

VARIATION IN SURGEON OPERATIVE REPORTING IN VENTRAL HERNIA REPAIR

BEATA.E. LOBEL MD¹, ANNA KARPINSKI, RN, MS, ACM¹, RICHARD M. NEWMAN, MD, FACS^{1,2,3}, JAMES G. BITTNER IV, MD, FACS^{1,2,3}

¹Saint Francis Hospital, Hartford, CT; ²University of Connecticut School of Medicine, Farmington, CT; ³Quinnipiac University Frank H. Netter MD School of Medicine, North Haven, CT

Background

Operative reports affect patient care, billing, quality reporting, and medicolegal situations.

Ventral incisional hernia repair (VIHR) is a common operation. Many strategies are used to repair a ventral incisional hernia.

Aim

- quantify accuracy and completeness of VIHR operative reports
- create a VIHR-specific dictation template for quality improvement and future comparative assessments.

Methods

- Retrospective review
- Consecutive VIHR at single institution
- June 2018 – February 2019
- Operative reports reviewed by two authors
- Non-parametric data analysis (P<0.05)

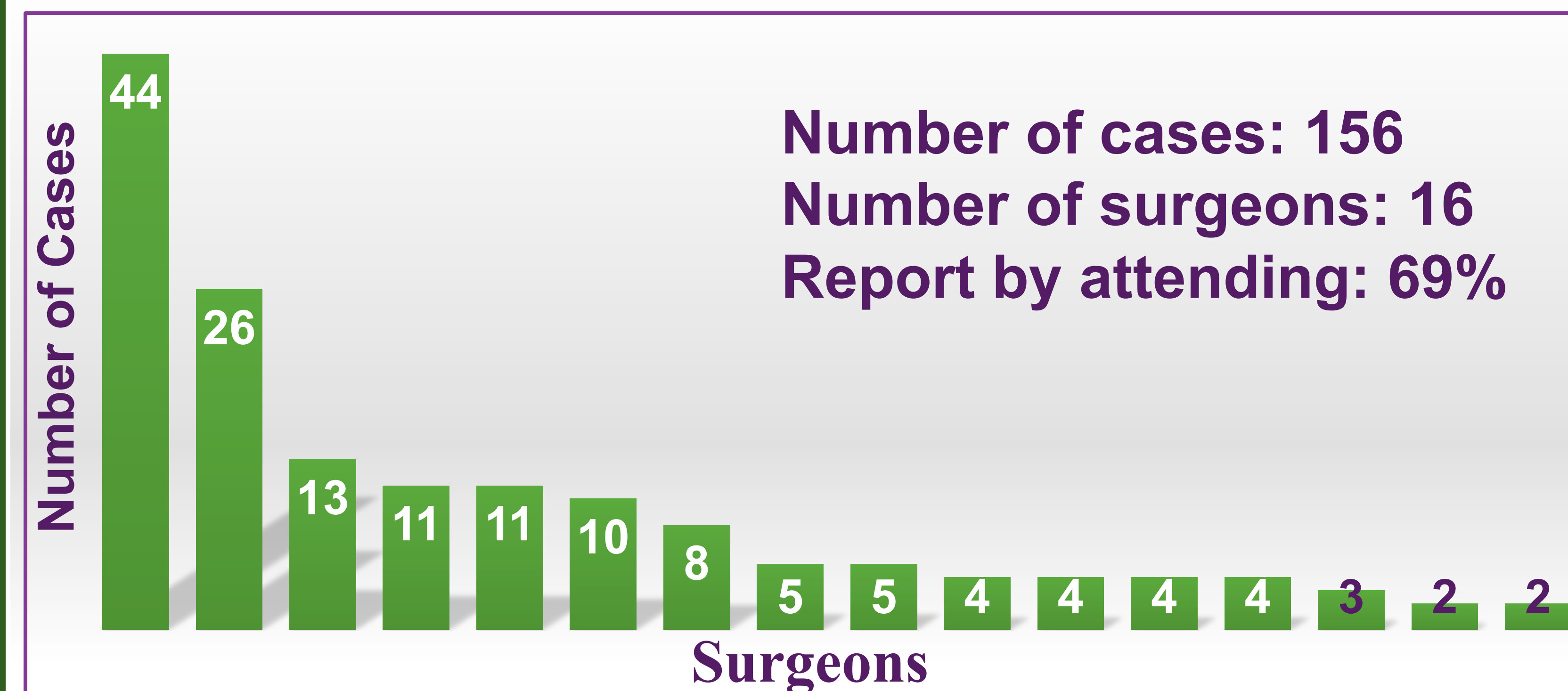
Variables

Patient demographics and outcomes data

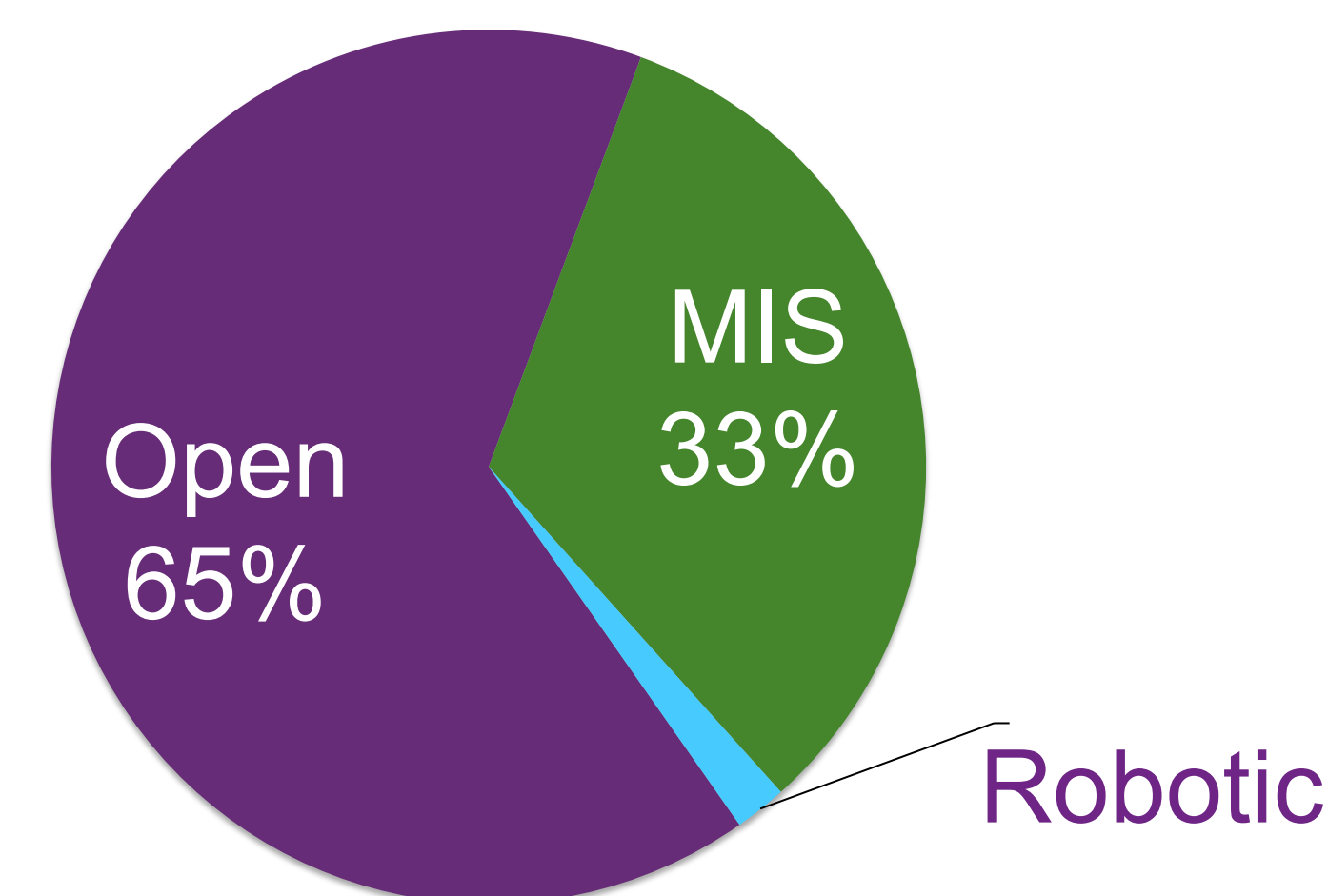
Quality Indicators of VIHR

- Hernia defect anatomical location, number, width, length, and contents
- Hernia defect closure including suture type, size, needle, and technique
- Mesh size, type, and location

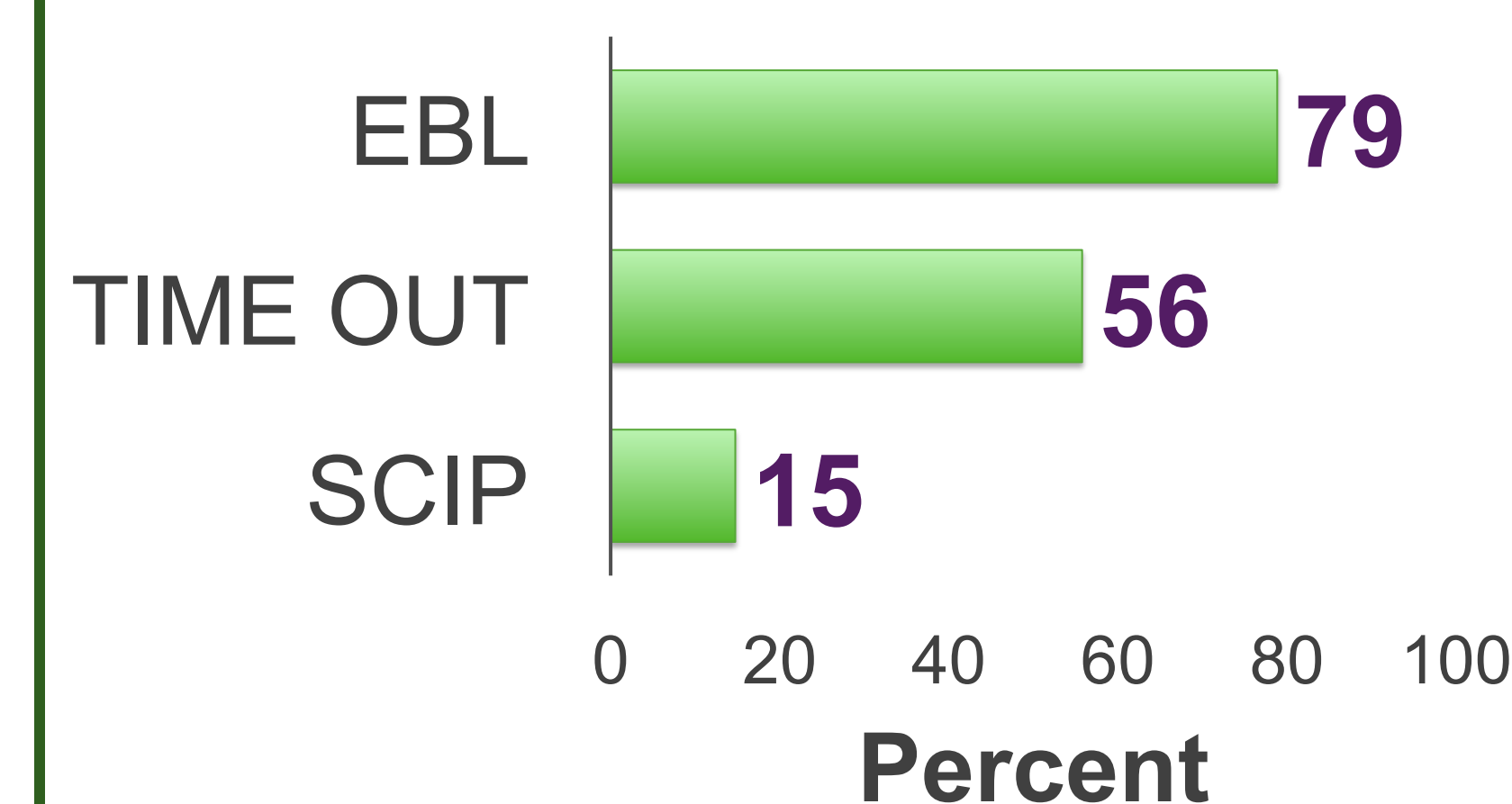
Results



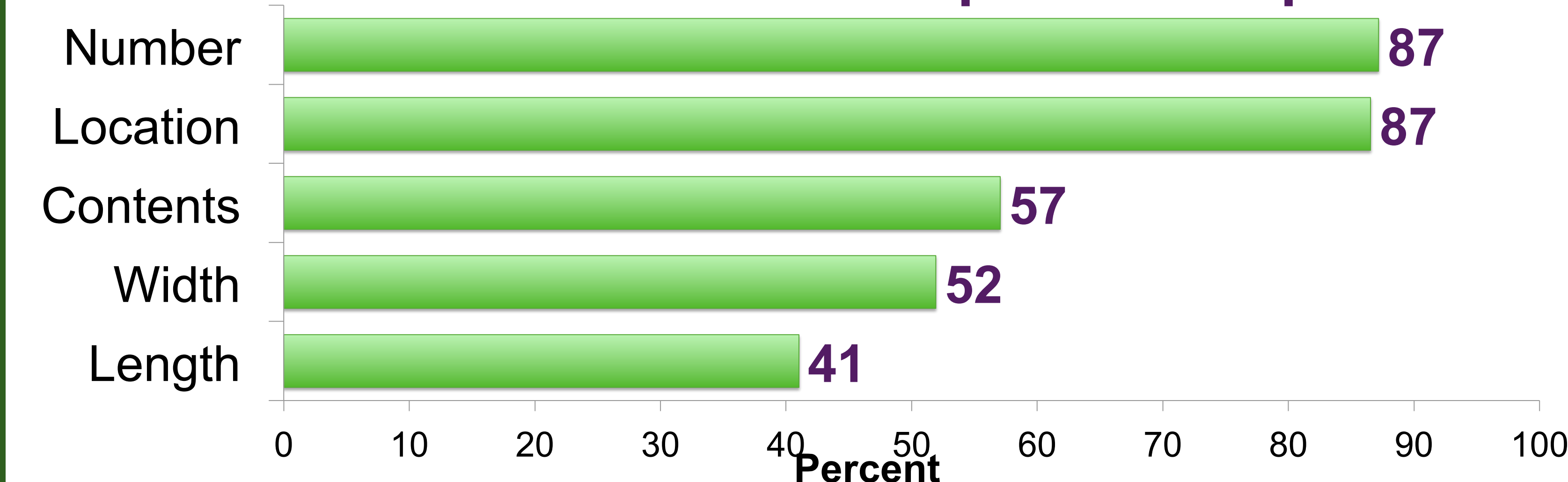
Operative Approach



Quality measures in reports

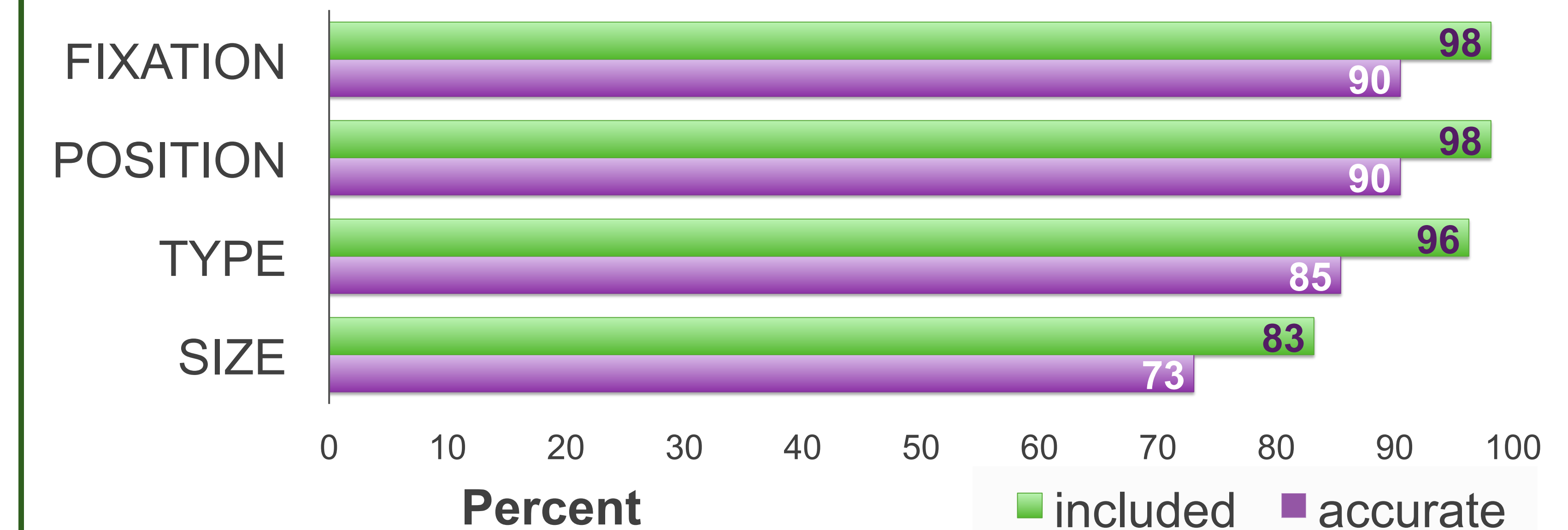


Hernia Characteristics In Operative Reports

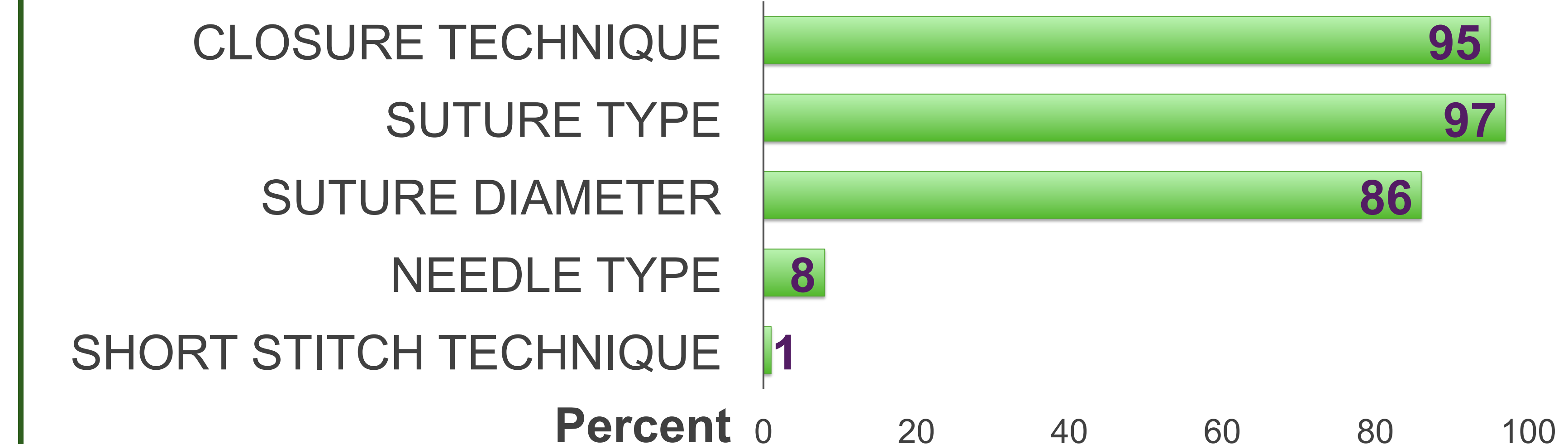


Results

Mesh Characteristics in Operative Reports (mesh used in 69% of operations)



Defect Closure Specifics in Operative Reports (mentioned in 79% of reports)



Conclusions

- Operative reports often contain deficiencies in quality VIHR indicators.
- A VIHR-specific operative template may help standardize reporting and improve care delivery and quality.