WASHINGTON Medical Commission
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Overlapping and Simultaneous Elective Surgeries

Purpose

The Washington Medical Commission issues these guidelines to ensure that surgeons who perform overlapping elective surgeries do so in a patient-centered and transparent manner. Simultaneous or concurrent surgery is not appropriate.

Definitions

Overlapping surgery. The practice of the primary surgeon initiating and participating in another operation when he or she has completed the critical portions of the first procedure and is no longer an essential participant in the final phase of the first operation. These are by definition surgical procedures where key or critical portions of the procedure are occurring at different times.

Overlapping surgery occurs in two circumstances. The first is when the key or critical elements of the first operation have been completed and there is no reasonable expectation that there will be a need for the primary attending surgeon to return to that operation. A second operation is started in another operating room while a qualified practitioner performs non-critical components of the first operation allowing the primary surgeon to begin the second operation. The second circumstance is when the key or critical elements of the first operation have been completed and the primary attending surgeon is performing key or critical portions in another room. The primary attending physician must assign immediate availability in the first operating room to another attending surgeon.

Critical or key portions of an operation. The "critical" or "key" portions of an operation are those stages when essential technical expertise and surgical judgment are necessary to achieve an optimal patient outcome. The critical or key portions of an operation are determined by the primary attending surgeon.

Simultaneous or concurrent surgery. Surgical procedures when the critical or key components of the procedures for which the primary attending surgeon is responsible are occurring all or in part at the same time.

Guidelines

A. General principles

1. The primary attending surgeon's sole focus must be to provide the best care to the patient.
2. The primary attending surgeon is personally responsible for the patient's safety and welfare throughout the surgery.
3. The primary attending surgeon should participate in the surgical huddle or time out before the first incision is made.
4. In general, the primary attending surgeon should be in the operating suite or be immediately available for the entire surgical procedure. If the primary attending surgeon is not present or immediately available, another attending surgeon should be assigned as immediately available.

Immediately available means the surgeon is reachable through a paging system or other electronic means, and able to return immediately to the operating room.

5. A primary attending surgeon's involvement in concurrent or simultaneous surgeries on two different patients in two different rooms is inappropriate.

B. Informed Consent

The primary attending surgeon must inform the patient of the circumstances of the overlapping or simultaneous surgery, including:

1. Who will participate in the surgery, including residents, fellows, physician assistants and nurse practitioners who are directly supervised by the surgeon;
2. When the primary attending surgeon will be absent for part of the surgery; and
3. Who will continue the surgery when the primary attending surgeon leaves the operating room.

The primary attending surgeon should provide this information well in advance of the surgery, providing the patient adequate time to consider the information, ask questions, and then to consent to the event as described or to find another surgeon.

C. Documentation

The primary attending surgeon should document in the surgical record the following information:

1. The absence of the primary attending surgeon for any part of the surgery;
2. The time the primary attending surgeon enters and leaves the operating suite; and
3. The name of the temporary primary operator in the primary attending surgeon's absence.

Resources

American College of Surgeons, Statement of Principles, revised April 12, 2016, Part II, D. https://www.facs.org/about-acs/statements/stonprin#anchor172771

American Medical Association Code of Medical Ethics, Chapter 2: Opinions on Consent, Communication & Decision Making. file:///H:/DATA/DOC/Projects/Simultaneous%20surgeries/code-2016-ch2.pdf

Beasley GM, Pappas TN, Kirk AD. Procedure delegation by attending surgeons performing concurrent operations in academic medical centers: balancing safety and efficiency. *Ann Surg.* 2015; 261(6):1044-1045. http://www.massgeneral.org/News/assets/pdf/ProcedureDelegation.PDF

Concurrent and Overlapping Surgeries: Additional Measures Warranted, A Senate Finance Committee Staff Report, United States Senate, December 6, 2016. https://www.finance.senate.gov/imo/media/doc/Concurrent%20Surgeries%20Report%20FINAL%20.pdf

Mello M, Livingston E, Managing the Risks of Concurrent Surgeries. *JAMA*. 2016; 315(15):1563-1564. http://jama.jamanetwork.com/article.aspx?articleid=2505160

Rickert J, A Patient-Centered Solution to Simultaneous Surgery, *Health Affairs Blog*, June 14, 2016. http://healthaffairs.org/blog/2016/06/14/a-patient-centered-solution-to-simultaneous-surgery/

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