



Project to Collect Medical Near-Miss/  
Adverse Event Information

Medical Safety  
Information

No.166, September 2020

## Surgical Procedure Other Than Patient-Consented Procedure Carried Out

Eight cases have been reported in which the surgical procedure on the application for surgery differed from the procedure for which the patient had given consent and was carried out without adequate checks (information collection period: from January 1, 2016 to July 31, 2020). This information was compiled on the basis of the content featured in the Analysis Themes section of the 57th Quarterly Report.

**Cases have been reported in which a surgical procedure other than the one for which the patient gave consent was carried out.**

Factor	Planned Surgery (surgical procedure to which patient consented)	Surgery Performed (surgical procedure on application for surgery)	Number of Cases	
Application for surgery did not list the surgical procedure to which the patient consented	Total mastectomy	Partial mastectomy	1	3
	Cesarean section + salpingectomy	Cesarean section	1	
	Simple total hysterectomy + bilateral salpingectomy	Simple total hysterectomy + bilateral salpingo-oophorectomy	1	
After submitting the application for surgery, the surgical procedure was altered, but the application for surgery was not	Total mastectomy	Partial mastectomy	3	5
	Nipple-sparing mastectomy	Total mastectomy	1	
	Cesarean section	Cesarean section + tubal ligation	1	

\*Surgical procedures are as listed in the description of event.

## Surgical Procedure Other Than Patient-Consented Procedure Carried Out

### Case 1

At the time of the outpatient consultation, the physician checked the patient's wishes and described the surgical procedure as "simple total hysterectomy + bilateral salpingectomy" on the surgery explanation and consent form. A week before surgery, the physician submitted the application for surgery and made the assumption that it would be a "simple total hysterectomy + bilateral salpingo-oophorectomy," which was more commonly chosen in those of the patient's age. At the time of surgery, in the check immediately before making the skin incision, the physician called out the surgical procedure specified on the application for surgery, but the circulating nurse did not notice the difference from the consent form and the procedure was carried out. During a post-operative examination, the physician realized that the patient had requested that the ovaries be preserved.

### Case 2

The attending physician submitted an application for surgery, listing the procedure as a "partial mastectomy." At the patient's request, it was later decided that a "total mastectomy" would be carried out, but the physician failed to alter the procedure on the application for surgery. At the time of surgery, in the check immediately before making the skin incision, the physician called out "partial mastectomy," but this was not checked against the consent form and a partial mastectomy was performed. When examining the patient after surgery, the attending physician realized that the wrong procedure had been carried out.

#### Preventive measures taken at the medical institutions in which the events occurred

- **Ensure that the application for surgery lists the surgical procedure to which the patient consented.**
- **Share information within the clinical department before surgery about the surgical procedure to which the patient consented.**
- **Use the consent form to check the surgical procedure immediately before making the skin incision.**

The measures above are examples. Please consider initiatives suitable for your own facility.

\* As part of the Project to Collect Medical Near-Miss/Adverse Event Information (a Ministry of Health, Labour and Welfare grant project), this medical safety information was prepared based on the cases collected in the Project as well as on opinions of the "Comprehensive Evaluation Panel" to prevent the occurrence and recurrence of medical adverse events. See the Project website for details.

<http://www.med-safe.jp/>

\* Accuracy of information was ensured at the time of preparation but cannot be guaranteed in the future.

\* This information is intended neither to limit the discretion of healthcare providers nor to impose certain obligations or responsibilities on them.

