



The Cutting Edge

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Working Overnights by Physicians Not Linked to Significantly Increased Risk of Complications

Attending surgeons and obstetricians/gynecologists who worked nighttime hours did not have a significantly greater rate of complications for procedures performed the next day, but having less than six hours of opportunity for sleep between procedures was associated with an increased rate of surgical complications, according to a study in the October 14 issue of JAMA, a theme issue on surgical care. There has been increasing public attention on the role of resident physicians' fatigue in the occurrence of medical errors. In 2003, work hour limits were implemented for resident physicians in the U.S. Work hours of attending physicians are not restricted. (JAMA – October 14, 2009)

More at <http://newswise.com/articles/working-overnights-by-physicians-not-linked-to-significantly-increased-risk-of-complications>

US has No Good System to track Medical Implants

Three years ago, the maker of a surgical clip called the Hem-o-lok issued an urgent recall notice warning doctors to stop using the fasteners on living kidney donors. It said the clips could dislodge in their bodies, with "serious, even life-threatening consequences." Not everyone got the message. Last October, a surgeon in Brooklyn used one of the clips to tie off Michael King's renal artery when he donated a kidney to his ailing wife. Twelve hours later, the clip popped off. King bled to death internally in the hospital as his wife lay helplessly nearby. He was 29. Experts say such deaths are the result of a major weakness in the nation's system for recalling thousands of medical devices routinely implanted in people's bodies, ranging from screws and plates to artificial knees and hips. (AP – October 5, 2009)

More at <http://www.sanluisobispo.com/living/health/story/874266.html>



Surgical Deaths Linked to Handling of Complications

The way that a hospital handles the complications of surgery, not just the rate of those complications, determines the hospital's surgical death rate, a new study has found. The study, which included more than 84,000 people who had surgery in U.S. hospitals, found about a twofold difference in surgical deaths between hospitals with the lowest rate and those with the highest – 3.5 percent vs. 6.9 percent. This occurred despite a small difference in the overall rate of complications – 24.6 percent in the hospitals with the lowest surgical mortality rate and 26.9 percent in those with the highest. (New England Journal of Medicine – September 30, 2009)

More at <http://www.drugs.com/news/surgical-deaths-linked-handling-complications-20131.html>

Prostate-Surgery Option Questioned

More men who need prostate-cancer surgery are choosing minimally invasive techniques because these surgeries typically lead to shorter hospital stays and decrease many types of complications, including pain. Minimally invasive techniques increased from 1 percent to 40 percent of all radical prostatectomies from 2001 to 2006 and may be as high as 75 percent of all prostate-cancer surgeries today. But here's a detail men should know about: The most serious complications — including incontinence and erectile dysfunction — appeared more often in men who underwent minimally invasive surgery compared to traditional surgery, according to a study published Tuesday in the Journal of the American Medical Association. (JAMA – October 14, 2009)

More at http://seattletimes.nwsourc.com/html/health/2010058284_prostate14.html

Higher Rates of Perforated Appendix in Rural Areas May be Linked to Shortage of General Surgeons

People who live in rural areas may run a greater risk of having perforated appendix than those in suburban and urban areas, according to a new study out of Dartmouth Medical School, Lebanon, NH. Not having enough general surgeons in rural regions may explain the disparity, according to researchers who presented their findings at the 95th annual Clinical Congress of the American College of Surgeons. “This study indirectly looks at workforce issues in surgery,” according to study coauthor Ian Paquette, MD. “We need to create incentives for surgeons to practice in rural areas.” Approximately 325,000 people in the United States are hospitalized each year for appendicitis and an estimated one in 15 people will get appendicitis in their lifetime, according to the National Institute of Diabetes and Digestive and Kidney Diseases. (ACS – October 6, 2009)

More at <http://www.newswise.com/articles/view/556773/?sc=rsmn>

GENERAL HEALTHCARE Articles

Breakthrough in Growing Bones

Surgeons and scientists at Cincinnati Children's Hospital Medical Center used a combination of donor bone, growth hormone and the patient's own stem cells in a first-of-its-kind procedure to grow a local teenager new cheekbones. The technique gives doctors a new option for treating children and adults who have lost bone to disease or traumatic injury, said Jesse Taylor, the surgeon in the Division of Craniofacial and Pediatric Plastic Surgery who led the team. An estimated 7 million people in the United States have defects in bone continuity so severe that repair is difficult. Current options - donor bone from cadavers and bone transplanted from another part of the patient's body - often don't work or create further disfigurement. (Cincinnati Children's Hospital – October 12, 2009)

More at

<http://communitypress.cincinnati.com/article/AB/20091012/NEWS01/910120330/Breakthrough+in+bone+growth>



Scientists Hope Work with Poison Gas can be a Lifesaver

We need oxygen to live. If you don't get it for several minutes – for example, if you suffer cardiac arrest or a bad gunshot wound – you die. Roth thinks he's figured out the puzzle. "While it's true we need oxygen to live, it's also a toxin," he explains. Scientists are starting to understand that death isn't caused by oxygen deprivation itself, but by a chain of damaging chemical reactions that are triggered by sharply dropping oxygen levels. The thing is, those reactions require the presence of some oxygen. Hydrogen sulfide takes the place of oxygen, preventing those reactions from taking place. No chain reaction, no cell death. The patient lives. (CNN – October 15, 2009)

More at <http://www.cnn.com/2009/HEALTH/10/09/cheating.death.suspended.animation/index.html>

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