

## THE OUTCOMES OF PATIENTS INVOLVED IN LIVE SURGICAL EVENTS

### Hypothesis / aims of study

Live Surgical Events (LSE) are considered to augment surgical education and training. Concerns exist regarding the outcome of patients involved in LSE consequent to extra theatre personnel, the potentially distracting effects of intra-operative narration and discussion and the additional pressures of performance in front of peers. We assessed the 30 day complications and long-term primary outcomes in patients having LSE under our care adhering to strict guidance (1).

### Study design, materials and methods

We retrospectively reviewed our prospectively acquired database for all patients taking part in LSEs under our care from 2008-2015. We reviewed the database and all notes for 30day and 90 day complications and primary outcomes from surgery. We compared these to our unit's normal success rate for each procedure and for groups of procedures

### Results

In this time period 53 patients had 62 procedures performed as part of LSE. There were 2 significant 30 day complications: 1 case of clostridium difficile diarrhea which settled without treatment and 1 superficial abdominal wound infection requiring incision and drainage. There was 1 significant 90 day complication: a case of osteitis pubis successfully treated with an extended course of antibiotics. Primary surgical outcomes were successful in 56/62 procedures (90%) and are detailed by procedure group in Table 1.

Operation Group	1 <sup>o</sup> Outcome	No. procedures	No. procedures 1 <sup>o</sup> outcome achieved	Success at LSE (%)	Unit's Normal Success rate (%)
Mid Urethral Tapes	Cure of SUI	10	9	90	85
Laparoscopic/Open Stress Urinary Incontinence (SUI) Procedures	Cure of SUI	10	9	90	85
Laparoscopic/Open Pelvic Organ Prolapse (POP) Procedures	Cure of POP	7	7	100	90
Vesico-Vaginal Fistula Closure	Closure of VVF	5	4	80	90
Urethral Diverticulum Excision	Complete Excision of Urethral Diverticulum	7	7	100	100
Female Urethroplasty/Vaginal Surgery for Tape or Mesh Complications	Cure of Stricture/Complete Removal of Vaginal Tape/Mesh	8	8	100	95
Sacral Neuromodulation	Progression to 2 <sup>nd</sup> Stage Implant/Persisting Function at 12 months	9	7	78	75
Mitrofanoff	Catheterisable Continent Channel	3	3	100	90
Miscellaneous	Not Applicable	3	3	NA	NA

Table 1: Results of procedures compared to unit's normal results for LSE.

### Interpretation of results

In our unit, LSEs appear to be as safe as standard surgery with low 30 day and 90 day complication rates and as good if not better than expected primary surgical outcomes

### Concluding message

Our unit adheres to the strict recommendations provided by European Association of Urology when hosting live surgical events (1). The review of our data highlights that when these criteria are adhered to, live surgical events can be safe with comparable complication rates to expected primary surgical outcomes.

### References

1. EAU Policy on Live Surgical Events, Artibani, Walter et al., European Urology, Volume 66 , Issue 1 pg 87-97

### Disclosures

**Funding:** N/A **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It was retrospective analysis of current standard clinical practice **Helsinki not Req'd:** This was not applicable due to nature of this study **Informed Consent:** Yes