CANADIAN ASSOCIATION of GENERAL SURGEONS

Wait Times and General Surgery

General surgery is a broad field within medicine. General surgeons deal with a myriad of diseases and employ both operative and non-operative methods. General surgeons are part of small group of physicians who make themselves available to care for patients 24 hours per day, depending on when patients present and how ill they are. The diseases general surgeons treat vary greatly in terms of the organ system affected, the potential impact on a patient's health, the timing of disease progression, the type of therapy that is most appropriate, and perhaps most importantly, the severity of the condition at presentation. Many of the medical problems addressed by general surgeons present on a continuum of severity that ranges from a mild affliction that requires timely but less urgent attention to those conditions that warrant immediate, emergent attention. For example, colon cancer can be an incidental finding at the time of colonoscopy. In this case, a patient requires attention in a less urgent time frame. On the other hand, colon cancer can present as a large bowel obstruction with evidence of bowel ischemia and compromise. In this situation, emergent attention is required. Likewise, even a problem as minor as cholelithiasis can have a wide range of urgency at presentation. Gallstones may be an asymptomatic, incidental finding on a routine ultrasound, and surgical attention may not even be warranted. At the opposite end of the spectrum, though, an acute cholecystitis with a ruptured gallbladder in a septic patient warrants emergent attention.

Given this wide range of disease severity at presentation, it is difficult, if not impossible, to assign an acceptable single wait time for the treatment of diseases commonly seen by general surgeons. The discussion of times must include a discussion of patient needs. With a wide spectrum of presentation, needs vary by situation. As such, the prescription of a single acceptable wait time may be impossible to achieve for most problems treated by general surgeons.

Despite the difficulties in discussing wait times in the context of conditions seen by general surgeons, the Provincial Committee of the Canadian Association of General Surgeons (CAGS) was tasked with determining appropriate wait-times benchmarks for procedures commonly performed by general surgeons in Canada. The CAGS Provincial Committee consists of representatives from each province. All members of the committee are practising surgeons who have expertise in the medical management of diseases commonly treated by general surgeons as well as expertise in managing wait lists in personal practices challenged by a wide range of patient needs and available resources. All members of the committee have a vested interest in improving patient care for all Canadians. This expert panel met to discuss wait lists and general surgery on several occasions. Given the above-noted challenges it became readily apparent that it would be impossible to assign wait times to individual conditions or surgical procedures. As the committee has nationwide representation it was able to look at the current attempts to manage wait lists in various jurisdictions across Canada. The committee was impressed by how Saskatchewan has addressed wait times. The system in Saskatchewan has not only been successful in defining wait times given the variability in acuity in the presentation of most

general surgical disease, but it has also been successful in achieving the benchmarks it established. In-depth discussion was held around this approach, and the expert opinion of the committee members was used to define both levels of acuity and appropriate wait times for said levels. Once the provincial committee created its framework to define acuity level and wait times, further discussion was held at the level of the CAGS board to ensure the defined wait times would meet the needs of Canadians.

Three levels of acuity are proposed. Emergent cases (i.e., perforated viscus, ischemic bowel, acute perforated appendicitis) cannot wait and therefore are not part of a wait-time discussion. The three categories, along with their respective proposed wait times, are outlined in Table 1. It should be noted that the timelines for consults are defined as the time the consult is received until the time the patient is seen by the surgeon. In the case of procedures, wait times are defined as the interval between the decision to treat and the performance of the planned procedure. Examples of each level of acuity are also provided in the table.

It should be noted that in the case of referrals, urgent referrals should be made by a phone call, with further information provided in a letter or fax. A pooled consult service may offer an efficient strategy for addressing elective referrals. The examples provided in Table 1 are meant to be illustrative, not exhaustive. Ultimately, it is up to the individual attending surgeon to determine the level of acuity on a case-by-case basis. The details of each individual case will dictate the level of urgency. Once a level of urgency is declared, however, it is incumbent on the surgeon and the medical system in general to ensure that the suggested timelines are, in fact, met.

Table 1: Proposed levels of acuity, their respective suggested wait times and examples of each level of acuity (wait time for a procedure is defined as the time from the decision to treat to the treatment itself)

Acuity level	Maximum Acceptable Wait Time	Examples
Urgent	2 weeks	Unrelenting biliary colic, near obstructing colon cancer, lymph node biopsy for suspected lymphoma, incarcerated hernia reduced by another physician
Semi-Urgent	6 weeks	Breast cancer, uncomplicated colon cancer, cancers treated by neoadjuvant chemotherapy, colo-vesicular fistula, symptomatic herniae, refractory anal fissure
Elective	16 weeks	Dupuytren's contracture, lipomas, minimally symptomatic herniae, stoma reversal, minimally symptomatic chololithiasis