



# The Cutting Edge

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### **A Simple Surgery Checklist Saves Lives**

Sticks and stones may break your bones — but if you need surgery, the right words used in the operating room can be more powerful than many drugs. New research published today in the New England Journal of Medicine found that when surgical teams heeded a simple checklist — as pilots do before takeoff — patient-mortality rates were cut nearly in half and complications fell by more than a third. The study — which included 7,688 patients in eight hospitals around the world — saw death rates drop from 1.5% before the checklist was instituted to 0.8% afterward. (Time — January 14, 2009)

More at <http://www.time.com/time/health/article/0,8599,1871759,00.html>

### **Surgeon Shortage Pushes Hospitals to Hire Temps**

For decades, general surgeons have been the backbone and economic engine of the community hospital. While maintaining their own private practices, they staff trauma and critical-care units and perform most common abdominal procedures. Without them, hospitals couldn't provide many emergency-room services. But the increasingly grueling schedules, shrinking payments and the temptation of more profitable surgical niches have made the field less attractive. Over the past 25 years, the number of general surgeons per capita has declined 25%, according to a study published in the Archives of Surgery earlier this year. (The Wall Street Journal — January 13, 2009)

More at <http://online.wsj.com/article/SB123179145452274561.html>



### **Should Patients Be Told of Better Care Elsewhere?**

Studies have confirmed the common-sense notion that practice makes perfect, and the medical profession has known for at least 30 years that how well people fare after surgery often depends on where it was performed. For a given operation, outcomes are generally best at “high volume” hospitals, which perform it often. The difference between high- and low-volume centers is not just the surgeon’s skill, but also the level of expertise in other areas that are crucial after surgery, like nursing, intensive care, respiratory therapy and rehabilitation. But patients are not often told during the informed-consent process that the results of cancer treatment can vary among hospitals. (The New York Times – January 5, 2009)

More at <http://www.nytimes.com/2009/01/06/health/06seco.html>

### **3D Imaging Technology Improves Spinal Surgery Outcome**

Using a three-dimensional (3D) image-guided system to help place screws in the spines of patients results in safe and accurate surgery with a decrease in the number of misplaced screws, and subsequent injuries, seen in more traditional operations, say neurosurgeons at Mayo Clinic in Florida. In the Dec. 9 online edition of the Journal of Neurosurgery: Spine, Mayo physicians published the largest study yet using 3D image-guided technology to place screws in the spine for spinal fusion procedures. The screws are used to stabilize the spine in patients who suffer from collapsed discs or compressed nerves. (Mayo Clinic – December 10, 2008)

More at <http://www.news-medical.net/?id=44032>

### **Study Identifies Characteristics of Hospitals with Low Rates of Surgical Site Infections**

New research published in the December issue of the Journal of the American College of Surgeons (JACS) suggests that surgical procedures that are shorter in duration and the use of fewer blood transfusions characterize hospitals that have a lower incidence of surgical site infections (SSI). Furthermore, the study concludes that strategies to reduce the length of operations and the number of blood transfusions should complement basic aseptic techniques in the operating room. (JACS – December 8, 2008)

More at <http://www.news-medical.net/?id=43951>

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