
POLICY STATEMENT

Concurrent Surgery

Background

The ASPS is committed to patient safety, advancing the quality of care, innovative treatments, and practicing medicine based upon the best available scientific evidence. Due to the growing interest regarding the safety of concurrent and/or overlapping surgery, the ASPS Health Policy's Patient Safety Subcommittee created a task force to examine the safety and efficacy of the practice of scheduling surgical cases. The task force examined the available evidence on best practices for concurrent and/or overlapping surgeries. This statement summarizes their findings and recommendations.

Definitions

Primary Attending Surgeon

Considered the principal surgeon involved in the specific critical portions of the operation. He/she is responsible for the orchestration and progress of the critical portions of the procedure.

Back-up Surgeon/Surgical Attending

The qualified surgical attending physician who is responsible for providing appropriate and timely clinical coverage for an operation during a period of time when the primary surgeon of record might be unable to fill this role.

Critical/Key Portions of an Operation

Surgical segments during which essential technical expertise and surgical judgement are required in order to achieve optimal patient outcome. The critical/key portions of each operation are determined by the primary attending surgeon and will likely vary based on individual factors in each situation. The critical/key portions of each operation cannot be completely predetermined solely based on the type of operation.

Immediately Available

Being able to provide, on demand, the appropriate level of clinical care necessary to perform an operation.

Qualified Medical Provider

A licensed healthcare provider with sufficient training and expertise, and appropriate hospital privileges and qualifications, to conduct a portion of the surgical procedure without the need for more experienced supervision.

Physically Present

Being in the same operating room as the patient.

Overlapping Surgery

Surgeries in which part or all of the procedures chronologically coincide and when the patient's care is left with another qualified medical provider. These surgeries become concurrent if the critical portions chronologically coincide for any reason, foreseen or unforeseen.

Concurrent Surgery

The practice of concurrent surgery is defined as surgical procedures in which critical portions of the operation for which a single surgeon is responsible are being performed on different patients, and in different rooms, during the same period of time. It is different from overlapping or staggered surgeries in which operations are spaced out to ensure the critical portions of each operation, for which a single surgeon is responsible, do not occur at the same time.

There are some concerns inherent to the practice of concurrent surgery, including:

- The inability to divide attention between two patients
- The likelihood of jeopardizing patient safety
- The possibility of complications

Best Practices - Surgeon-Patient Communication

As part of the pre-operative discussion, patients should be informed of the different types of qualified medical providers that will participate in their surgery (residents, fellows, nurses, physician's assistants, nurse practitioners, surgical assistants, or another attending of similar training under the primary attending surgeon's personal direction), and their respective roles explained. If an urgent or emergent situation arises that requires the primary attending surgeon to leave the operating room unexpectedly during a critical portion of the procedure, the patient should be subsequently informed.

Best Practices - Informed Consent

It is important that the patient completely understands the procedure, possible complications, and likelihood for additional surgery in the future. As with all surgical procedures, appropriate informed consent is required. The education process associated with an informed consent should help the patient understand the risks, benefits and potential complications associated with a particular procedure.

The surgeon should explain to the patient that he/she may exit the operation before it's completion, and that qualified surgical personnel will be present at all times during the operative procedure. Hence, the patient should be informed during the consent process that the primary surgeon may not be physically present in the operating room for the entire duration of the surgery, but will be present for the critical portions of the procedure.

Recommendations

It is the consensus of the task force that the practice of overlapping surgeries is acceptable, by allowing more timely access to expert care, when appropriate safety precautions are in place. The task force believes that the practice of overlapping surgery permits more timely access to high-skilled, board-certified surgeons by allowing them to optimize their time in safely caring for the most number of patients. Overlapping surgery also helps to improve the utilization of operative facilities. Additionally, when it pairs senior physicians with residents and fellows, the profession benefits from the improved skills of the younger surgeons.

Based on the current state of knowledge, the task force makes the following recommendations to the members of the American Society of Plastic Surgeons and their patients:

- The primary attending surgeon must be present for the critical portions of the procedure as determined by the primary attending for each case;
- The primary attending surgeon must be available in a clinically appropriate and timely fashion if asked to return to the operating room;
- When the primary attending surgeon leaves the operating room during a critical portion of the procedure for which he/she is responsible, an appropriate back-up surgeon should be named and is responsible for completion of these portions of the procedure;
- Overlapping surgery may be routinely performed and acceptable, concurrent surgery is a practice to be reserved for unexpected situations with appropriate contingency planning;
- The informed consent process should include discussions regarding the individuals responsible for providing surgical care and these peoples' respective roles in the operative procedure.

Approved by the ASPS Executive Committee in March 2017.