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Short Cuts: Surgical News Briefs / Jan 04

JCAHO pushes better infection control practices

Beginning January 2005, the Joint Commission on Accreditation of Healthcare Organizations, Oakbrooke Terrace, IL, will require hospitals and other healthcare organizations to systematically ward off deadly healthcare-associated infections under its new standards. Under the new standards, hospitals will be required to make an infection-control program a major component of safety and performance improvement programs and to perform ongoing assessments to identify risks for transmission and acquisition of infectious agents. Hospitals will also have to use an epidemiological approach to conduct surveillance against infections, collect data and interpret the results. They will also be required to include various departmental leaders in the design and implementation of infection controls. The JCAHO cited federal statistics that 2 million people acquire an infection each year while being treated in a hospital for other reasons and 90,000 die as a result.

Young Physicians logging onto mobile technology

More than 90% of clinicians under age 35 use some type of electronic reference tool daily, according to a report from management consulting firm Spyglass Consulting. Other mobile applications, although they are less widespread, also are gaining ground. Despite the apparent gravitation toward the technology, the report revealed that hospitals face

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significant barriers to implementing wireless solutions. Ninety-two of 100 clinicians who responded to the survey revealed they are affiliated with organizations that use outdated legacy computer systems and paper-based processes, while nine of 10 hospitals lack the necessary wireless infrastructure for mobile applications in acute care settings. A lack of financial resources and difficulty integrating new technology are the two biggest barriers to wireless computing, the report found. Charge capture tools, which affect physician compensation and the overall finance of organizations, could become a popular mobile application. The consulting firm also predicted 120% annual growth of the mobile health care market through 2006.

Surge in hospital spending expected to continue

It seems that hospital spending isn't likely to experience a downturn anytime soon. In fact, spending per capita could increase by as much as 75% and demand for hospital beds 28% by 2012, according to a study published in Health Affairs. Advances in medical technology, a growing and aging population and the propensity of baby boomers and younger Americans to use healthcare services are more likely to continue than abate, driving the spending higher, the study authors noted. An abstract of the study can be found at <http://content.healthaffairs.org/cgi/content/abstract/22/6/12>.

Older nurses most likely new-hires

While younger nurses may be desirable for hospitals looking to secure a workforce well into the future, it appears their older counterparts are taking over. Hospitals hired 100,000 new nurses last year, with the vast majority over age 50 or foreign-born, according to a report published in the journal Health Affairs. Employment of nurses younger than 35 dropped by 8% last year, and the number of nurses age 35 to 49, who have long comprised the bulk of the work force, grew by just 4.5%. The surge of older nurses is welcome and is helping ease the nursing shortage, but the benefits are only temporary because these nurses retire at the same time hospitals need even more nurses to keep up with the aging population, according to study co-author Peter Buerhaus, associate dean of Vanderbilt University's nursing school. The number of foreign-born nurses is sure to continue growing, a trend that hospitals and policy makers must plan for so that decisions on how to incorporate and train these workers can be made. Several possible reasons may account for the sudden jump. Wages for hospital nurses grew by nearly 5% in 2002, providing an incentive for some nurses to re-enter the field. A poor economy may have led some nurses back to work if their spouses had job trouble, Buerhaus added, noting that married nurses accounted for almost all of the increase. The government has projected that the nation could face a

shortfall of half a million nurses by 2015.

Post-op radiation may aid spinal cord patients

Patients with spinal cord compression who undergo surgery and postoperative radiation have a better chance of regaining the ability to walk than patients treated with radiation alone, according to a study published in the American Society for Therapeutic Radiology and Oncology. Spinal cord compression occurs when cancer spreads to the spine or tissue surrounding the spinal cord, causing it to reduce in size. Researchers from the University of Maryland School of Medicine in Baltimore studied 100 patients diagnosed with spinal cord compression who previously were not treated with radiation therapy. Patients were divided into two groups. The first group received radiation after undergoing decompressive surgery. The second group received radiation only. Patients in the surgery-plus-radiation group were more likely to regain the ability to walk longer and more often than patients in the radiation-only group. Patients in the radiation only group required more steroids and narcotics and spent more time unable to walk and/or as a paraplegic.

Eye-opening technology boosts glaucoma surgery success

Ophthalmologists at UT Southwestern Medical Center at Dallas have developed a new surgical technique to arrest glaucoma—the recently approved Ex-PRESS Mini Glaucoma Shunt, which is surgically implanted in the eye and offers an escape route for the pressure-causing fluid.

The shunt is said to offer several advantages, including minimal manipulation of tissues, reduced postoperative inflammation, and a rapid and reversible procedure. Average reduction of intraocular pressure was about 40 percent, and many patients were able to stop using their glaucoma medications. The shunt received FDA approval in March 2002. So far, about 700 ophthalmologists nationwide have trained to do the procedure. Conventional shunts used to treat glaucoma are larger, forcing ophthalmologists to make bigger cuts on the eye. Now, the incision is between 2 millimeters and 4 mm long (about half the size necessary to accommodate other shunts). As a result, the surgery is less invasive and causes less scar tissue, making the procedure more likely to succeed. Previously, large amounts of scar tissue sometimes formed, blocking the relief channel. Patients also experience shorter healing times with the new shunt. The surgery doesn't require a hospital stay and takes less than an hour. A patch is worn over the eye for about a day and vision is blurry for about a week after the procedure. Typically, patients are able to return to work after a week of recuperation.

Color doppler ultrasound technology used for specialized brain surgeries

Neurosurgeons at the North Shore-Long Island Jewish Health System in New York have adopted color Doppler ultrasonography for use during specialized brain surgeries. A new study concludes that the technology improves surgical outcomes because it allows surgeons to measure a patient's cerebrospinal fluid precisely. The study, published in the *Neurosurgery*, reviewed the outcomes of 315 patients who underwent brain surgery using the color Doppler ultrasound technology during 1999 and 2002. All patients who underwent neurosurgery were identified as having Chiari I malformation, a condition in which excess brain tissue pushes against the cerebellum in the brain and spinal cord at the base of the skull, disturbing the flow of CSF. Successful Chiari surgery requires optimal decompression of nervous tissue, reconstructing normal spaces behind the cerebellum, and restoring normal CSF flow between the cranial and spinal components.

Liver cancer transplants showing more promise

Researchers from Johns Hopkins University School of Medicine have found that patients with liver cancer treated with a liver transplant are living longer than in past years. The study, which compared transplant results from three eras, 1987-91, 1992-95, and 1996-2001, was published online by the *Journal of Clinical Oncology* in October.

The only successful treatment for liver cancer is surgery. Usually doctors remove the tumor along with part of the liver. But because the liver is damaged, many patients can't withstand losing part of their liver. Beginning in the 1980s, removing the entire liver and replacing it with a transplanted one became another option. The researchers from Johns Hopkins used data from the United Network for Organ Sharing, the nation's only organ procurement and transplantation network, to compare survival rates among liver cancer patients who received a liver transplant. The five-year survival rate has increased from about 30% in early years to around 60% today. Researchers say that careful selection of patients is the most likely reason transplants for liver cancer have become more successful in recent years. In general, people with small tumors, and no more than three tumors, are offered this treatment. Most treatment centers use this standard, researchers said, even though it is not an official guideline.

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