



POSITION PAPER of the

INTERNATIONAL FEDERATION FOR THE SURGERY OF OBESITY AND METABOLIC DISORDERS

Subject: Live Transmission of Surgery

INTRODUCTION

Concerns have been raised over the risks of the live transmission of surgery both by Fellows of the Federation and in the international literature. These concerns relate to “surgical grandstanding” superseding the best interests of patients and to the doubtful educational benefit of teaching using live transmission of surgery. These concerns are expressed at international level.

BACKGROUND

The focus of the Federation is on protecting and strengthening the culture that enables surgeons to act in the best interests of their patients.

Technological advances have increased the capacity and possibilities for live surgery transmission. Evidence of the educational benefit of live transmission of surgery is lacking but some surgeons believe it has potential value.

However whether the transmission of live surgery has educational value or not is a secondary consideration. The primary consideration of the Federation is whether or not patients whose operations are being transmitted live are at any increased risk of sub-optimal outcomes. There are concerns that the best interests of the patient being operated upon may become subordinate to the performance pressure experienced by the surgeon or interventionalist (the operator).

Although the operator must carry the major responsibility for the welfare of the patient, the organizers or convenors of the meeting/seminar/conference etc (the organisers) also have a responsibility for patient welfare if they choose to include “live surgery” in their program.

IFSO POSITION

The Federation recommends that pre-recorded procedures provide a superior alternative to transmitting live surgery and allows interaction with the operator without distraction. Appropriately edited recordings will also save the time of the audience.

For live transmission of surgery to be appropriate, the IFSO position is that the following questions be completed by the operator and by the organizers of the meeting.

Transmission of live surgery should only occur if the answer to all points is in the affirmative for both the operator and the organizers.

The IFSO recommends that these questions and the answers are retained until the outcome of the patient is assured:

1. Will the patient who is to be operated upon as part of the live demonstration be the primary concern of the operator, not the educational value of the session?
2. Has the operator performed a preoperative clinical assessment of the patient?
3. Has the patient been properly informed and consented not only for the procedure but also for the live transmission of the operation?
4. Is the operator appropriately credentialed, registered and insured?
5. Is the operator prepared to cease the live demonstration during the procedure if necessary?
6. Is the operator prepared to change the planned procedure if circumstances require?
7. Is the operator familiar with the procedure room and the staff involved?

8. Does the operator know who the audience will be?
9. Will there be a moderator to control operator/audience interaction?
10. Is it certain that the live transmission of the procedure will not, in itself, in any way prejudice the outcome of the procedure for the patient?
11. Is it assured that the operator will not receive any additional fee or benefit, direct or indirect, for the performance of a live procedure?
12. Does the educational value of live surgery transmission exceed the value of a pre-recorded operation?
13. Will post-operative audience assessment of the educational value of the live surgery be undertaken?

The responses to all of these questions must be 'yes' before live transmission of operative procedures is undertaken. It is the responsibility both of the operator and of the organizers of the meeting to ensure that affirmative answers are obtained prior to the procedure being undertaken.

Approver: IFSO Executive Board
Credits to: ROYAL AUSTRALASIAN COLLEGE OF SURGEONS