Expert Consensus for Key Components of a High-Quality Ventral Hernia Repair Operative Note

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Background

- Operative notes function by creating an archive of the steps of a procedure, including the surgical decision-making.
- They are an important medical and legal document that allows communication between physicians, staff, administrator, payers, patients, and legal experts.
- No current standards on the primary objectives of an effective operative note.
- Current guidance on writing an optimal operative note is provided by precedent, surgical societies, oversight committees and textbooks.
- Ventral hernia repair (VHR) is a commonly performed surgical procedure for defects of the abdominal wall fascia.
- Evolving methods, practices and techniques with substantial surgeon variability that emphasize the inclusion of valuable information

Objective

To characterize the key elements of a high-quality ventral hernia repair operative note.

Methods

Selection of expert panel
- n = 17
- Inclusion criteria: board-certified general surgeons with peer-reviewed publications on ventral hernia repairs and/or previous scientific work on operative note standards

Survey 1
- “What makes a high quality operative note?”

Survey 2
- 10 example operative notes
- “Identify features of an ideal/great operative note”

Survey 3
- Themes/subthemes compiled from surveys 1 and 2
- “Rank the following themes in order of decreasing importance”

Thematic analysis of qualitative data through triangulation:
- Identification of an adequate and comprehensive list of themes/subthemes from participant’s responses using anonymous open-coding

Likert scale ranked items:
- Numerical/Likert scoring of all themes/subthemes followed by ranked assessment of the inclusion of themes in all VHR operative notes

Discussion

- Inclusion of details does not, in itself, make for a high-quality operative note for ventral hernia repair
- Top ranked elements
  - Accuracy
  - Clarity
  - Details
  - Justification
- Improves communication
  - Amongst healthcare providers
  - Between physician and insurance companies
- Legal documentation
- Areas of future studies
  - Applications to other surgical procedures
  - Generalizability
  - Inclusion of other subthemes, i.e., patient BMI
- Limitations
  - Exclusively U.S.-based surgeons
  - Limits generalizability for outside countries
  - Extensive variations amongst surgeons

Conclusion

All general surgeons should acknowledge and make efforts to include the themes identified in this study when writing ventral hernia repair operative notes

References