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ORTHOPEDICS TODAY COMMENTARY PUBLICATION EXCLUSIVE

## Concurrent surgery: No evidence care is compromised

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Recently, Massachusetts General Hospital was the subject of an investigative report by *The Boston Globe* for its practice of concurrent surgery in the hospital's department of orthopedics. The accusations in the report, which have been denied by the medical institution, are heartbreaking. The report suggests patients had surgery by one physician while another patient was also having surgery by the same physician and, in some cases, the outcome was disastrous.

Although complications can happen with any surgery, the report's insinuation is the primary surgeon may have not been involved in the part of the surgery that resulted in a severe complication. Furthermore, because this is an academic medical center, additional suspicions included that procedures were performed by residents and fellows without proper supervision of attending surgeons.

The report has led to further investigation by the hospital, medical staff and other agencies, such as The Joint Commission, the Massachusetts Department of Public Health and the American College of Surgeons.

### Multi-faceted issue

The issue of concurrent surgery has many facets to consider. Allowing surgeons to schedule cases in two ORs is a frequent practice, both in academic medical centers and in community hospitals. The purpose includes improved efficiency in the use of OR staff and the surgeon's supporting staff. In many ORs, the time from when the surgeon is done with one surgical procedure until he or she is needed for the next surgery in the same OR provides ample time to safely and competently perform another surgery in another room.

The practice is primarily used by the busiest surgeons who have many patients who desire their care. Having two ORs allows for surgeons to at least double the number of surgeries they are capable of performing in a single OR day, allowing them to care for more patients with their skilled hands.



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In busy medical centers, many people are involved in the patient care at every step of the OR day. Each step requires added time and while it may be inefficient, it still provides great patient care. There is no reason the attending surgeon — the surgeon of record for the procedure — needs to be present for much of the patient preparation and conclusion of the care process, including awakening the patient and, when ready, moving him or her to the recovery room.

Hospitals and medical groups want to provide support services and staff for their busiest and most productive surgeons. Staffing and providing two ORs allows their best surgeons to treat more patients. Numerous published peer-reviewed studies have shown decreased complications and improved outcomes in the hands of surgeons who perform high volumes of surgery.

## **Role of supervision**

One concern of the report was that the participation of medical students, residents and fellows had an adverse effect on outcome. In the ideal situation, the attending surgeon provides supervision in a manner that results in the same outcome whether residents and fellows are used. In a recent publication that reviewed a national database of patients undergoing shoulder arthroplasty, there was no difference in overall outcome in cases performed with or without the use of residents.

There is also a suspicion that having two ORs available at teaching hospitals implies less involvement by attending surgeons when compared with two-room availability at community hospitals. Some orthopedic surgeons in the United States will perform more than 1,000 surgeries per year due to an efficient and extensive team who works with them on a regular basis. On some days, the surgeons may have cases scheduled in three ORs to be most efficient with resources and personnel. Because there are no residents or fellows, the attending physician is the only person who will perform any of the essential parts of the surgical procedure, despite the hospital schedule reflecting the use of three ORs. The surgical procedures may have overlapping time on the surgical schedule, but the surgeon is operating in alternating rooms and the procedures are performed in sequence as there is only one possible surgeon.