

GUIDELINES FOR LIVE OPERATING AT ALSGBI SCIENTIFIC MEETINGS

Background

A key component of the ALSGBI scientific meeting has been the first day of the conference, which is primarily devoted to live operating. The relevance and safeguards relating to live transmitted operating are discussed.

Role of live surgery versus recorded procedures

- Recorded procedures allow a degree or not of editing, which can be better timetabled
- Rare cases and specific surgical procedures can be guaranteed with pre-recorded material
- Replay, review and annotation is possible with recorded material
- Live surgery doesn't just select best procedure / anatomy etc
- Live surgery provides opportunity for real time problem solving
- Overall theatre environment is on show rather than just surgery
- Real time interactivity from audience helps answer specific questions

Patient care issues

Patient consent

The potential for inclusion on the surgical programme could influence the balance of consent towards surgery, or timing thereof. The operating surgeon is likely to be different to the consenting surgeon. Elements of consent should be comparable between the two. Separate consent should be sought for the operative procedure and the live transmission. Understanding should be sought from the patient that the two are not linked, and that consent for live transmission can be withdrawn up the point of anaesthesia, without prejudice to the operative procedure. Consent should be provided in advance with a cooling off period where possible. Further explicit consent should be sought from the patient if the video transmission is to be published, for example on the ALSGBI website

Patient coercion

Patients should not be pressurized or made to feel that failure to consent to live transmission of their operation would result in any change in their clinical care. Moreover patients should not be given to believe that consenting to the process would expedite or advantage treatment.

Surgeon performance

The operating surgeons may be national or international experts, who are used to and comfortable operating in a teaching environment. Other surgeons may be local to the meeting, and may be less happy to have their skills showcased to a live audience. Pressure should not be brought to bear on

surgeons to perform a live transmission if there are any concerns that they would not be entirely comfortable. Local expertise can also be demonstrated using recorded material. Different levels of preparation will be required by different surgeons, and should be taken account of leading up to a meeting. For example they should have the opportunity to familiarize themselves with different equipment or theatre staff if needs be. Surgeon motivation should be laudable and financial reimbursement or other forms of payment should not be used as an incentive to operate.

Variation in normal practice

The environment created during live operating sessions results in variation from normal operating practice. The operating surgeon may be unfamiliar with the theatre team and vice versa. Different or novel equipment may be used because of surgeon preference, or to maintain commercial support for the meeting. The process or timing of procedures may be altered to accommodate the filming schedule. The number of people required in theatre will be larger than usual with AV technicians and company representatives for example.

It is essential that safety processes are maintained above all else, with time outs for WHO checks, and infection control procedures in place. Last minute changes to operating schedules need to be clarified and any list alterations reprinted. Intraoperative variations to accommodate filming are permissible provided that no increased risk is conferred to the patient.

Individual responsibilities

Local Organiser

The local organizer has overarching control of all operating activity and will need to assume direct responsibility for patients, or have access to a nominated local clinician with direct responsibility throughout the operating sessions.

The local organizer will need to liaise with the congress secretariat, visiting surgeons, local clinicians and theatre teams, and equipment companies ahead of the event.

Local arrangements for credentialing visiting surgeons will need to be confirmed well in advance as they can often take time to complete. The local organiser should liaise with his or her HR department to establish the process. Permission to allow direct patient involvement should also be extended to any assistant(s) who accompany the surgeon.

The local organizer will have ultimate responsibility for dropping the live link if patient safety is thought to be under compromise. Visiting surgeons are also answerable to the local organizer or nominated clinician and may need to take guidance from him or her when necessary.

Operating surgeon

The operating surgeon will need to liaise in advance with the theatre team in order to familiarize him or herself with local arrangements. Requests for specific equipment need to be timely, and there need to be robust arrangements for assessment, sterilization and return of any reusable kit brought in by the surgeon. This may take several days and should also be discussed well in advance.

Surgeons may be more comfortable bringing a member of their own theatre team to scrub or camera hold and this should be facilitated where possible, including appropriate credentialing .

Prior to the operation the surgeon should have access to all relevant notes and investigations and be comfortable with the indication for surgery. The procedure should be agreed in advance with the local clinician responsible for the patient.

The operating surgeon needs to meet the patient(s) and confirm the consent process before undertaking the operation. The surgeon will also need to attend the relevant team brief in theatre prior to sending for the patient.

The primary responsibility of the operating surgeon is to the patient. He / she should determine the progress of the operation according to the patient's best interests, and not that of the live audience.

If the surgeon feels that the presence of the live audience is having an adverse effect on the operation he / she should have no hesitation to drop the live link and clear the theatre of non-essential personnel.

Visiting surgeons will take guidance where necessary from the local organizer or clinician with primary responsibility for the patient.

It is suggested that a minimally or unedited video of the proposed procedure is made available by visiting surgeons. This could be used in case of unforeseen change or difficulty in the procedure in order to complete the educational elements where necessary.

Theatre sister / coordinator

A nominated individual should be responsible for each list to be transmitted. The list should be drawn up in advance with the cases, the operating surgeons and the local surgeon responsible for each patient clearly stated.

The list co-ordinator will need to liaise with the local organizer and the visiting / operating surgeons to establish any equipment issues in advance. Any specific training needs or equipment trials will need to be planned well in advance. Clear lines of training and financial accountability will need to be established with relevant equipment companies.

Policies for loan equipment will need to be confirmed including local sterilization policies. Any costs incurred will need to be defined and funding source confirmed.

Normal team briefings should be observed. The visiting surgeon should be present for the team briefing either at the beginning of the list or prior to sending for the patient they are due to operate on. Standard policies for list changes should be employed.

All safety checks should be conducted as normal. Clear guidance should be available for personnel movements / numbers etc in the theatre complex.

Moderators

The role of the moderators is to guide communication between audience and operating team.

Moderators need to be sensitive to the situation in theatre and may need to avoid distraction when appropriate.

Any concerns for patient safety from moderators or audience should be made aware to the local organizer.

