

# New study finds overlapping surgery is safe and efficient

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This study was prompted due to a public safety concern after a patient became paralyzed after undergoing overlapping surgery at Massachusetts General Hospital (2012). The patient had not been informed that his surgeon would be running two rooms, a practice that is now disclosed to every patient before surgery at the hospital. This study, printed in *Neurosurgery*, represents the largest analysis of safety of overlapping operations in neurosurgical literature.

Authors reviewed 7350 neurosurgical procedures, from 2012 to 2015, of both overlapping and non-overlapping surgeries, at an urban academic hospital. Notable variables collected include severity of illness, [mortality risk](#), admission type, and procedure type. Researchers evaluated the outcomes of the procedures by patient recovery factors such as length of stay and estimated [blood loss](#).

Results indicated that overlapping surgeries were more beneficial to [patients](#) than procedures performed in separate sessions. Although patients experienced longer operation times, they spent less time in the hospital. Patients were more likely to be discharged home and had lower mortality rates, blood loss, and [acute respiratory failure](#).

Researchers caution that patients in overlapping procedures were younger and less sick than patients who underwent non-overlapping surgery. The differences in these findings are not significant enough to be generalizable across institutions. Therefore, it is inappropriate to conclude that overlapping surgeries are always the best procedures. The

study does, however, provide valuable evidence that overlapping surgery is safe and effective for many patients.

**More information:** "Comparison of Patient Outcomes in Three Thousand Seven Hundred Twenty-Five Overlapping vs Three Thousand Six Hundred Thirty-Three Non-overlapping Neurosurgical Procedures Using a Single Institution's Clinical and Administrative Database"  
[doi.org/10.1093/neuros/nyw067](https://doi.org/10.1093/neuros/nyw067)

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