Background

The College has received concerns about the length of some elective operating lists. Particular concern has been raised about lists that exceed 12 hours in length and/or continue outside routine working hours. This paper specifically addresses multiple operations in a single list. For the College recommendations on working hours and single long procedures see ‘Standards for Safe Working Hours’.¹

It has been suggested that patients operated on during lists that exceed 12 hours may face a heightened risk of an adverse outcome. In these cases patient safety could be compromised by the demands placed on both a surgeon’s physical capabilities and the hospital’s resources.

Potential issues

Fatigue

Multiple studies in a range of employment environments have demonstrated the effect of fatigue on psychomotor performance and cognitive awareness.² Performing a procedure for more than 12 hours seems especially problematic.³ Operations which continue late into the evening may result in sleep deprivation for the surgeon and an increased risk of fatigue related error. These events can also have an ongoing and cumulative effect on the physical and mental wellbeing of the individual surgeon.⁴ Similarly other members of the anaesthetic and operating team, including nursing staff, may also become fatigued and demonstrate a decreased level of performance.

Access to other hospital resources

Following surgery patients require appropriate periods of rest in a recovery room, before transfer to the appropriate ward or high dependency area. Care of the patient during this time is more difficult at night as staffing in ward areas is optimal during daylight hours. At night there is also less availability of ancillary personnel such as physiotherapy, pathology etc. There may also be less staff able to attend an unexpected emergency and, even in a high dependency area, there may well be less presence of senior medical staff.

Ability to undertake emergency surgery

Modern acute care models stress the advisability of operating in daylight wherever practical. Nonetheless it is inevitable that some emergency procedures will continue to be performed out of hours. If elective surgery lists progress into the night they may draw upon resources required for emergency surgery during these times. There should be no competition for resources at these times as emergency cases must take precedence. In these situations it is vital that appropriate fatigue management strategies are employed.

Conclusion

RACS believes that:

1. Elective operating lists should be performed during routine hours.
2. Routine hours do not continue after 10 pm.
3. No elective list should be expected to last more than 12 hours.
4. If a single elective case is expected to last more than 12 hours appropriate fatigue management must occur.⁵
References

1 Royal Australasian College of Surgeons. Standards for Safe Working Hours; And Conditions for Fellows, Surgical Trainees and International Medical Graduates. 2007; First Ed.: 7-10. Available at: www.surgeons.org/media/312975/position paper standards for safe working hours.pdf


