Stopping Extensive Pre-Op Testing Requires Malpractice Reform

Skeptical Scalpel

As predictable as the leaves falling this time of year, another paper on the subject of unnecessary preoperative laboratory testing has appeared.

A group from the University of Texas Medical Branch looked at more than 73,000 elective hernia repairs in the National Surgical Quality Improvement Project (NSQIP) database. Almost 2/3 of the patients had preoperative laboratory tests. Of that group, 58.6% had a CBC, 53.5% had electrolytes, 23.7% had liver function studies, 18.7% had coagulation studies and 9.9% had all of the above. Even 54% of patients with no co-morbidities had at least one test.

An abnormal test was found in more than 60% of those tested, of the 7200 patients who had lab tests done on the day of surgery, 61.6% had at least one abnormal test including 23% with a coagulation abnormality, 41% with a chemical abnormality and 33% with an LFT abnormality. Despite these results, the scheduled surgery was done.

Tests did not predict complications in patients without co-morbidities. Obtaining a test (not necessarily an abnormal result) was associated with a higher risk of major complications (0.4% versus 0.2% $p < 0.0001$) but not wound complications. However, abnormal results did not predict complications.

The authors of the paper recommended that surgical societies establish guidelines for preop testing.

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