

Non-AEM Monopolar Laparoscopic Instruments: Complication and Mortality Rates from Thermal Bowel Injuries

Description	USA Data
Number of monopolar laparoscopic procedures performed in the USA every	2,550,000
year:	procedures
 3 million laparoscopic procedures annually in USA 	Annually ¹
 85% use monopolar electrosurgical energy 	
Incidence of thermal bowel injuries during laparoscopic surgery:	0.065% ²⁻⁵
 1.3 bowel injuries in 1000 procedures (50% are due to thermal injury) 	
 thermal injuries likely underreported 	
Incidence of death from thermal bowel injuries during laparoscopic surgery:	0.01625%6
 Peritonitis has a mortality rate of 25% 	
• 0.065% x 25% = 0.01625%	
Number of preventable monopolar laparoscopic bowel injuries:	16,575 injuries
 (2,550,000 procedures annually) x (0.065% risk) x (10 years) = 16,575 	over 10 years
Number of preventable monopolar laparoscopic deaths over a 10 year period:	4,144 deaths
 (2,550,000 procedures annually) x (0.01625% risk) x (10 years) = 4,144 	over 10 years
Number of preventable monopolar laparoscopic deaths per year:	400 - 500 deaths
 (2,550,000 procedures annually) x (0.01625% risk) = 414 	per year
Number of preventable monopolar laparoscopic deaths per day:	1 - 2 deaths per
 (2,550,000 procedures annually) x (0.01625% risk) / (365 days) = 1.14 	day

Non-AEM Monopolar Laparoscopic Instruments: Complication Rates from All Thermal Injuries

Description	USA Data
 Number of preventable monopolar laparoscopic burns over a 10 year period: 4.869 injuries in 1000 procedures⁷ (50% are due to thermal injury²) 	62,080 injuries over 10 years
 (4.869/1000)*(50%) = 0.243% risk (2,550,000 procedures annually) x (0.243% risk) x (10 years) = 62,080 	
Number of minutes between preventable monopolar laparoscopic burns:	Every 90 minutes
 (2,550,000 procedures annually) x (0.243% risk) / (365 days)*(24 hours/day)*(60 min/hour) = every 84 minutes a patient burn occurs 	a patient is burned



References:

- 1. Pyrek K. Education in electrosurgery technology is key for patient safety. Infection Control Today. http://www.infectioncontroltoday.com/articles/2002/07/education-in-electrosurgery-technology-iskey-for.aspx. Accessed April 10, 2013.
- Bishoff JT, Allaf ME, Kirkels W, Moore RG, Kavoussi LR, Schroder F. Laparoscopic bowel injury: incidence and clinical presentation. *J Urol.* 1999;161(3):887-890.
- 3. Nduka CC, Super PA, Monson JR, Darzi AW. Cause and prevention of electrosurgical injuries in laparoscopy. *J Am Coll Surg.* 1994;179(2):161-170.
- 4. Southern Surgeons Club New England Journal of Medicine 1991 Nov 21;325(21):1517.
- Polychronidis A, Tsaroucha AK, Karayiannakis AJ, et al. Delayed perforation of the large bowel due to thermal injury during laparoscopic cholecystectomy. *J Int Med Res.* 2005;33(3):360-363.
 Brill AI, Feste JR, Hamilton TL, et al. Patient safety during laparoscopic monopolar
- electrosurgery principles and guidelines. JSLS. 1998;2(3):221-225.
- AHRQ. Patient safety quality indicators composite measure workgroup final report. <u>http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/PSI%20Composite%20Developm</u> <u>ent.pdf</u>. Accessed October 30, 2013