

Evaluation of Cases Canceled on the Same Day in the Ear Nose and Throat Operating Room Within 1 Year

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Keywords

Surgery cancellation, Ear Nose Throat (ENT) diseases.

Introduction

Surgery is preferred as one of treatment methods in Ear Nose Throat (ENT) diseases. A good surgical facility requires a team of surgeons, nurses, anesthesiologists and biochemistry technicians in addition to a well-equipped operating room [1]. Surgical cancellations are a waste of time for the entire surgical team and cause negative emotional consequences for both the patient and the patient's family and financial loss [2].

The elective surgery case cancellation rate ranges from 10% to 40.6% in developing countries and 0.21% to 26% in developed countries. There are many reasons for the elective surgery case cancellation on different studies [3]. Absence of the patient on surgery day, inadequate clinical conditions, uncontrolled chronic diseases, lack of preoperative clinical examinations; exceeding the duration of the operation; lack of adequate hospital beds; the lack of communication between the surgical planning and the multi-purpose team and the lack of computerization can be counted among various reasons. Some studies have reported that 60% of surgery cancellation causes are preventable [4]. Pre-anesthetic or pre-operative consultations; telephone confirmation of patient participation two days before the procedure; the restructuring of the business process, which includes healthcare personnel, information technology and mid-level professionals, is suggested in the literature to reduce surgery cancellation rates. In this study, we aimed to determine the rate of surgical cancellation due to medical reasons.

The retrospective data-based study was conducted after approval from the Committee of Ethics. Patients who underwent surgery in Ankara City Hospital general operating build ENT rooms between 1/8/2021-1/8/2022 were included in the study. Only medical reasons were evaluated among the reasons for the surgical cancellation. Other reasons (inadequate clinical conditions, exceeding the duration of the operation, etc.) for surgery cancellation were excluded from the study. The data was organized into an excel sheet. Descriptive data were analyzed using percentages.

The total number of cases scheduled for elective surgical procedures during the one-year study period was 1401. It was determined that the surgery of a total of 12 (% 0.85) patients were canceled due to medical reasons. It was determined that the surgery was canceled due to hypertension in 4 (% 0.28) patients, herpes labialis in 4 patients (% 0.28), high fever in 1 patient (% 0.071), arrhythmia in 1 patient (% 0.071), and lack of preoperative clinical consultation in 2 patients (% 0.142). Hypertension and herpes labialis were the most common medical reasons among surgery cancellations. Patients with controlled hypertension and arrhythmia were ASA 2 group patients according to the American Society of Anesthesiologists (ASA) physical status classification system. Patients with high fever and herpes labia were patients in ASA group 1.

Cancellations of surgery do not only cause loss of time for the surgical team and financial losses for the health system; it also causes disappointment for the patient and their relatives. There is a wide variation in the literature in terms of the values of surgical cancellation indices and the criteria defining their occurrence. In the literature worldwide, the incidence of surgical cancellations

ranges from less than 1% to 40% [5]. Shakya et al. reported that 6.02% of 1279 ENT surgeries were canceled and 57.14% of them were due to medical reasons [1]. Santos et al. concluded the surgical cancellation rate as 6.79% and the medical reasons related cancellation rate as 3.26% in 8443 cases in Sao Paulo [6]. Maa et al. found that 3.9% of the cases in the ophthalmology clinic were canceled on the same day for medical reasons [2]. Although there are no definite standard for surgical cancellation rates, studies have reported that centers with a cancellation rate of less than 5% are effective [7]. In our study, rate of cancellations of scheduled for elective surgeries was %0,85. Studies have demonstrated the importance of preoperative anesthesia assessment in preventing surgical cancellation [8]. We have determined patient evaluation via telemedicine as a routine evaluation in the management of patients who require difficult airway management and whose clinical condition is moderate to poor. Our experience was increased in this subject during the 2020 pandemic period [9]. Telemedicine evaluation contributed greatly to observe low surgical cancellation rate. This study has several limitations. Firstly, the study have been planned retrospectively. Also it was performed in a single facility, and obtaining information only from medical records. The elective ENT surgery cancellation rate due to medical reasons in this study was lower than in others described in the medical literature.

Conclusion

In conclusion, preoperative-preanesthetic evaluation, increasing the communication between the surgical and anesthesia team, reducing anxiety could help reduce the rate of surgery cancellation. Telemedicine evaluation contributed to low case cancellation rates in patients with difficult airway management, as it facilitated preoperative evaluation and increased communication between the surgical and anesthesia team.

Reference

1. Shakya A, Gurang U, Pradhanaga RB, et al. Same day cancellation of elective ENT surgeries in a tertiary referral hospital. *Otorhinolaryngology Head and Neck Surgery*. 2020; 5: 1-3.
2. Tait AR, Voepel Lewis T, Munro HM, et al. Cancellation of pediatric outpatient surgery: economic and emotional implications for patients and their families. *Journal of clinical anesthesia*. 1997; 9: 213-219.
3. Xue W, Yan Z, Barnett R, et al. Dynamics of elective case cancellation for inpatient and outpatient in an academic center. *J Anesth Clin Res*. 2013; 4: 314.
4. Maa A, Sullivan BR. Medical reasons for same-day cancellations in ophthalmic surgery at a VA hospital. *Fed Pract*. 2010; 27: 17-21.
5. Al Talalwah N, McIltrout KH. Cancellation of surgeries: integrative review. *J Perianesth Nurs*. 2019; 34: 86-96.
6. Santos GAACD, Bocchi SCM. Cancellation of elective surgeries in a Brazilian public hospital: reasons and estimated reduction. *Rev Bras Enferm*. 2017; 70: 535-542.
7. Nariani J, Clark S, Duniec L, et al. Cancelled operations: a 7-day cohort study of planned adult inpatient surgery in 245 UK National Health Service hospitals. *Br J Anaesth*. 2018; 121: 730-738.
8. Ferschl MB, Tung A, Sweitzer B, et al. Preoperative clinic visits reduce operating room cancellations and delays. *Anesthesiology*. 2005; 103: 855-859.
9. Erkilic E, Kanbak O, Aksoy SM, et al. Telemedicine for Preoperative Evaluation During Covid-19 Pandemic: Pilot Study Experiences. *Journal of Research in Medical and Dental Science*. 2021; 6: 257-258.