

ORIGINAL ARTICLE

Reasons of Cancellation of Elective Surgical Operations on The Day of Surgery at Sir Ganga Ram Hospital, Lahore

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ABSTRACT

Background: Cancellation of elective operations is a notable dilemma in many hospitals. Late cancellation of operation affect not only hospital resources but causes emotional disturbance in patients as well.

Objective: To find out the incidence and causes for late cancellation of elective operations.

Study Design: It is a prospective observational study.

Method and material: This prospective observational, hospital based study was conducted in one of the surgical department of Sir Ganga Ram Hospital Lahore for a period of one year from 2nd Jan, 2015 to 3rd Jan 2016. Data was collected of all the patients whose operations were cancelled on intended day of operation and reasons for cancellation were noted on specially designed proforma.

Result: A total of 1440 pts were operated on elective operation list. Eighty four cases were postponed. Cancellation rate was found to be 5.8% mostly due to medical reason (41.7%), followed by shortage of time (25%), blood not arranged (9.5%), strikes (7.1%), administrative reason (6%), patient restrain (6%), patient not prepared (3.6%) and change of plan (1.2%) respectively.

Conclusion: Most of reasons are avoidable.

KEY WORDS: Elective operations, late cancellation.

INTRODUCTION

The efficiency and patient care of a hospital can be judged by looking at its rate of cancellation of operations.⁽¹⁾ While talking about well organized operation theater, there is no dictated rate of cancellation of operations but usually less than 5% is considered as acceptable.⁽²⁾ Postponement of elective operations not only increases hospital expenditure and workload but also affect functionality of the hospital and devastate operation theater time^(3,4). Various factors are responsible for operation cancellation and the reasons vary from hospital to hospital⁽⁵⁾. In a study Garg et al. concluded that shortage of theater time, medical problems, no show by patient, change of surgical plan, administrative factors, absence of surgeon, no prior arrangement of blood and patient restrain from surgery are various reasons responsible for last minute cancellation.⁽⁶⁾

MATERIALS AND METHODS

It is a prospective observational study conducted in one of surgical department of SGRH Lahore for a period of one year from 2nd Jan 2015 to 3rd Jan

2016. General operation theater reserved for elective surgery is functional from 8am to 2pm, six days per wk. operation theater is allocated twice per week to each unit. Patients are admitted by consultant, investigated and their names entered in operation list. OT list is prepared by registrar upto 1.00 pm a day before intended surgery after that patients are assessed by anesthetist for fitness. Final OT list is then made, distributed to anesthetist, OT staff and displayed in wards. Operation list were noted for a period of one year from 2nd Jan, 2015 to 3rd Jan 2016 and all the patients whose operation were cancelled on operation day were noted.

Inclusion Criteria:- All the admitted patients, of all the ages and gender, whose operations under General/Regional anesthesia were canceled on operation day.

Exclusion Criteria:- Operation to be performed under local Anesthesia.

Data was collected on a specially designed proforma indicating their name, age, disease,

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operation n reason of cancellation of operation by confirming from list incharge.

Data Analysis

Data was recorded on proforma made for this study and analysed by SPSS version 17.

RESULT

A total of 1440 cases were operated. Eighty four of them were cancelled due to various reasons. In our study cancellation rate was found to b 5.8%. Thirty five cases(41.7%%)postponed due to medical problems. In 21 pt(25%) cancellation of operations was due to shortage of time. Non-availability of blood was the reason of postponement of operations in 8 pt(9.5%).Strikes account for cancellation of 6 cases(7.1%). Administrative reasons resulted in cancellation of operation in 5 pt(6%). Five cases (6%) restrain from surgery on the last moment. Patient not prepared in 3 cases (3.6.%). In 1 pt (1.2%) surgical plan was changed.

Total number of operations cancelled =84

Reasons for Cancellation of Operations	Frequency	% age
Medical Reasons	35	41.7%
Shortage of time	21	25%
Blood not arranged	8	9.5%
Strikes	6	7.1%
Administrative problems	5	6%
Patient restrain	5	6%
Patient not prepared	3	3.6%
Change of surgical plan	1	1.2%

DISCUSSION

Last minute cancellation of operations not only disturbs patient emotionally but also affect his social life and financial matters.⁽⁷⁾ .In our study operation cancellation rate was found to be 5.8%. It is comparable to other studies, one conducted in Agha Khan hospital where cancellation rate was found to be 4 % and other in Ayub Teaching Hospital which showed 25% cancellation rate.^(8,3) . In our study most of cancellation occurred due to medical reasons (35 cases). Uncontrolled blood pressure, high blood sugar level, fever, sore throat or exacerbation of preexisting stable conditions were different factors involved. Boudreau in his study stated that it is important to educate patients to take simple and proper precautions before

procedure to reduce potential cancellation⁽⁹⁾ .In our surgical dept there is set protocol of pre –operative assessment by anesthetist a day before surgery to avoid potential cancelation and there for patient who need optimization of medical conditions are eliminated from the OT list. But many times difference of opinion does exist between junior anaesthetist responsible for pre op assessment and senior anesthetist present in OT. So many patients after getting fitness from junior are cancelled by senior in OT. Therefore, preop assessment should be done by senior anesthetist so that pt problems are picked earlier and undue cancellation can be avoided.

The second most frequent reason for postponement of surgery is shortage of time (25%). A similar study conducted in Mayo hospital showed 35.7%of cases cancelled due to time constraints{10} Vinukondaiah in his study stated 65.2% cases cancelled due to shortage of time, followed by 13.9% case cancellation due to precedence of emergency operations in theaters reserved for elective cases whereas medical problems accounted for 11.3% case cancellations.⁽¹¹⁾The functionality of a well organized operation theater depends on timely start, well prepared operation list, no undue time lapse between cases and completion of each and every case at their exact estimated time^(12,13) . Ogden et al concluded that 27% cancellation occurred due to shortage of time due to its misuse and unnecessary delay caused by trainee surgeons doing operations⁽¹⁴⁾ . Although operation list is made to accommodate maximum number of patients in a specified time but while estimating time for each case, certain factors are usually ignored like time lapsed in shifting the patient, cleaning table, bringing new patient on the table etc. Time consumption for each operation vary from surgeon to surgeon depending on their surgical experience and even sometimes simple looking operation becomes complicated so even experienced surgeon takes longer than estimated time. So while preparing list all these factors must b kept in mind.

Blood is needed during major surgery so patients are instructed to arrange it prior to operation...but very often blood is not available. In our study 9.5% cases postponed as blood needed during surgery was not arranged. This factor can be minimized by proper communication with the patient and their attendants.

Five cases were postponed due to strikes of doctors/nurses/paramedics. Unfortunately strikes of medical professionals has become an uprising issue responsible for postponement of operations. Sometimes strikes are planned for full day and hospitals are informed before about it so operation list not prepared at all but uninformed or part time strikes affect the operation list badly.

In current study 5 cases were cancelled due to administrative reasons i.e. shortage of linen, ventilator unavailability, failure of, oxygen supply, power breakdown etc. Zahi Almajali et al. in his study found out that 6.4% cancellation occurred due to hospital related factors⁽¹⁷⁾. The incidence of administrative problem is much less in our hospital and it can be reduced further by good organizational strategies.

Five patients restrain from surgery after giving informed consent this factor can be addressed by proper communication and counseling. Surgery require prior preparation of pt and family since it involve acceptance of surgery, physical and psychological preparation, interference with life style, socioeconomic changes the spacing at work besides the stress situation caused by fear of unknown⁽¹⁸⁾.

In present study 3.6% pt postponed as they were not prepared for surgery. Patients are given certain instruction regarding bowel preparation, NPO, stoppage of certain medication etc. but sometimes patients forget or intentionally ignore them.

In one patient change of plan lead to postponement of operation as condition improved overnight.

CONCLUSION

Most of the reasons documented in study are avoidable. Good organizational strategy and team work can reduce unnecessary cancellation.

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