

# ACTION

FOR SAFE MEDICAL CARE



## The pre-operative period — Patient assessments

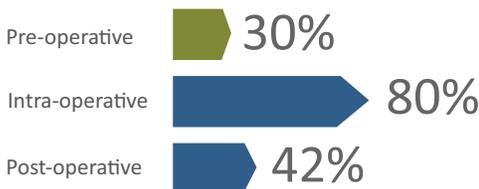
About one-quarter of the CMPA's medico-legal cases between 2009-2013 involved a surgical procedure. An analysis of these legal, regulatory authority (College), and hospital cases revealed that most issues occur during the surgery itself, but problems also arise during pre- and post-operative care. In pre-operative care, the main issue is patient assessment.

### → CONSIDER THIS...

A 45-year-old woman consults a general surgeon for a rapidly growing right neck mass. After a fine needle aspiration is performed and is inconclusive, the surgeon orders a CT scan. A radiologist reports a probable deep lipoma. During surgery to remove the mass, the general surgeon partially resects 2 areas of tissue that he considers to be lipoma. The pathology report shows that one specimen is a portion of the right submandibular gland and the other of mature adipose tissue. Post-operatively, the patient develops right-sided facial and neck numbness and right lower lip weakness.

It is determined that these symptoms were caused by an injury to the right marginal mandibular nerve. The patient initiates a legal action. Peer experts are of the opinion that the surgeon should have obtained an MRI before proceeding to surgery. They state that because the lipoma was not well defined and blended into fatty tissue, surgery was not indicated. In their opinion, a reasonable surgeon would have proceeded with conservative management and monitored the lipoma. Without expert support, the CMPA pays a settlement to the patient on behalf of the general surgeon.

### Distribution of closed CMPA legal cases involving a surgery by perioperative period (n = 938)



Excludes obstetrical cases. Cases may involve issues in more than one area of surgical care, therefore percentages do not add up to 100%.



Statistics are based on a recent 5-year study of CMPA legal cases.

### → WHAT DOES THIS MEAN FOR CMPA MEMBERS?

A thorough pre-operative assessment can help the surgeon select the best possible management strategy, surgical or otherwise. Such an assessment takes into account all available information including co-morbid conditions, medical history, or family medical history. Over a recent 5-year period, the risk of being involved in a legal action associated with an inadequate pre-operative patient assessment consistently dropped by slightly more than half for CMPA members in the surgical specialties.

3.5 cases per 1,000 members



1.5 cases per 1,000 members

Cases dropped from 3.5 per 1,000 members to 1.5 per 1,000 members over a 5-year period.

However, of the CMPA cases with pre-operative assessment problems, 81% had unfavourable legal outcomes for members.

Continued

## ACTION FOR SAFE MEDICAL CARE **Pre-operative period**

### → ISSUES TO CONSIDER

Three main pre-operative assessment problems were identified across all surgical specialties.

#### 1. **Indication for surgery**

Peer experts frequently questioned the indication for surgery, particularly for elective cases, stating that the surgeon should have done the following:

- confirmed the diagnosis before proceeding to surgery
- considered a more conservative approach

#### 2. **Pre-operative investigations**

In these cases, experts maintained that investigations were inadequate, as the surgeon did not do the following:

- order all required investigative tests
- review all test results before proceeding to surgery

#### 3. **Patient co-morbidities and risk factors**

In many cases, experts maintained that the surgeon should have done the following:

- considered the patient's risk factors
- managed an existing medical condition before surgery
- consulted with medical and surgical specialists as appropriate
- more thoroughly documented the patient's history, symptoms, and functional capacity

Because of these deficiencies in the pre-operative assessment, the surgeon often performed an inappropriate procedure or chose a surgical approach that was too aggressive. By not considering the patient's co-morbidities, the surgeon sometimes encountered difficulties during the surgical intervention, or failed to identify a patient at increased risk of post-operative complications. Many of the cases were associated with serious patient complications, and with patients requiring additional surgeries and longer lengths of stay.

### → RISK REDUCTION REMINDERS

The following points can assist surgeons in managing risk:

1. A comprehensive pre-operative assessment should include a complete medical history as well as a comprehensive physical examination.
2. Consider if the patient's co-morbidities could increase their risk of perioperative complications.
3. Undertake appropriate investigations. Consider if any additional actions, such as further investigation, treatment, or consultation, are required.
4. Review pertinent clinical documentation, test results, and consultation reports important to the immediate management of the patient before surgery.
5. Determine whether surgery is appropriate for the patient's condition.
6. Document clinical findings and diagnostic impression in the patient record.
7. Engage the patient in a consent discussion, and document the discussion in the medical record.

### → LEAN MORE BY ACCESSING THESE RESOURCES

#### **Action risk fact sheets**

- *Informed consent*

#### **Articles**

- *Co-morbidities – Have you considered all health conditions?*
- *Beyond the OR: the significance of total operative care*

#### **CMPA Good Practices Guide**

- *Reducing risk in surgery*

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