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Peri-Operative Care: Who's Responsibility?

I can not provide an "evidence based" answer to this question.

Currently the responsibility probably lies with the surgeon who typically shares that responsibility with a multi-disciplinary team including anaesthesia and nursing staff. Not surprisingly there is evidence that highly motivated, well organised and educated teams that practice best evidence based practice and have a high case load produce better patient outcomes than smaller and less well run units. Also, not surprising is that attention to detail that starts with pre-operative evaluation and patient preparation including risk modification through dietary changes and exercise programmes improves results. The closest thing to an "evidence base" that I can find are the randomised trials of "fast-track" surgery versus a "traditional approach". The "fast track" approach uses a multi-modal best-evidence based practice and a multi-disciplinary team. Results seem to consistently demonstrate improved outcomes in terms of length of hospital stay although re-admission rates may be higher. A common theme in these programmes is a much greater degree of patient involvement and responsibility. However, the studies of "fast track" surgery do not address the question of who should be responsible for various components of peri-operative care. There is a compelling argument that it should be a specialist in peri-operative medicine. Consider for example determination of a patient's fitness for major surgery. There has been a long tradition of surgeons referring patients to a Cardiologist who are usually well trained and skilled in the evaluation and management of ischaemic heart disease but not best placed to answer the question "is this patient fit for surgery?" and "how should they best be managed in the peri-operative period?". This is an increasingly complex subject and the answer to these questions requires specialist knowledge and expertise that is not yet commonly available. I think there is a strong argument for the continued development of an independent speciality of peri-operative medicine. Peri-operative physicians with skills and interest in peri-operative risk and most effective therapeutic intervention should then take responsibility for peri-operative care.

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