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An analysis of the decision-making process after 'decision not to operate' in acutely unwell, high risk general surgery patients

Objectives

The purpose of this study was to analyse the decision making in emergency general surgery in an attempt to ascertain whether the surgeons make the correct decision when they decide not to operate in high-risk acutely unwell surgical patients.

Background

A decision not to operate is sometimes associated with a certain degree of uncertainty as to the accuracy of the decision. Difficulty lies with the fact that the decisions are made on assumptions and the tools available are not fool proof.

Methods

We retrospectively evaluated 'decisions not to operate' over a period of 32 months from April 2013 to August 2015 in a district general hospital in UK and compared with consecutive similar number of patients who had an operation as recorded in the NELA database (from January 2014 to August 2015). We looked at the demographics, ASA grade, P-POSSUM score, functional status, and 30-day mortality.

Results

Two groups (operated [n=43] and conservative [n=42]) had similar characteristics. Patients for conservative management had a higher P-POSSUM score ($p<0.001$), and a poorer functional status ($p<0.001$) at the time of decision-making compared to those that had surgery. Mortality at 30 days was significantly higher for patients decided for conservative management when compared to those that had surgery (76.2% and 18.6% respectively).

Conclusions

Elderly patients, with poor functional status and higher predicted risks than younger cohorts who appear to benefit less from surgery, more often drive multidisciplinary discussions on whether not to operate, with surgeons taking a reasonable conservative approach in these situations.