

Doctor's Offices Doing More Surgeries  
by Connie Midey - Nov. 7, 2010 12:00 AM  
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When Diane Vincent underwent lumbar spine surgery several years ago, she spent days in the hospital. She was treated well, she said, and knew she was in the right setting for the procedure.

"Still, it's hectic in the hospital," the Scottsdale woman said. "It's a big, big place, and there's a lot going on - a little bit of 'turn here,' a little bit of 'go there.' "

So when she needed jaw reconstruction in December 2009, she was pleased to have a different choice.

Rather than checking into a hospital, she went to her doctor's office in a north Scottsdale office park. Instead of a surgical gown, she wore her own comfortable clothes, even her own black loafers.

She entered a room not much bigger than a normal exam room for a procedure that once would have called for hospitalization.

People who remember when tonsillectomies required overnight hospital stays might be surprised by how many patients now have surgery without ever setting foot in a hospital.

Advances in surgical techniques and the use of less-powerful anesthetics have made all kinds of office procedures possible, such as arthroscopic knee repair and varicose-vein removal.

In the late 1980s, hernia repair, for example, required a long hospital stay. Soon after, doctors were able to send a hernia patient home from the hospital or an outpatient surgery center the same day. Now, they perform the repair in a few hours in their offices.

Out of about 80 million outpatient surgeries last year, including those done at hospitals and free-standing surgical centers, more than 12 million were performed in doctor's offices, a national surgical-safety group estimates.

That figure is expected to continue growing in tandem with the advances in anesthetics and minimally invasive procedures that make office surgery possible.

But while increasing numbers of patients choose the office setting for its convenience, comfort, lower infection risk and possible cost savings, some doctors warn that safeguards for patients have been slow to keep up.

The concerns

When Vincent learned she needed jaw surgery to restore bone lost after an infection and tooth extractions, she took her safety seriously.

She met with Robert Guyette, a Valley medical doctor and dentist specializing in oral and maxillofacial surgery, and asked him questions. She brought in detailed medical records to review with him and toured his office. She was reassured by the sight of monitoring equipment and a crash cart filled with emergency supplies.

Many surgeries that can be performed on an outpatient basis also can be done at an office, if a

doctor chooses to do so. But that, some advocacy groups and doctors caution, puts the burden on patients to ensure the quality of their care.

Ten years ago, most states lacked regulations for doctors who performed office-based surgery requiring sedation or general anesthesia. New Jersey attorney Madelyn Quattrone, describing the practice at the time as "the wild, wild West of care," wrote about the need for oversight in an article for the Journal of Ambulatory Care Management.

Since then, the number of states with rules, statutes or other guidelines for office-based surgeries has grown to 25.

In Arizona, rules issued by the state Medical Board went into effect in 2008. They require physicians who use general anesthesia in their office or other outpatient setting to obtain a license from the Arizona Department of Health Services. With general anesthesia, a machine breathes for the patient.

Especially at higher levels, anesthesia requires skillful administration and monitoring and can pose extra risks for patients who are older or have certain health conditions.

Many surgeries require only lower levels of sedation, but doctors performing those still must abide by other measures in the office-surgery guidelines, which call for the doctor's presence during surgery and recovery, written policies for emergency care and transfer of patients to a hospital if needed, and training and certification of staff members.

Discipline taken by the Medical Board is not searchable by doctor's setting, so the number of office-surgery infractions since the rules were adopted is unknown.

"But we have not had a lot of complaints," Executive Director Lisa Wynn said. "Physicians understand the regulations, and the insurance companies want to make sure they're compliant."

Those rules were not in place when the board revoked Peter Normann's medical license in 2007 after the cardiac-arrest deaths of three liposuction patients in less than a year at his office in Anthem.

Normann, who was certified in internal medicine, later was indicted on two counts of second-degree murder and one count of manslaughter in the patients' deaths. He has pleaded not guilty.

Boston anesthesiologist Fred Shapiro last year founded the non-profit Institute for Safety in Office-Based Surgery to address the need for tougher oversight. The institute compiled estimates indicating that more than 12 million office surgeries were performed in 2009.

"That's 12, 13, 14 million a year and growing - and often without rules," Shapiro said.

Anesthesiologist Richard Urman, the group's executive director, said lack of uniform standards makes patient education especially important.

"People think of their doctor's office as a safe place to go," he said, even though highly publicized cases of office surgery gone awry, sometimes with fatal results, prove that is not always the case. "We want to make sure they know which questions to ask."

A key one: Does your doctor have privileges to perform the same procedure in the hospital?

"To do surgery in the hospital," Phoenix plastic surgeon John Bass said, "I had to submit all my training and go to an interview before the surgery committee. They find out if I'm qualified to do it and if I can prove that I can do it."

Doctors can offer surgery in their offices without a hospital's permission, Bass said, but patients have no way to know the doctors' qualifications.

"A family-practice doctor who wants to do liposuction - he's only got one place he can do that, and that's in his own surgery center," Bass said. "He makes himself medical director and gives himself privileges."

The benefits

Reassured by her doctor's safety measures, Vincent also was happy that one staff member was assigned to guide her through each step of the process, from pre- to post-surgery.

"I needed hand-holding," Vincent said, laughing at her initial nervousness.

Surgery was scheduled for 7 a.m., with Vincent set to receive a moderate level of intravenous sedation. First, though, Guyette called a timeout.

A before-surgery timeout is his office's regular practice, allowing doctor, staff and patient an opportunity to confirm plans for the procedure and clear up any last-minute questions or worries. When everyone was ready, the anesthetic started flowing.

Patients choose office surgeries for a variety reasons, including a preference for the setting.

They "feel less anxiety in an office they may have been in before for routine visits," said obstetrician-gynecologist Celina Reyes-Hailey of New Horizons Women's Care, which has four offices in the Valley.

"And they're just so thrilled when they wake up from light sedation and don't feel as nauseated or groggy as in past surgeries," she said.

New Horizons physicians perform surgeries at Chandler Regional Hospital and at their own offices.

For doctors, providing an up-to-standards surgical environment raises expenses. For patients, the cost of office surgery often is lower.

"(Patients) don't have the accrued costs that go along with being part of a hospital system," Reyes-Hailey said.

Physician Daniel Aspery, medical director and vice president of health services for Blue Cross Blue Shield of Arizona, said the insurance company covers surgery in the setting deemed by the doctor to be most suitable. For the past two to three years, the choice increasingly has been the doctor's office, he said.

"But we monitor it," Aspery said. "In the office, physicians need to provide for everything that would have been appropriate for the surgery had it been done in the hospital. That means they're going to have to have sterilized equipment, a sterilized environment, the right staffing."

When Vincent awoke after about two hours of surgery and 30 minutes of recovery in the operating room, an assistant walked her from the small-scale operating room to a cozy reclining chair in the adjoining room.

The doctor remained in the facility through Vincent's release, and she was home with her husband before noon.

"There wasn't a lot of running around," Vincent said, "and everybody was paying attention to my

condition. I would not have wanted surgery done any other way."

Guyette, who performs his most complex operations at Scottsdale Healthcare facilities, often calls unannounced practice drills in his offices.

"What could go wrong? I think about that every day," he said. "If done well, office-based surgery has obvious benefits, from a cost standpoint, from the standpoint of reducing the risk of infection. It can be a safe and excellent way to do things."

Read more:

<http://www.azcentral.com/arizonarepublic/news/articles/2010/11/07/20101107doctors-office-surgery.html#ixzz14z0kpwDz>