



Geelong Hospital's Emergency Surgery Project – Measuring its effectiveness

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Delegates to the 81st Annual Scientific Congress (ASC) of the Royal Australasian College of Surgeons have been told that the introduction of a dedicated emergency surgical list can improve the timeliness of care and patient outcomes.

Dr Daniel McGlade, a surgical Trainee, conducted a study at Geelong Hospital which compared outcomes for patients presenting with acute cholecystitis before and after the introduction of the hospital's Emergency Surgery Project in February 2011. A common cause of emergency surgical admission, acute cholecystitis is chronic inflammation of the gallbladder, usually caused by a gallstone that cannot pass through the cystic duct. Treatment usually involves emergency cholecystectomy, the surgical removal of the gallbladder.

As a baseline, Dr McGlade identified all admissions with acute cholecystitis that underwent emergency cholecystectomy between February 2008 and February 2011. These were then compared with data gathered following the introduction of Emergency Surgery Project.

"During the baseline period, 22.11 per cent of patients were operated on within 24 hours, 57.78 per cent within 48 hours and 79.39 per cent by 72 hours," Dr McGlade said. "After the introduction of the dedicated emergency list these figures rose to 40.42 per cent, 78.72 per cent and 91.48 per cent respectively."

"There was also a significant improvement in the number of patients receiving their operation during the acute admission, a decrease in time to booking and a reduction in the number of patients placed on the elective waiting list," he said.

Dr McGlade's findings support recent calls by the College for the separation of elective and emergency surgical streams in public hospitals.

This year's ASC, with the theme 'The Making of a Surgeon', runs from 6 to 10 May and is being held at the Kuala Lumpur Convention Centre. Approximately 2,500 delegates from Australia, New Zealand and around the world are attending.

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