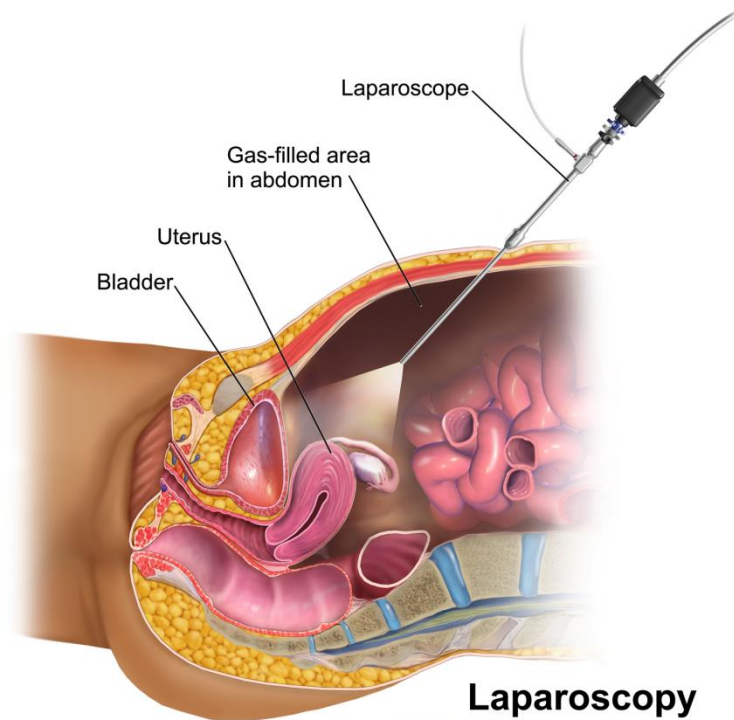


National Women's Health Annual Clinical Report 2019 Mini Report Series 2020 Laparoscopic Surgery

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Consultant Gynaecologist,
Lead Minimal Access Surgery

Benign Laparoscopic Surgery

- Laparoscopic Surgery
- Laparoscopic Hysterectomy
- Healthware -retirement
- Personal Surgical Audit
- Future NWH Surgical Audit



Laparoscopic Surgery

- 53 more laparoscopic procedures were performed in 2019 compared to 2018 (14% increase).
- 75% of cases were elective.
- Endometriosis remains the most common indication for elective laparoscopy.
- Ectopic pregnancy remains the most common indication for acute laparoscopy.

Table 246: Primary indication for surgery by timing of surgery among wāhine having primary inpatient laparoscopic procedures NWH 2019

Primary indication	Surgery in 2018	Acute admission		Elective admission	
	N	n	%	n	%
Total	426	107	25.1	319	74.9
Endometriosis	66	0		66	100.0
Ovarian cyst	80	13	16.3	67	83.8
Ectopic pregnancy	75	68	90.7	7	9.3
Pain, cause unknown	70	9	12.9	61	87.1
Abnormal bleeding	58	3	5.2	55	94.8
Infertility	19	0		19	100.0
Cancer/Pelvic mass	21	0		21	100.0
Urogynaecology/Prolapse	5	0		5	100.0
Other	31	14	45.2	17	54.8

Laparoscopic Surgery

Table 244: Complications of primary inpatient gynaecologic laparoscopic surgery NWH 2019

	Total N=426	
	n	%
Any complication	29	6.8
Blood transfusion	5	1.2
Intra operative injury	3	0.7
Failure to complete procedure	4	0.9
Anaesthetic complications	1	0.2
Significant post-operative infection	1	0.2
Unplanned return to theatre	1	0.2
Admission to DCCM	0	
Other significant complications	0	
Readmission to hospital	15	3.5
Post op complications	6	1.4
Planned readmission	3	0.7
Other	6	1.4

- In 2019 there was a large decrease in total complications from 12% in 2018 to 7%. The majority of this decrease was from a reduction in post-operative readmissions from 9.1% in 2018 to 3.5% in 2019.
- The introduction of the nurse-led post-operative clinic from December 2018 (for hysterectomies) which can help mitigate many of the reasons for re-presentation.
- The 'enhanced recovery after surgery' ERAS package was also introduced for minimally invasive gynaecology during this time frame and may also have had a positive impact on readmissions.

Laparoscopic Surgery n=341

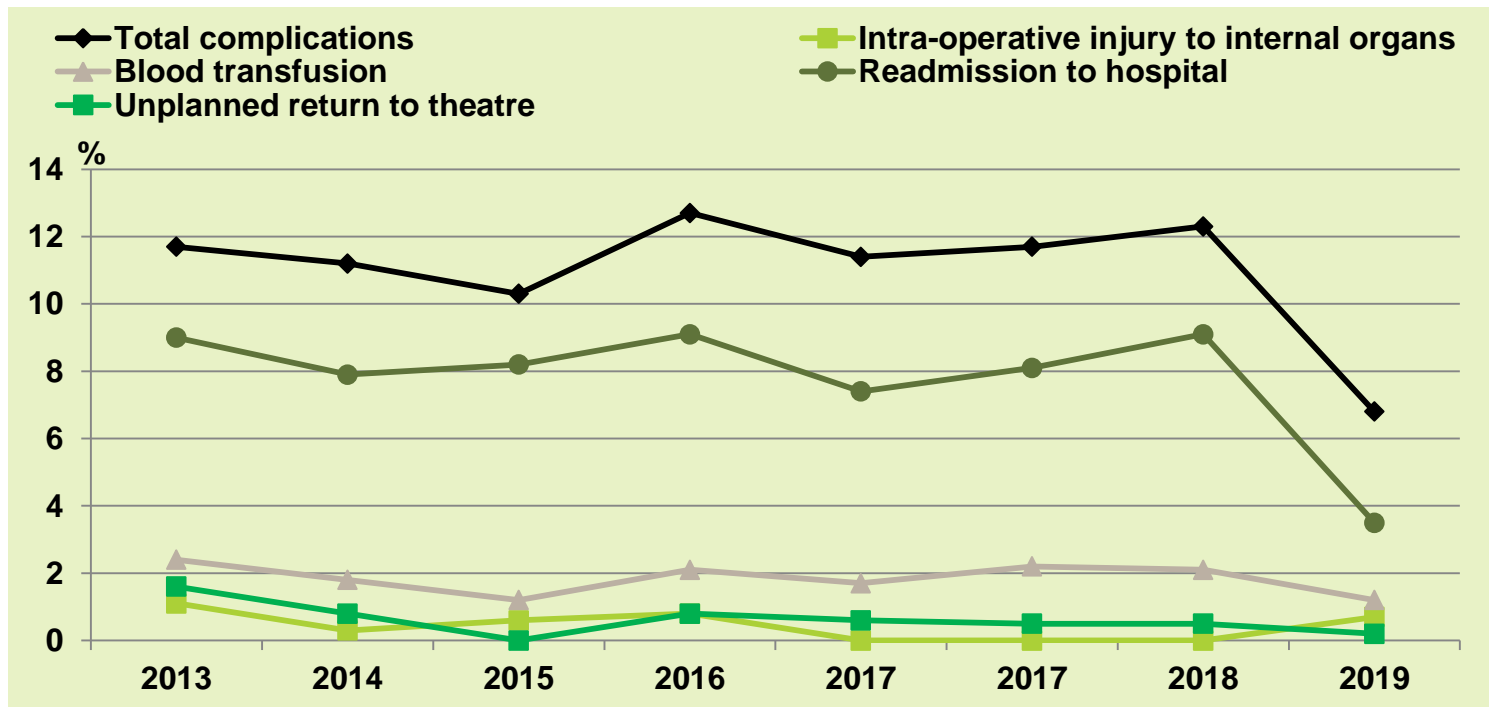


TABLE 2. Types of Complications in Gynecologic Laparoscopic Surgery

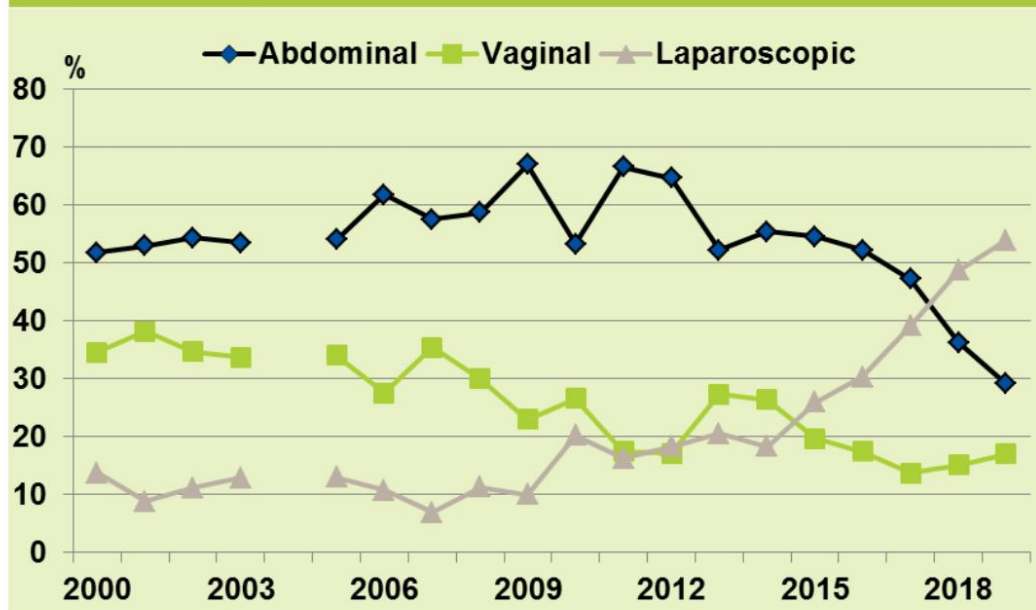
Author (year)	Patients (no)	Complications (%)				
		Intestinal	Urinary	Hernia	Major Vascular	Other
Levy et al, ¹⁶ 1994	74,545	0.3	0.3	NA	NA	NA
Saidi et al, ⁸ 1996	452	0.4	1.7	0	1.0*	6.8†
Härkki-Siren and Kurki, ⁹ 1997	70,607	0.06	0.03	NA	0.01	NA
Jansen et al, ⁵ 1997	25,764	0.1	0.02	0.08	0.1	NA
Chapron et al, ¹⁰ 1998	29,966	0.1	0.1	NA	0.1	—
Mac Cordick et al, ¹¹ 1999‡	743	0.1	0.5	0.1	0.1	NA
Mirhashemi et al, ¹² 1998	843	0.5	0.3	NA	0.2	0.9
Härkki-Siren et al, ¹³ 1999	32,205	0.07	0.2	0.03	0.01	0.05
Quasarano et al, ¹⁴ 1999‡	234	0	0.4	NA	0.4	8.1§
Leonard et al, ¹⁵ 2000	1,033	0.2	0.3	0.09	0.09	2.0
Total	236,392					

NA = not applicable. * Includes uterine (artery) bleeding. † Includes urinary tract infection. ‡ Prospective data. § Includes ileus.

**Javier F. Magrina CLINICAL OBSTETRICS
AND GYNECOLOGY / VOLUME 45 /
NUMBER 2 / JUNE 2002 469**

Laparoscopic Hysterectomies

Figure 175: Route of hysterectomy among hysterectomies performed by general gynaecologists NWH 2000-2019



Hysterectomy Route - Australia

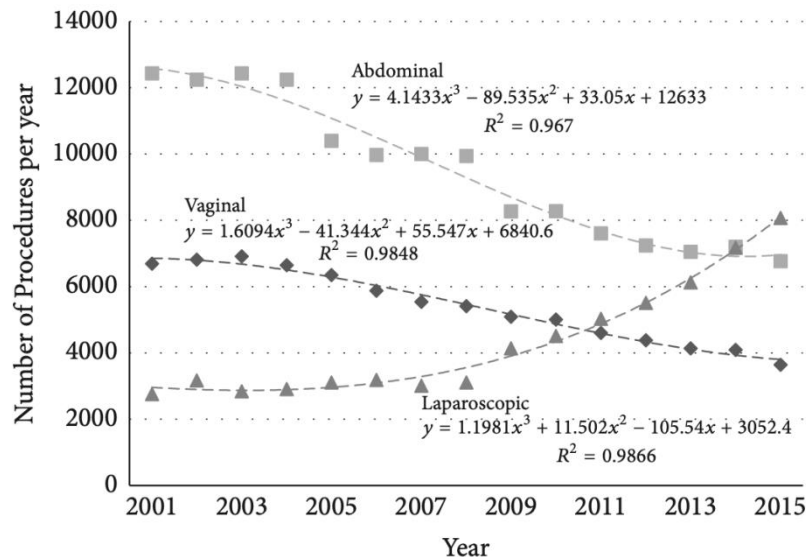
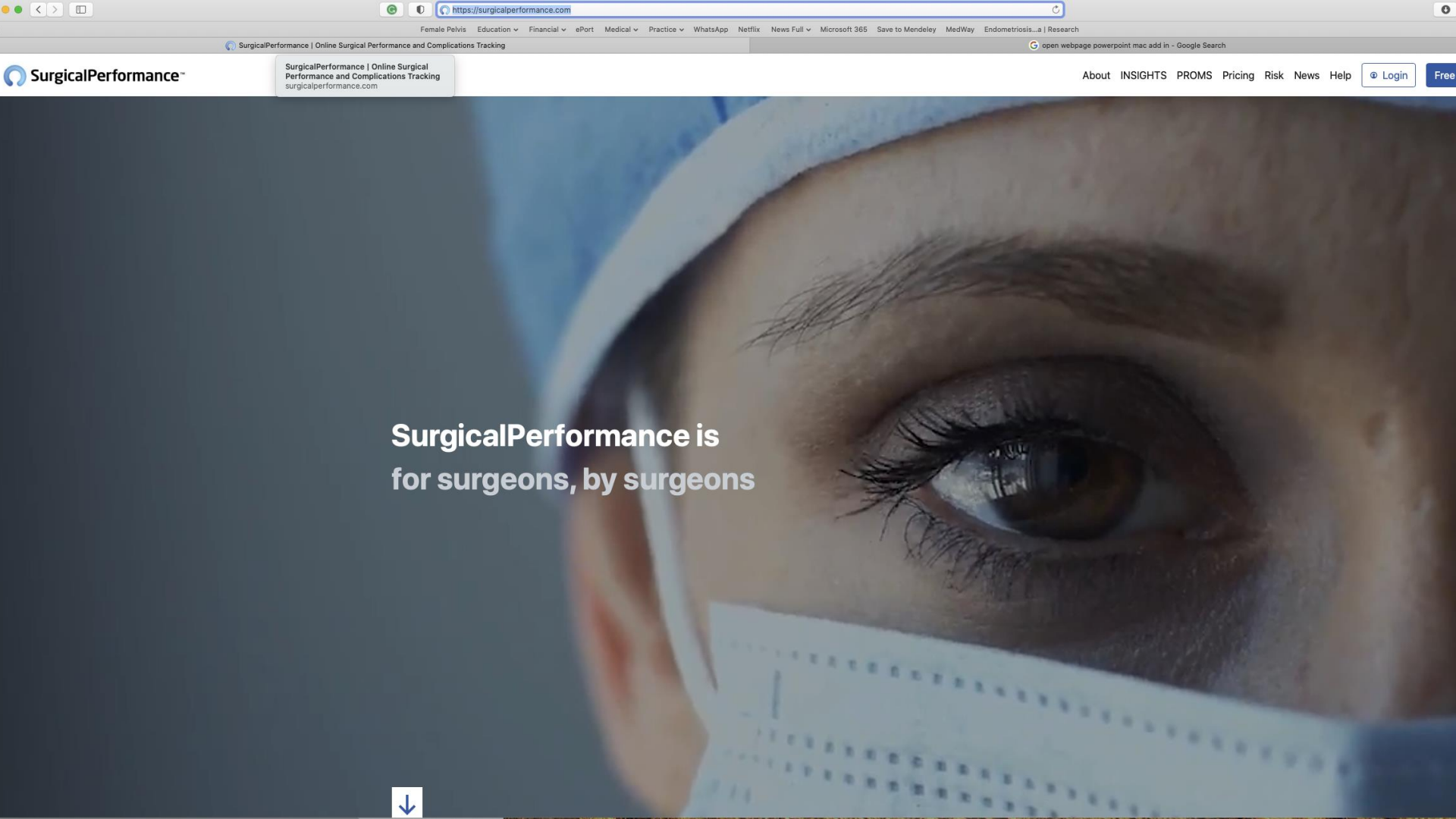


FIGURE 2: Absolute number of hysterectomies by different routes (◆ vaginal, ■ abdominal, and ▲ laparoscopic) in Australia in women aged 35–54 years.

[S Robson, Minim Invasive Surg.](#) 2018;
2018: 5828071.

Comments as a new arrival to NWH

- Data used to produce Nation Womens Report
 - Unique in New Zealand
- Healthware Gynaecology Data collection is performed by SHO or Registrar
- Data useful to ADHB
- What is the relevance of the collected data to individual surgeons??
- Can we make the data useful for individual surgical audit?



**SurgicalPerformance is
for surgeons, by surgeons**



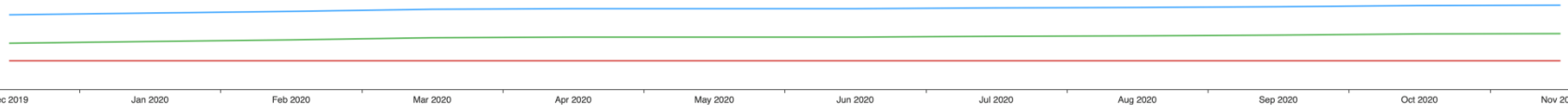
Dashboard

1549 Records

1025 Complete

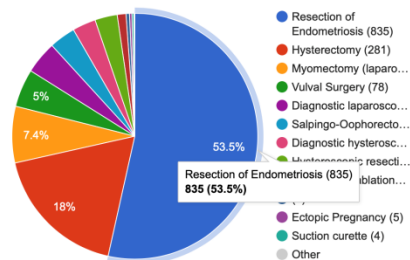
524 Incomplete

Gynaecology - 99.5%



Colposcopy Gynaecology Obstetrics Uterine Cancer Cervical Cancer

Gynaecology



19
PRA Points



0.10%
Complaints



Patient ID	Date modified	Main procedure	General outcomes	Date of Birth	BMI	Location
FKQ8256	6 Nov 2020	Resection of Endometriosis	Other	29 May 1991	23.00	ACH
BXG9496	5 Nov 2020	Resection of Endometriosis	Other	8 Jan 1986	25.00	ACH

Add Record



Gynaecology

Location

Please select

Please select an option

Patient Identifier

This field is required

Patient Ethnicity

Please select

Please select an option

Date of Birth

This field is required

Gender

Female

Body Weight

kg

Height

cm

BMI

Auto-computed BMI

Date of Diagnosis

Date of Surgery

This field is required

ASA

Please select

Please select an option

Pre existing Comorbidities

☐ None ☐ To be completed

This field is required

Pre-existing infection

Please select

Primary Surgeon

Please select

Please select an option

Role in surgery

Please select

Main Procedure

Please select

Please select an option

PROMS Survey

Send survey 7 days after surgery



Send follow up surveys at 30 days and 6 months



Patient first name

This field is required

Patient mobile number

Canada

This field is required

Step 2

Indications

This field is required

Familiarity of the team

- ☐ 1 - not familiar
☐ 2
☐ 3 - somewhat familiar
☐ 4
☐ 5 - very familiar

ASRM Classification

Please select

Please select an option

Surgical Effort

This field is required

Involvement of other Specialist

Please select

Primary Surgical Approach

Please select

Please select an option

Adhesion Barrier or Haemostatic Agent used

Please select

Preop GnRH Agonist Treated

Please select

Postop Med Treatment

Please select

Postop Residual Endometriosis

Please select

Follow Up

Recurrence Status

Please select

Estimated blood loss

mL

Discharge Date

Length of Stay

days

Cystoscopy

Please select

Step 3

Notes

General Outcomes

☐ None ☐ To be completed

This field is required

Preop GnRH Agonist Treated

Postop Med Treatment

Postop Residual Endometriosis

Anaesthetic incident

Visceral injury - bowel/bladder/ureter - intraoperative

Vascular injury - intraoperative

Transfusion of red cells - any

Hospital stay > 7 days

Medication error

Malignancy - incidental finding of

Readmission - unplanned, within 30 days

Return to theatre - unplanned, within 30 days

ICU or CCU admission - unplanned

PE or DVT - within 3 months

Fistula - bladder, ureter, bowel

Death within 30 days from first operation

Surgical site infection

Other infection

Complaint

Please select

Recurrence Status

Please select

Length of Stay

days



None



To be completed

This field is required

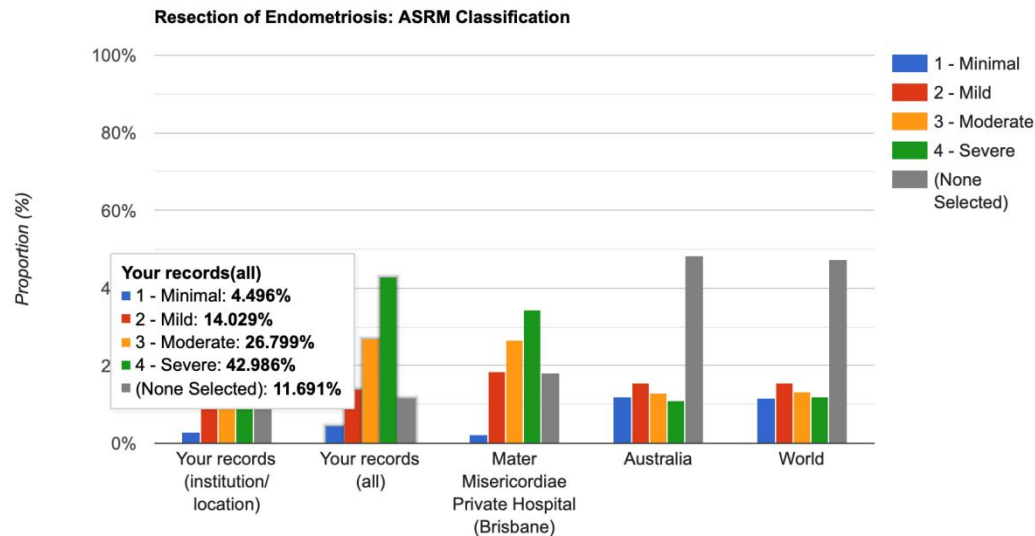
General Gynaecology Reports

Select the Report Group, Outcome, Location and the Timeframe for which you wish to generate a Performance Comparison Report, then click the "Generate Report" button.

The system will generate a Report, comparing the proportion of your own Patient records which meet these criteria, compared alongside records in the database from other surgeons in your Institution, your Country, and compared to all of the available records in the database from other surgeons Worldwide.

Report Group	Outcome	Institution/Location	Timeframe	
Resection of Endometriosis	ASRM Classification	Mater Misericordiae Private Hc	All Time	GENERATE REPORT

☐ Scale Y-axis



Displaying records for User, Institution/Location, Country and the World.

RANZCOG

Home

My CPD

Add an Activity

CPD Resources

Dr Michael Wynn-Williams

Educational Activities (EA)

Outcome Measurement (OM)

Performance Review (PR)

Clinical Audits / Data Review

Clinical audit

C-Quip Program

FSEP pre / post audit

Hospital audit

Nuchal Translucency Program

Quality Improvement Projects

Development and review guidelines

Publications

Review of Medical Records

or

19
PRA Points



0.10%
Complaints

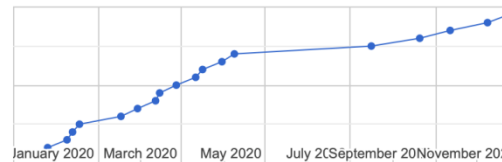
PRA Points

19
Current points

0
Potential points

[How to claim](#)

[Download certificate](#)



From date: 1 / November / 2019 To date: 1 / November / 2020 [GO](#)

SURGEON SPECIFIC OUTCOME REPORTS

for NHS Bariatric Surgery

Powered by
Dendrite Clinical Systems

Data analyses updated in
April 2020



SURGEON SPECIFIC OUTCOME REPORTS

for Endocrine Surgery

Powered by
Dendrite Clinical Systems



Data analyses updated in
March 2020



Jeremy Davis

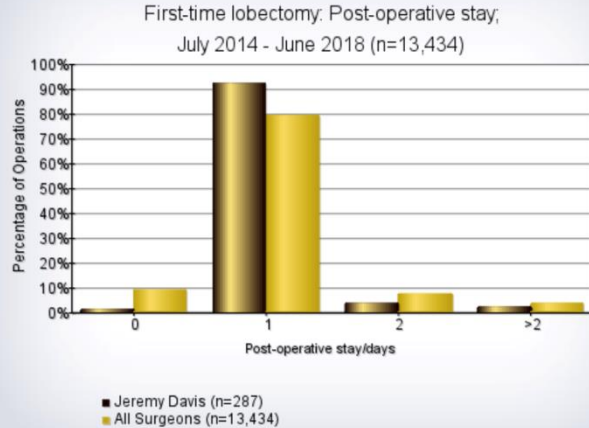
Post-operative Length of Stay

[View Graph](#)

Related Re-admission Rate

[View Graph](#)

CLOSE X



Length of Stay

Shows the distribution of lengths of (overnight) stay for First-time Thyroid Lobectomy cases, for this surgeon, compared to all surgeons.

Relevance: Shorter lengths of stay may be desirable for patients, and in terms of efficient use of hospital resources. They may also represent a surrogate measure of overall complications, which often result in longer hospital stays.

Notes on Interpretation:

There is debate on the safety of true day-case (same day discharge) thyroid surgery.

Hospital stay may be influenced by case-mix (e.g. patient age and co-morbidity; cancer cases requiring simultaneous lymph node dissection or more

Summary

- National Women's is performing more laparoscopic procedures year on year
- Laparoscopic Surgery complications are have reduced over time
- We are losing Healthware, but will start using Dendrite
- This is an opportunity for Gynaecological Surgeons to collect and report there own surgical data
 - Realtime data analysis –personal audit and as a department
 - Clinical tools –pathology results
 - CPD points
- Time issue –Gynae Laparoscopy Surgical Template

