

How to improve the surgery backlog during COVID-19

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A new paper suggests three solutions to addressing the backlog of non-urgent surgeries delayed due to the COVID-19 pandemic.

"As a surgeon, I understand why hospitals needed to delay many elective surgeries to ensure there was enough space and [health care workers](#) available to take care of the sickest patients with COVID-19," says Jessica Billig, M.D., a resident physician of plastic surgery at Michigan Medicine and lead author of the paper published in *Annals of Surgery*. "But we know that continuing to delay these surgeries could result in poor [health](#) outcomes for our patients. Which makes us ask, how can we start to work through the backlog of surgeries efficiently and swiftly?"

Billig and her co-author, Erika Sears, M.D., an assistant professor of plastic surgery at Michigan Medicine, provide three strategies to address the need for [surgical care](#):

- 1. Continue to grow telemedicine.** The pair notes that broadly adopting the way telehealth appointments were implemented for postoperative care in the past, and expanding it to some initial surgical consultations, could continue to grow the service and make medical appointments easier on the patient.
- 2. Expand operating room schedules and ambulatory surgery center capacity.** They suggest operating outside of normal working hours, accommodating more outpatient surgical patients at ambulatory [surgery](#) center sites and performing minor procedures in the clinic setting to free up operating room space for more complex procedures.
- 3. Be transparent with patients about surgical billing.** Billig and Sears note that many patients are experiencing unemployment and monetary strains due to the pandemic. They encourage surgeons, practices and health care systems to provide patients with access to transparent pricing. Surgeons should also consider location when they are performing a procedure. For example, if it was performed in a clinic, could it result in less out-of-pocket expenses for the patient?

"It should be noted, that if many of these surgeries continue to be put off, many of these [health conditions](#) will continue to progress and could cause the patient to become sicker," Billig says. "We hope these strategies offer our colleagues across the country some thoughts to consider so we can accommodate the patients that need our surgical care."

More information: Jessica I. Billig et al, The Compounding Access Problem for Surgical Care, *Annals of Surgery* (2020). [DOI: 10.1097/SLA.0000000000004085](#)

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