

The Surgery Your Doctor Shouldn't Perform

Vascular Procedure Carries Greater Risks

When Done By General Surgeons

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Thousands of Americans are at risk of dying needlessly each year because general surgeons are being allowed to perform an especially precarious type of surgery. The surgery in question involves replacing a weakened and enlarged section of aorta, the body's largest and most vital artery, with synthetic tubing.

A growing body of medical literature suggests that only highly trained vascular surgeons should, in the majority of cases, be allowed to perform the surgery. Because it requires the surgeon to close down a section of the aorta -- akin to replacing a fuel hose in a plane at 30,000 feet -- it has a relatively high mortality rate.

But despite a growing cry by vascular specialists to limit general surgeons' ability to perform the abdominal aortic aneurysm surgeries, no such potentially life-saving restrictions are planned in the short-term.

Vascular specialists want the American Board of Medical Specialties, an influential professional group, to make vascular surgery a separate specialty, with its own certificate of expertise. Doctors say this would lead most hospitals to decide that only vascular surgeons should perform nonemergency vascular procedures, just as only neurosurgeons can do surgery on brain aneurysms, and only cardiac surgeons can operate on the heart.

The issue has been heating up in recent months. Last year, a committee that has significant representation from the ABMS rejected a request by the vascular surgeons to create the new specialty, a decision the vascular surgeons later appealed. Letters and memoranda from both sides have been pouring into the ABMS offices in Evanston, Ill.

The overall mortality rate from abdominal aortic aneurysm surgeries averages about 5%. But when general surgeons perform the surgery, the mortality rate is 76% higher than when vascular surgeons do it, according to a recent University of Michigan/Johns Hopkins study of 3,912 cases. Other studies have reached similar findings.

Despite this gap, general surgeons perform about 30% of the 60,000 abdominal aortic aneurysm surgeries each year in the U.S. While generalists also do a variety of other surgeries, research in those areas hasn't suggested such a disparity of results between the generalists and the specialists. With abdominal

aortic aneurysm surgery, the public is largely unaware of the differing success rates.

Vascular surgeons argue that the reason they have met opposition from the ABMS board is cronyism. A change in policy could take hundreds of millions of dollars a year from the pockets of general surgeons, who exert considerable influence inside the specialties board.

The Medical Specialties board "is an old-boys' club in which professional self-interest, not patient care, [is] the overriding consideration," says Frank J. Veith, vice chairman of surgery at Albert Einstein College of Medicine in New York, and himself a vascular surgeon. "Better results are achieved by those who specialize in vascular surgery."

The American Board of Medical Specialties, one of medicine's least-known and most-powerful organizations, declines to comment on the vascular-surgery issue.

A change in policy, of course, would also be a business windfall to the vascular surgeons, but they insist the motivation is successful medical outcomes, not profit.

Abdominal aortic aneurysm surgery, most common in men over 60, is performed to stop a swelling within the aorta that, if unaddressed, can eventually cause it to rupture fatally. The procedure has gained steam in recent years because of the advent of new imaging tests such as ultrasound and CT that can glimpse the arteries and foresee events such as ruptured aneurysms, which once were considered unpredictable forces of nature.

Many general surgeons, of course, are highly competent, and some have done extensive aneurysm repair operations, gaining significant expertise in the process. Dr. Veith and others say such surgeons should be eligible to qualify for a full vascular certificate if one is created.

But studies show that many general surgeons who do vascular operations only periodically, and with inferior results, continue to do them. (Cost isn't an issue, because most aortic-aneurysm repairs are done on Medicare patients, and Medicare sets the same rate for all surgeons.) Physicians on both sides of the issue concede that the patients of general surgeons generally aren't aware of the studies associating better outcomes with vascular surgeons.

Certainly Daisy Storry wasn't. After an ultrasound test discovered an aneurysm in the abdominal portion of her aorta, she went to a general surgeon in Brainerd, Minn., for elective repair in December 2001. Medical records show that the 74-year-old woman's blood pressure plummeted during surgery. Her relatives, who say the surgeon told them that her prognosis was poor and that he had done everything he could, insisted she be helicoptered to a Minneapolis hospital 130

miles away. There, records show, doctors found "a huge amount of blood present" and "blood poured out in a very large quantity" from veins and arteries near where the Dacron tubing was sewed in. Mrs. Storry died.

Her son, Robert Storry, says the family had questioned the doctor prior to surgery whether he could handle it and had been told the operation would be "a piece of cake."

There is no guarantee Mrs. Storry would have lived had a vascular surgeon performed the procedure. But "obviously, we would have gone to a vascular surgeon had we known the difference," says Mr. Storry, whose family has filed suit. The surgeon, James J. Dehen, didn't respond to calls for comment. Dr. Dehen's attorney, Barbara Zurek, said: "Having an elective aneurysm repair carries a statistical risk of mortality in the range of 5%, and Dr. Dehen's statistics are better than that."

Speaking about the broader debate, David H. Nahrwold, president of the ABMS, declined to discuss the vascular surgeons' campaign. But he says that, generally speaking, one downside of limiting certain medical therapies to specialists is doctors' availability for patients.

Leading vascular surgeons argue that there are enough vascular specialists to do the necessary operations. Currently, there are about 2,100 vascular surgeons in the U.S. Moreover, they say, if vascular surgery becomes an independent specialty, it could lure more medical residents into the field.

The findings of the University of Michigan/Johns Hopkins study have been supported by other evidence. The Wall Street Journal looked at Pennsylvania's uniquely extensive database of medical records compiled by its Health Care Cost Containment Council, which produces public reports on the quality of medical care. The Journal worked with Michael Pine & Associates, which helps Pennsylvania evaluate its hospitals. The research took into account the medical severity of each case.

The finding: In 5,128 abdominal aortic aneurysm operations in Pennsylvania over three years, general surgeons had a 73% higher mortality rate than did vascular surgeons.