

Emergency Surgery Patients' Lives at Risk, say Surgeons

There could be an increase in clinical negligence cases involving injury or death following acute abdominal surgery in light of the findings of a recent report produced by the Royal College of Surgeons: *The Higher Risk General Surgical Patient: towards improved care for a forgotten group*. To see the full report [click here](#).

A study carried out shows that 170000 patients have major emergency surgery each year mostly on the abdomen. Of these, 100,000 will develop significant complications following surgery, and 25000 die from complications. Among the elderly deaths can rise to 40%.

In the UK, fewer than 1 in 3 of all these patients are admitted to Critical care following their surgery. Even those who are admitted only tend to stay 24 hours before enduring a longer hospital stay on other wards.

The report states that “premature discharge from Critical care has been identified as an important risk factor for post operative death as have delayed admissions to critical care”. On managing complications, the report added “too often the whole process is slow or inadequate, as it is complex, requires multidisciplinary input, and often occurs out of hours and is initiated by junior staff.”

Surgeons leading the study also pointed to “suboptimal care on general wards” as a factor in poor outcomes following surgery. Research highlights that the chance of a patient dying in a UK hospital is 10% higher if they are admitted at the weekend rather than during the week.

An analysis of several patients who died showed some suffered from delays in assessment, decision making and treatment. There were shortfalls in access to theatre, radiology and critical care; surgery was sub-optimally supervised in 30% of cases and there was a failure for juniors to call for help in 21% of cases” the study went on. Timely surgery was not carried out in 22% of patients who died.

The study makes recommendations that there should be improvements in access to operating theatres to overcome the fact that delays are “common”. There should be greater prioritisation for emergency cases over planned surgery wherever necessary.

Highest risk patients should be treated under direct supervision of Consultant Surgeons, Anaesthetists and Intensive Care staff whilst more needs to be done on access to critical care.

A Department of Health spokesman has said that “hospitals should follow the guidance in the report and monitor the quality of care they are giving to their patients and ensure that they are providing appropriate levels of services and staff”.

It remains to be seen as to whether the NHS are able to reverse these worrying statistics and implement the recommendations made in the report.

To read more about this story, follow this link:

<http://www.bbc.co.uk/news/health-15098114>

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