COPIC
Better Medicine • Better Lives

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COPIC Tip:

Specialty Focus: General Surgery

This article is part of a new series that provides a summary of common areas of risk for particular medical specialties and strategies on how to address these.

Case Study

A 64-year-old male underwent an elective laparoscopic-assisted right hemicolectomy for a polyp. He initially did well, but on postoperative day three, prior to discharge, his abdomen became distended and he vomited. The discharge was canceled, disappointing both the surgeon and the patient, as it was Friday afternoon. The patient was afebrile and hemodynamically stable with normal lab work.

Examination showed a softly distended abdomen with expected postoperative tenderness. An abdominal radiograph demonstrated "pneumoperitoneum consistent with recent abdominal surgery; small bowel distention with a paucity of air in the colon."

The surgeon signed the patient out to the weekend covering surgeon, emphasizing that the patient was "all set for discharge" before he vomited, his lab work was "totally normal," and KUB "just showed an ileus."

The patient remained distended over the weekend, but his pulse increased to the low 100s (previously in the 60s) and the WBC was 11,000. On Monday morning, the patient appeared ill. He was confused, tachycardic, febrile and had been anuric for the last four hours. The abdomen was distended and tender. Laparotomy revealed feculent peritonitis from an anastomotic leak. The patient underwent three additional abdominal surgeries and was hospitalized for an additional four weeks.

Overview

Complications are an unavoidable risk of invasive procedures and the mere presence of a complication does not imply negligence on the part of the physician. This case illustrates an example of a "failure to recognize and rescue," a common source of liability in general surgery. The primary surgeon failed to diligently continue to search for a cause of the patient's symptoms (i.e., order a CT scan to check for anastomotic leak). Furthermore, the handoff to the covering provider did not entertain the possibility of such, biasing the covering physician.

Together, these combined to the net effect of a delay in recognition and treatment of the anastomotic leak. COPIC reviews numerous claims involving covering physicians extending observational management, particularly over a weekend, until the primary physician returns.

Failure to rescue and handoffs in communication are examples of specific areas of surgical practice that generate the greatest liability risks. COPIC has developed a one-sheet summary for various specialties aimed at providing practical advice that focuses on key risk areas. This article covers general surgery on the following page and is organized into three sections:

1. Key areas for errors and litigation
2. Strategies to reduce errors
3. COPIC resources to help you succeed

We encourage you to share this with other practitioners and members of your staff.

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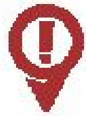
GENERAL SURGERY



KEY AREAS for errors and litigation

Delayed Diagnosis

! Communication failures
- With primary care providers
- With other specialists
- With patients/families

! Review of medical records

Frequency Reduction and Management of Complications

! Informed consent

! Appropriate indications

! Preoperative evaluation and risk reduction

! Acceptable technique

! Early recognition and rescue of complication

STRATEGIES to reduce errors

✓ Appropriate communication with PCPs, other specialists (especially pathologists and radiologists), and patients/family members can avoid delayed or inappropriate operations

✓ Personal review of patient medical records can reduce the likelihood of arriving at or acting upon an incorrect diagnosis

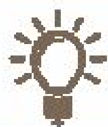
✓ Person performing procedure completes process including details of procedure, risks, alternatives, indications, risks of not proceeding, benefits, and assessment of understanding

✓ Ensure right operation for right patient based on your assessment

✓ Preoperative evaluation is becoming a more exacting science based on risks and co-morbidities of each patient (e.g. DVT and obstructive sleep apnea (OSA) risk, nutritional status, etc.)

✓ Evaluation based on documentation in operative note, and adherence to perioperative safety behaviors such as timeouts and briefings

✓ Attention to early warning signs and symptoms, communication with nurses and other providers, and avoidance of cognitive errors such as anchoring biases



COPIC RESOURCES to help you succeed

Practice Quality Reviews—No-cost, on-site reviews of your systems to identify areas of risk and integrate best practices

24/7 Risk Management Hotline—Physician risk managers available for guidance

Education—A wide selection of on-demand courses and in-person seminars

Copiscope—Our bi-monthly newsletter that covers current topics in risk management and patient safety

Online Library of Medical Tools and Guidelines—Clinical guidelines, consent forms, practice management resources and more

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