



# The Cutting Edge

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### **Comparing Surgeon and Patient Health Preferences**

Surgery comes with great expectations and great risks for complications. Patients and their surgeons each may have preferences for outcomes after surgery. But are their preferences the same or do they differ? A recent study, "A comparison of physician and patient time tradeoffs for postoperative hip outcomes", published in Value in Health, looks at this issue. Specifically, researchers asked both groups if they would opt for shorter survival times in good health or longer survival times in various levels of poor health. Physicians were questioned on the decisions they were making for their patients. (Value in Health – October 22, 2008)

More at <http://www.medicalnewstoday.com/articles/126393.php>

### **Sharpies Get Thumbs-Up for Marking Surgery Sites**

A bit of good news out of the Faculty of Medicine & Dentistry at the University of Alberta for patients undergoing surgery or an invasive procedure, their surgeons and cost-conscious hospital administrators. It's standard practice for the surgeon or their designate, (in consultation with the patient when possible), to mark the operative/invasive site using a marking pen before an operation, a precaution to ensure surgeons cut the correct spot. But there was concern that germs would be spread from one patient to the next, so it has also become common procedure to throw away the marker each time, costing thousands of dollars a year. Turns out hospital staff were putting too fine a point on it, say a couple of infection control specialists at the U of A who looked into the matter. (University of Alberta – October 21, 2008)

More at [http://www.eurekalert.org/pub\\_releases/2008-10/uoaf-xmt102108.php](http://www.eurekalert.org/pub_releases/2008-10/uoaf-xmt102108.php)

**Doctors Often Overestimate Patients' Health Literacy**

Many patients misunderstand the written questions American doctors have them answer before physical exams, a finding that calls into question the usefulness of these screening tools, new reports say. Two studies, presented earlier this year at the 2008 Clinical Congress of the American College of Surgeons, found that lower-than-expected literacy levels among patients and a failure to understand basic numerical measurements hurt the validity of the questionnaire results. A third study, though, found promise in using computer programs to "speak" the questions to patients. (HealthDay News – October 17, 2008)  
More at [http://www.nlm.nih.gov/medlineplus/news/fullstory\\_70581.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_70581.html)

**Delay in Heart Surgery Increases Death Risk**

Patients requiring elective heart bypass surgery will have a lower risk of death during their hospital stay if their surgeon performs the operation within 6 or 12 weeks, depending on the urgency of their case, new research suggests. [Researchers] analyzed data from 7,316 heart bypass surgery patients to determine whether hospital survival differed for patients who waited for the operation longer than recommended by the consensus of heart surgeons. Maximum recommended waiting times were 6 weeks for semi-urgent cases and 12 weeks for non-urgent cases. (Reuters Health – October 15, 2008)  
More at <http://www.healthcentral.com/heart-disease/news-272000-66.html>

**GPS-Like System Helps Surgeons Align Joints**

You've heard of travelers using a Global Positioning System to direct them from point A to point B. Now some orthopedic surgeons in Iowa are using technology similar to the tracking systems in cars and ships during joint replacement operations. The technology, called a computer-assisted navigation system, helps doctors more accurately align joint replacements with a patient's own anatomy, physicians said. Doing that could help the joint last longer because there will be less wear and tear. (Des Moines Register – October 8, 2008)  
More at <http://www.desmoinesregister.com/article/20081008/LIFE02/810080332/1039/>

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