

Safety and Quality on International Surgical Trips: Results from a Comprehensive Survey of American Society of Plastic Surgery (ASPS) Members

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INTRODUCTION: In 2011, the Volunteers in Plastic Surgery (VIPS) subcommittee of ASPS published “Guidelines for Providing Surgical Care for Children in the Less Developed World” detailing specific safety and quality criteria for providing reconstructive surgery in developing countries.¹ Our purpose is to report safety outcomes and general compliance to VIPS guidelines as reported by plastic surgeons who have traveled abroad on a volunteer trip in the last 5 years.

MATERIALS AND METHODS: A validated email survey tool was delivered via email in October 2014 by the ASPS to all board certified plastic surgeons to “biopsy” the current care being provided internationally.

RESULTS: The survey response rate was 15% (745 total respondents.) 314 surgeons traveled on a volunteer trip in the last 5 years. Adherence to VIPS guidelines on follow up of patients and general record keeping was robust with 97.9% reporting follow up by US and/or local providers and 98.9% of surgeons keeping medical records (282). 22.1 % (64) of surgeons volunteering recently reported being on a trip during their career where a patient died or suffered a life threatening complication. 7% (22) of surgeons responded that they had been on more than one such trip. Other indications of variable clinical quality included 7% of surgeons (21) answering that on their last trip, a nurse, general physician or surgeon provided general or monitored anesthesia. While patients under the age of 12 were most commonly operated on, only 25.9% (75) of surgeons said that pediatric anesthesiologists provided general anesthesia. Surgeons most commonly performed cleft surgery on their last trip, 54% (150), though 41.1% (113) identified their primary area of surgery in the US as general reconstructive and 29.5% (81) as cosmetic. 28% (75) of surgeons reported that they hold advanced training in craniofacial surgery or pediatric plastic surgery. These clinical quality and outcomes measures will also be reviewed in the presentation for surgeons who traveled with large volunteer groups, including Operation Smile and Resurge.

CONCLUSION: More than 25% of surgeons reported being on a trip in their career where a patient died or suffered a major complication. While ASPS published guidelines were most often followed for record keeping and follow up, there was less compliance for surgeon and anesthesia provider qualifications, which may impact safety outcomes.

REFERENCES:

1. Schneider W, Politis G, Gosain A, et al. Volunteers in Plastic Surgery Guidelines for Providing Surgical Care for Children in the Less Developed World. *Plast Reconstr Surg.* 2011;127: 2477-2486
