 AAA repairs a year had fewer postoperative deaths than average.

If this is true, it raises questions about subspecialisation and volumes of work necessary for a hospital to offer a vascular service. Could it be that surgeons performing aneurysm repair should be aiming to do one a week? Should aneurysm repair be concentrated in fewer units?