
The Operation—Intraoperative Responsibility of the Primary Surgeon

The following Position Statement was created by the Orthopaedic Trauma Association (OTA) Evidence-Based Quality, Value, Safety Committee, and approved by the OTA Board of Directors in April 2017. The following societies have confirmed support of this document, and its opinions and recommendations.



ORTHOPAEDIC
— TRAUMA —
ASSOCIATION

AANA | ARTHROSCOPY ASSOCIATION
OF NORTH AMERICA



Limb Lengthening and
Reconstruction Society



Ruth Jackson
Orthopaedic Society



SOMOS
The Society of Military
Orthopaedic Surgeons



General Statement

The primary attending orthopedic surgeon is personally responsible for the patient's welfare throughout the operation. In general, the patient's primary attending orthopedic surgeon should be in the operating suite or should be immediately available for the entire surgical procedure. There are instances consistent with good patient care that are valid exceptions. However, when the primary attending surgeon is not present or immediately available, another attending surgeon should be assigned to be "immediately available."

The definitions at the end of this Statement provide essential clarification for terms used herein.

Concurrent or Simultaneous Operations

Concurrent or simultaneous operations occur 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. The critical or key components of an operation are determined by the primary attending surgeon. A primary attending surgeon's involvement in concurrent or simultaneous surgeries on two different patients in two different rooms is inappropriate.

Overlapping Operations

Overlap of two distinct operations by the primary attending surgeon is potentially reasonable in two general circumstances.

The first scenario is when the key or critical elements of the first operation have been completed, and there is no reasonable expectation that the primary attending surgeon will need to return to that operation. In this circumstance, a second operation can be started in another operating room while a qualified practitioner performs noncritical components of the first operation—for example, wound closure—allowing the primary surgeon to initiate noncritical components of the second operation. In this situation, a qualified practitioner must be physically present in the operating room of the first operation.

The second scenario is when the key or critical elements of the first operation have been completed and the primary orthopaedic attending surgeon is performing key or critical portions of a second operation in another room. In this scenario, the primary attending surgeon must assign immediate availability in the first operating room to another attending surgeon. The performance of overlapping procedures should not negatively affect the seamless and timely flow of either procedure.

For emergent, urgent non-scheduled, and/or poly-traumatized patients requiring multiple separate procedures for multiple injuries, an overlapping procedure in a second room on another patient may be permissible between separate procedures in the first room provided critical elements of any two procedures in separate rooms do not overlap and qualified practitioners are present.

Multidisciplinary Operations

Contemporary surgical care often involves a multidisciplinary team of surgeons. During such operations, it is appropriate for surgeons to be present only during the part of the operation that requires their surgical expertise. However, an attending surgeon must be immediately available for the entire operation.

Delegation to Qualified Practitioners

The surgeon may delegate part of the operation to qualified practitioners including but not limited to residents, fellows, anesthesiologists, nurses, physician assistants, nurse practitioners, surgical assistants, or another attending under his or her personal direction. However, the primary attending surgeon's personal responsibility cannot be delegated. The surgeon must be an active participant throughout the key or critical components of the operation. The overriding goal is the assurance of patient safety.

Procedure-Related Tasks

A primary orthopedic attending surgeon may have to leave the operating room for a procedure-related task, such as review diagnostic imaging, discussion with the patient's family, and breaks during long procedures. The surgeon must be immediately available for recall during such absences.

Unanticipated Circumstances

Unanticipated circumstances may arise during procedures that require the primary attending surgeon to leave the operating room before completion of the critical portion of the operation. In this situation, every effort should be made to identify a backup attending surgeon to come to the operating room promptly.

Circumstances in this category might include sudden illness or injury to the surgeon, a life-or-limb-threatening emergency elsewhere in the operating suite or contiguous hospital building, or an emergency in the surgeon's family.

If more than one emergency occurs simultaneously, the attending surgeon may oversee more than one operation until additional attending surgeons are available.

Surgeon-Patient Communication

Patients should be informed of planned overlapping cases and the potential role of qualified practitioners in such instances. If an urgent or emergent situation arises that requires the surgeon to leave the operating room unexpectedly, the patient should be informed subsequently.

Definitions

In an effort to provide some standardization of nomenclature, the following definitions are provided:

Backup surgical attending

The qualified surgical attending who has been designated to provide immediately available coverage for an operation during a period when the primary surgeon might be unable to fill this role.

Concurrent or simultaneous operations

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

“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.

Immediately available

Reachable directly or through a paging system or other electronic means, and able to return immediately to the operating room. This term should be defined more completely by the local institution.

Multidisciplinary operations

An operation where more than one primary attending surgeon will be the responsible attending surgeon for different portions of the operation. An example of a multidisciplinary operation is a procedure in which a surgeon of one specialty or subspecialty provides the exposure required by a second surgeon who performs the main surgical intervention (such as a vascular surgeon providing exposure for an orthopaedist to provide fracture care).

“Overlapping” operations for surgeons

The practice of the primary surgeon initiating and participating in another operation when he or she has completed the critical portions of a 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.

Physically present

Located in the same room as the patient.

Primary attending surgeon

Considered the surgical attending of record or the principal surgeon involved in a specific operation. In addition to his or her technical and clinical responsibilities, the primary surgeon is responsible for the orchestration and progress of a procedure.

Qualified practitioner

Any licensed practitioner with sufficient training to conduct a delegated portion of a procedure without the need for more experienced supervision and who is approved by the hospital for these operative or patient care responsibilities.

Notice and Disclaimer

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