

Low value surgical procedures should be avoided to reduce costs and improve patient care

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Reducing the use of 'low value' interventions that deliver little benefit is vital to cut healthcare costs. In the *BJS (British Journal of Surgery)*, investigators have identified 71 low value general surgical procedures, of which five services were of high volume and high cost, 23 were of high cost and low volume, 22 belonged to the low cost and high volume group, and 21 were in the low cost and low volume group.

Highest impact interventions included inguinal hernia repair in minimally symptomatic patients, inappropriate gastroscopy, interval cholecystectomy, CT to diagnose appendicitis, and routine endoscopy in those who have had CT-confirmed diverticulitis. With five general surgical procedures carrying a burden of ≤ 153 million, the Audit Commission's previous estimate (≤ 570 million per annum for all healthcare) is likely to be conservative.

"It is the basic thought of every surgeon at their earliest decision when becoming a doctor to act in the patient's best interests, and this inherent belief should provide motivation to maximize value of care," said lead author Mr. Humza Malik, of Imperial College London, in the UK. "Remembering this, clinicians should lead changes to provide pertinent, precise treatments, thereby avoiding ineffective interventions and challenging existing dogma that 'more care is better care.'"

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