



# GENERAL SURGERY NEWS

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## Learning Resilience

Cognitive Skills Can Help Surgeons Manage Stress, Improve Performance and Avoid Burnout

By VICTORIA STERN

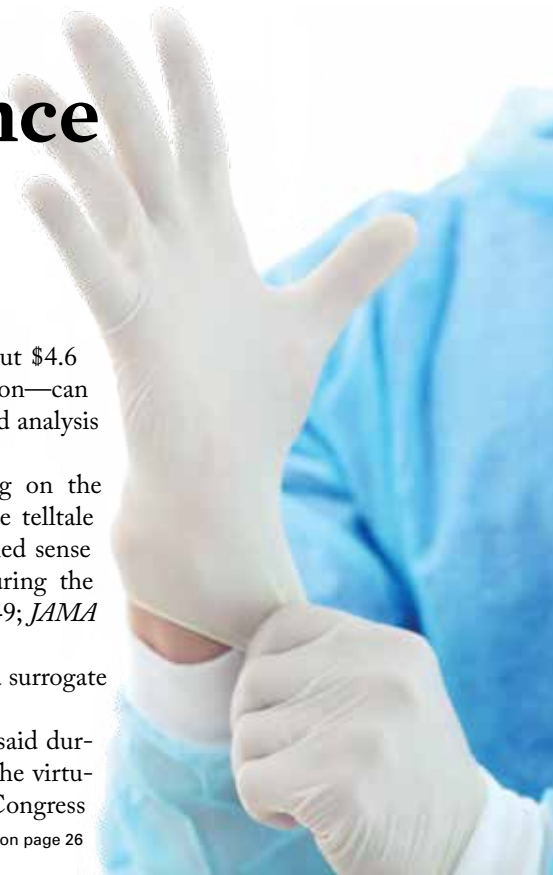
Physician burnout costs the U.S. health care system about \$4.6 billion annually. Almost 40% of that amount—\$1.7 billion—can be attributed to surgeon burnout, according to a widely cited analysis (*Ann Intern Med* 2019;170[11]:784-790).

Estimates of burnout among surgeons vary depending on the definitions and measures used, but one point is clear: The telltale symptoms of emotional exhaustion, cynicism and diminished sense of purpose are common and growing more prevalent during the COVID-19 pandemic (*JAMA Surg* 2020;155[11]:1043-1049; *JAMA Netw Open* 2020;3[3]:e203976).

At its core, Carter Lebares, MD, said, “burnout is really a surrogate marker of profound stress and distress.”

The good news is that not all stress is bad, Dr. Lebares said during a presentation on Resilience Training for Surgeons at the virtual 2020 American College of Surgeons (ACS) Clinical Congress

Continued on page 26



## Harassment of Docs On Social Media A Growing Problem

By ETHAN COVEY

One-fourth of physicians report being personally attacked on social media, with many experiencing death threats, verbal abuse and sharing of personally identifying information, according to a new study.

Additionally, one in six female physicians reported online sexual harassment.

“It is important that in an era when physicians are engaging in advocacy and education on public health on social media that they risk being attacked,” said Vineet M. Arora, MD, a Herbert T. Abelson professor of medicine at the University of Chicago Pritzker School of Medicine.

Dr. Arora and her colleagues conducted the study as a way to test a hypothesis that harassment and

Continued on page 7

### MONEY MATTERS

## Negotiating Your Employment Agreement

What to Know About RVU-Based Contracts

By VICTORIA STERN

“I’d like you to take a leap of faith back in time to eighth-grade algebra because, believe it or not, your compensation formula is that simple,” said Ann Bittinger, Esq, referring to formulas based on relative value units (RVUs).

Ms. Bittinger, a health care attorney who heads the Bittinger Law Firm based in Jacksonville, Fla., has been negotiating physician employment agreements for more than

Continued on page 12



### OPINION

## COVID-19’s Silver Lining

We Are the New Influencers

By LINDA WONG, MD



The COVID-19 pandemic has affected millions of people, and taken the lives of hundreds of thousands of Americans and millions globally. Many deaths have been long, drawn-out and complicated. Even those who recover can have lingering symptoms and chronic consequences. COVID-19 has put people out of work, displaced people from their homes, interrupted schooling, and is responsible for depression, despair, anxiety and suicide. Nearly every aspect of our normal life has been completely turned upside down. Life as we know it has become unrecognizable. What good could possibly have come from this?

Continued on page 8

### OPINION

## Robotic Surgery: ‘Déjà Vu All Over Again’

By EDWARD L. FELIX, MD



Being locked down in California for the past 10 months because of COVID-19 risk, I have been restricted to Zoom lecturing and being lectured, reading my journals, and participating in the multiple medical social media platforms. This sounds onerous, but it has given me plenty of time to reflect on what I have learned over the past 40-plus years since I finished my formal training as a general surgeon.

Many of you know me as the moderator of “The Great Debates” column in *General Surgery News*, in which I’ve always remained neutral and let the

Continued on page 10

### FIRST LOOK

4 Highlights from the 2021 EAST Scientific Assembly

### OPINION

6 Stop Making Surgeons Undertreat Pain

### IN THE NEWS

14 Causes of Interprofessional Conflicts

### EXTENDED WOUND CARE COVERAGE



Page 15

# SSIs: What Surgeons Should Know About Their Hospital's Cleaning Program

By DAVID TAYLOR, MSN, RN, CNOR

Many patients experience pain postoperatively related to their surgery. Unfortunately, far too many operations result in a surgical site infection (SSI). Doctors and hospitals may say infections following surgeries are a potential risk, but for many, postsurgical infections can be the result of contaminated treating

environments and/or negligence. In the United States, approximately 27 million surgical procedures are performed each year, with as many as 5% of those resulting in an SSI.<sup>1</sup>

Contamination within an OR can be introduced through a variety of sources: surgical instruments and equipment, personnel and the patient, inanimate objects and surfaces, the air and even insects,

potentially causing harm. To provide a safe environment for both the patient and health care worker, an environmental control program should be established for the OR to keep microorganisms to a minimum.

In 2017, the American College of Surgeons and Surgical Infection Society published SSI guidelines found that they are the most common and costly type of



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1. R.G. Frykberg, et al., "Multinational, Multicenter, Prospective, Randomized, Double-Blinded, Placebo-Controlled Trial to Evaluate the Efficacy of Cyclical Topical Wound Oxygen Therapy (TWO<sub>2</sub>) in the Treatment of Chronic Diabetic Foot Ulcers," *Diabetes Care*, vol. 43, no. 3, p. 418-424, 2020.

2. W.C. Taylor, et al., "Technical and clinical outcomes of topical wound oxygen in comparison to conventional compression dressings in the management of refractory nonhealing vascular ulcers," *Wound Reproduction*, vol. 42, p. 30-37, 2020.

3. J.P. Aulic, et al., "Clinical Impact Upon Wound Healing and Inflammation in Moist, Wet, and Dry Environments," *Advances in Wound Care*, vol. 3, no. 7, pp. 548-555, 2012.

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health care-associated infection (HAI) and accounted for 20% of all HAIs. The annual incidence of SSI in the United States is between 160,000 and 300,000, or 2% to 5% of patients undergoing inpatient surgery, and the attributable health care cost ranges from \$3.5 billion to \$10 billion annually. On average, an SSI increases a hospital length of stay by 9.7 days.<sup>2</sup>

The recommendations put forth by the Association for peri-Operative Registered Nurses, and the Association for the Healthcare Environment's Practice Guidance for Healthcare Environmental Cleaning, are the standards used by most health care facilities in setting up their infection prevention procedures regarding the OR and other procedural spaces. However, as a consultant, I have provided hundreds of OR assessments across the country, and have often found cleanliness and infection prevention practices to be lacking. Preoperative leaders are not maintaining their ORs to industry standards, and after interviewing surgeons they had no clue of the problems.

Cleaning measures are needed before, during and after surgical procedures (in between procedures), and at the end of each day. Such cleaning must be considered an environmental essential, and infection prevention considerations should include the following:

Air handling or ventilation systems of the surgical suite should be designed to minimize contaminants. Air entering the room through the HVAC system should originate from the ceiling and exit through the return near or at the floor. Air exchanges should be a minimum of 15 per hour with at least four of those air exchanges originating from a fresh air source, and be HEPA filtered. Many hospitals have increased their air exchange rates to as high as 25 per hour with 100% of those being fresh air.

Proper attire (scrubs) should be freshly laundered and donned at the hospital to reduce the number of contaminants carried in from outside of the OR. Because scrubs are considered a form of personal protective equipment, they should be





Ultraviolet disinfection.

taken off prior to health care workers leaving for the day.

Traffic during the operation should be confined to the members assigned to that procedure. The microbial levels in the air are directly proportional to the number of people moving about and talking within the OR. Minimizing the number of people in the room, or how many times members of the team enter or exit throughout the procedure can help reduce infection rates.

Bloodborne pathogens have the potential to be infectious, as well as other body fluids including saliva; cerebrospinal, synovial, pleural, pericardial, peritoneal and amniotic fluids; semen; and vaginal secretions. Caution should be taken when handling specimens, organs (other than intact skin), and cell or tissue cultures.

### Employing New Technologies

New technologies are designed to help keep ORs cleaner and can include products with ultraviolet light and advances in heating, ventilation and HVAC systems, such as needlepoint bipolar air ionization (NPBI) technology. What are the pros and cons of using these technologies?

According to the Environmental Protection Agency, indoor air can be two to five times more polluted than outside air.<sup>3</sup> A newer technology, NPBI produces a high concentration of positive and negative ions, which allows similarly charged particles to combine (get larger), making it easier for them to be filtered more effectively. Basically, as the ions travel within the airstream, they attach to pathogens, particles and gas molecules, breaking them down and rendering them ineffective.

Ultraviolet light technology has been thoroughly vetted and has a proven track record since the 1940s. The technology works by using UV-C band wavelength to degrade organic material and inactivating microorganisms and pathogens. Use of the UV-C band energy to inactivate microorganisms is often referred

to as UV germicidal irradiation. Many companies are now offering this technology for use in hospitals and other industries. In the wake of the COVID-19 pandemic, UV technology has been used more extensively, but unfortunately there are limitations for its use. Because UV radiation exposure is hazardous to humans, it is typically used in one of four configurations: in unoccupied room disinfection, upper room disinfection, air handler unit surface disinfection and air handler surface airstream disinfection.<sup>4</sup>

Whether or not an infection rises to the level of medical malpractice

will depend on the circumstances surrounding how and when the infection occurred. Medical malpractice cases can be difficult to prove; nevertheless, surgeons should be aware of preventive measures and call on their hospital leadership to do everything in their power to ensure patients remain safe and free of infection. ■

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3. Indoor air quality: what are the trends in indoor air quality and their effects on human health? <http://bit.ly/2O1UNKX>
4. UVGI vs. BPI: which air-cleaning technology is best for your building? <http://bit.ly/3bHUfBZ>

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