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The impact of the emergency operating list on laparoscopic surgery provision: An Australian experience

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Introduction: Daytime emergency operating lists have been demonstrated to reduce surgery performed after hours.

Method: A retrospective review of Laparoscopic Cholecystectomies (LC) and Laparoscopic Appendicectomies (LA) between September 2013-September 2017 at a Brisbane tertiary hospital before and after the introduction of a daytime Emergency Operating List (EOL) in February 2016. Daytime was defined as 08:00-16:59, evening was defined as 17:00-21:59 and overnight was defined as 22:00-07:59.

Result: A total of 1392 laparoscopic cholecystectomies and 1201 laparoscopic appendicectomies were performed during the study period. There were 649 emergency appendicectomies in the pre-EOL period of which 281 cases (43%) were performed in the evening and 9 cases (1.4%) were performed overnight. In the post-EOL period there were 517 emergency appendicectomies of which 215 cases (42%) were done in the evening and 9 cases (2%) were performed overnight. There were 67 emergency cholecystectomies in the pre-EOL period of which 11 cases (16%) were performed in the evening and no cases were performed overnight. In the post-EOL period there were 106 emergency cholecystectomies of which 12 cases (11%) were done in the evening and no cases were performed overnight. The introduction of the EOL was able to increase the monthly provision of emergency LC by a factor of 2.4 (2.28 cases/month pre EOL, 5.52 cases/month post EOL).

Conclusion: The introduction of the emergency operating list did not reduce after hours operating in our facility but enabled us to perform more emergency cholecystectomies in the daytime.

Biography

Alexander Mimery has completed his primary medical qualification at Semmelweis University in Budapest, Hungary. He has completed Master of Science in Medicine as well as his MD on the importance of the sentinel lymph node biopsy with a particular focus on breast surgery.

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