Reporting individual surgeon outcomes does not affect number and characteristics of abdominal aortic aneurysms offered treatment in the UK

Athanasios Saratzis¹, Michael Bath¹, David Sidloff¹, Matthew Bown¹, Lynsey Archer², Joanne Shakespeare², Christopher Imray², Robert Sayers¹

¹Department of Cardiovascular Sciences and Leicester NIHR Cardiovascular Biomedical Research Unit, Leicester, United Kingdom
²Department of Vascular Surgery, University Hospital Coventry and Warwickshire

Introduction: Reporting surgeons’ outcomes has been recently introduced in the UK. This has the potential to result in surgeons becoming risk-averse. We aimed to investigate whether reporting outcomes for Abdominal Aortic Aneurysm (AAA) surgery impacted on the number and risk-profile of patients offered elective-treatment.

Methods: The number and characteristics of patients referred for consideration of elective-repair in one tertiary-unit were analysed yearly between 2010-2014 (University Hospital Coventry and Warwickshire; UHCW). Cardiopulmonary-exercise test (CPET) results were assessed; clinic, casualty and theatre event-codes were searched to obtain all AAAs treated. Subsequently, publically available National Vascular Registry (NVR) data were used to compare the number of AAAs treated in the 91 units that reported outcomes in 2013 (period: 2008-2012) and 2014 (2009-2013) and the 86 units reporting AAA-outcomes in 2013, 2014 and 2015 (2010-2014).

Results: The percentage of patients offered elective AAA repair increased from 56% in 2010 to 65% in 2014, with a maximum of 78% in 2013 in UHCW. The age, AAA size and CPET results for those offered elective treatment did not differ significantly during the five-year period. Only four patients underwent emergency surgery after having been found “unfit” for elective-repair. Between 2009 and 2013 the number of AAAs treated per unit increased by two cases per year (p=0.01) compared to 2008-2012; a further increase of one AAA per year was seen between 2010-2014.

Conclusions: Our results do not support the assumption that reporting individual surgeon outcomes is associated with a risk-averse strategy regarding patient selection.