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Editorial

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A Brief Note on Surgical Operational Findings

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As the population ages, increasing numbers of older adults are undergoing surgery. Frailty is prevalent in older adults and may be a better predictor of post-operative morbidity and mortality than chronological age. The aim of this review was to examine the impact of frailty on adverse outcomes in the 'older old' and 'oldest old' surgical patients. As the population ages, increasing numbers of older adults are undergoing surgery. Frailty is prevalent in older adults and may be a better predictor of post-operative morbidity and mortality than chronological age. The aim of this review was to examine the impact of frailty on adverse outcomes in the 'older old' and 'oldest old' surgical patients.

The Joint Commission has collected data on reported sentinel events since 1995 with wrong-site surgery consistently ranked as the most frequently cited reason [1]. In 2008, the year for which most recent data are available, there were 116 wrong-site surgery sentinel events reviewed. Although specialty specific statistics are not included on the Joint Commission's web site, no surgical specialty is immune from surgical errors [1]. Classic examples in the specialty of obstetrics and gynecology include wrong procedures, such as tubal ligation without consent.

SURGICAL SITE INFECTIONS (SSIs) account for approximately 20% of nosocomial infections and are a major cause of morbidity, mortality, and health care costs. The incidence of SSIs can vary across surgical procedures, specialties, and conditions, with a range of 0.1% to 50.4% reported in a systematic review by Korol et al [1].

Improving Patient Safety in the Surgical Environment

- 1. Preprocedure verification process
- 2. Marking the operative site
- 3. Performing a "time out" before the procedure

World Health Organization Surgical Safety Checklist

Another useful tool to promote patient safety in the surgical setting is the surgical safety checklist published by the World Health Organization. The checklist is based on the successful international program "Safe Surgery Saves Lives," which incorporates validated checklists to be reviewed by the surgical team before induction of anesthesia, before skin incision, and before the patient leaves the operating room [2].

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Surgical Operation Notes

- Legal documentation
- No formal training
- Majority of operative notes are handwritten

• Important source for medical records – legal and financial implications.

The Findings

- VE &abdominal palpation findings
- What was seen during the operation
- Post operative diagnosis
- Pathological findings
- Any relevant negative findings?

• As much detail as possible – site, size, colour, volume of structure involved

- Picture aids
- Any difficulties?
- Blood Loss

Surgical steps

- Position
- Prepped and draped
- Incision (what instrument you used)
- Step by step description of surgical steps undertaken
- Sutures used and type of suturing (locking, continuous)
- Written justification of unusual steps

References

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