

SURGICAL DEPARTMENT: MINIMALLY INVASIVE SURGERY (MIS) POLICY

SURGICAL DEPARTMENT POLICY FOR MINIMALLY INVASIVE SURGERY

Introduction

Minimally Invasive Surgery (MIS) or Minimal Access Surgery (MAS) has proven to be advantageous in many surgical procedures. MIS is defined as a surgical technique which involves minimal trauma of access in performing the surgery. This is achieved by reducing the size of incisions to the minimal to access the site of the surgical procedure. This is usually done by putting the trocars and ports at the incision sites and surgery is achieved by means of long instruments inserted through these small ports.

The advantages of MIS includes minimal post operative pain, excellent cosmetics, minimal post operative adhesions, faster post operative recovery and excellent customer satisfaction. Despite its advantages, MIS may be associated with certain post operative complications and injuries, especially if the surgeon is not appropriately trained. MIS skills are different from open surgery skills where there is a significant loss in visual and tactile feedback. This skills need to be specifically learnt and the learner may need special instructions and training in order to gain proficiency in these skills.

There is a rapid adoption of MIS in the world now due to the numerous advantages both to the hospital and the clients. In order to develop and nurture MIS in KKM hospitals, a hospital policy is needed to govern the various aspects in the implementation of MIS in KKM hospitals.

The Policy

1. Promotion of MIS

The hospital should undertake to encourage and promote MIS. Various surgical departments should be encouraged to send surgeons for training in MIS whether local or abroad. The hospital should endeavour to support the training of surgeons in MIS in terms of financial support and granting of leave for surgeons to participate in training. The hospital should participate in all Ministry initiated programs that promote MIS.

2. Practice of MIS in Hospital

All Surgical Departments should ensure that MIS techniques are encouraged to be used for established MIS surgical procedures. Patients are encouraged to opt for minimally invasive surgical techniques and are appropriately advised the benefits of MIS. The patients should be appropriately counselled and consent is obtained correctly. Conversely, the patient should be advised appropriately against MIS if such a technique is unsuitable for a particular procedure or during certain circumstances.

3. Encouraging Day Care Surgery

In view of less post operative pain, patients are expected to recover and ambulate faster after MIS surgeries. Therefore, MIS surgeries are suitable to be done as Day Care Case. Surgical Departments should be encouraged to use minimally invasive technique in their surgeries and to do these procedures as day care cases. This should, in turn, increase day care surgery rates in the hospital.

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4. Training in MIS

The Hospital should be active in supporting training for MIS. Surgeons must be given opportunity to learn MIS techniques and procedures either from local or overseas training centres. There should be a budget for this purpose and the Hospital should ensure that appropriate surgical trainees are selected to utilise this budget for further training. In order to sustain surgical skills and encourage interest in MIS, MIS Surgical Skills Labs should be established in the Hospital. These skills lab will hone the surgical skills of the trainees by allowing them to practise on simulators and exercises. These skills labs can also track a trainee's progress by logging in their simulation exercises. The trainee's mentor can also track his mentee's surgical skills development by monitoring the improvement in the trainee's dexterity skills.

5. Accreditation

All surgeons performing MIS must be appropriately trained and accredited. Surgeons must show evidence of creditable training either by local or foreign preceptors. The Hospital should undertake accreditation process to examine the training credentials of surgeons performing MIS regularly. The hospital should also scrutinise and monitor the performance of surgeons doing MIS. If the Hospital is satisfied with the credentials presented, the Hospital should award privilege to the surgeon to perform MIS for a specified duration. On the lapse of the specified period of the privileging, the surgeon should be subjected to the credentialing and privileging board in order to continuing to practice MIS.

6. Equipment

The Hospital must be adequately equipped with instruments and machines used for MIS. The hospital should have a maintenance budget or schedule to keep the instruments in tip top condition and repair or replace faulty equipment or part of the equipment when necessary. The hospital should support the purchase of new and better equipment to improve the procedure and outcome of MIS. Old and obsolete equipment should be replaced with the latest and better equipment.

7. Safety/Audit/QA

The Hospital should ensure that the MIS procedures are done safely and according to the strictest standards. Audit must be done to monitor surgical complications and adverse events. Quality Assurance Programs must in place to ensure that the outcomes of MIS surgical procedures are good and favourable. Surgeons must be given opportunity to enhance their skills by learning new, better and safer techniques for any procedures.

8. Experimental or new procedures

Any surgeon must apply to the Credentialing and Privileging Committee before embarking on new untested or experimental MIS procedures. The Committee must be satisfied with the credentials and the capability of the surgeon before allowing the procedure to be carried out. The Committee also should ensure that there are no ethical issues involved and the safety of the patient is placed at the utmost importance.