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Original Research Article

Elective surgery cancellations: the experiences and reasons in a tertiary hospital in Port Harcourt, Nigeria

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ABSTRACT

Background: Elective surgery cancellations have been reported in major centres in developed and developing economies and its occurrence is avoidable. This study explored the experiences of theatre users and reasons for elective surgery cancellations and proffered solutions for improved service delivery at the Rivers State University Teaching Hospital.
Methods: A cross-sectional observational study was carried out among total population of consenting staff of Surgical Departments from April 2023 to March 2024. Self-administered questionnaire was used and data was analysed using SPSS.
Results: There were 66 (54.5%) male and 55 (45.5%) female respondents. Their mean age was 34.09±9.14 years and mean years of practice was 6.39±3.92 years. Ninety-one (75.2%) were aware of elective surgical cases cancellations and this varied from 1-3 per week (n=81; 66.9%), 4-6 per week (n=7; 5.8%), >6 per week (n=4; 3.3%). The most common reason for case cancellation was poor patient preparation (n=37; 30.6%), followed by financial challenges on the part of the patient (n=30%; 24.8%), etc. Patient-related factors, central sterile supply department (CSSD) factor, anaesthetists' factor, surgeon's factor, perioperative nurses' factor, theatre technicians' and potters' factor, were notable contributors. Suggestions were made relating to patients, staff and the hospital/government.
Conclusions: Multiple factors lead to occurrence of elective surgical case cancellations. Predominant reasons were poor patients' preparation, brought about by patient-related and other factors. Joint efforts are recommended for mitigation.

Keywords: Case cancellation, Experiences and reasons, Elective surgery, Nigeria, Port Harcourt

INTRODUCTION

Elective surgery cancellation occurs when planned/scheduled surgical operation (major or minor) involving input/preparations from the surgical team, anesthetic team, operative theatre team, administrative, etc., no longer hold. It is an occurrence with some reasons that have been mostly described as avoidable, and its prevalence was found to be higher in low and middle-income countries.[1-4] Elective surgery cancellations have been reported in major centers in developed and developing economies.[1,2,4-8] A study from a 500 bedded hospital in India had reported the discipline of general surgery as having the highest number (7.1%) of case cancellations and the least to be Otorhinolaryngology.[1] However, another study – a global systematic review, rather reported orthopedics as the discipline with the highest cancellation rate.[4] In a large center in India, the most common reason for case cancellations was lack of theatre time/space (infrastructural limitations), followed by absence of patients, medical reasons, change of surgical plan, patient

not ready for surgery and equipment failure.[1] The result of this study is in agreement with global findings, although some variations exist in the reasons for case cancellation depending on the prevailing environment/region of practice or center.[4,8,9] Cancellation of elective surgery can take different forms–before the day of intended surgery at such a time that replacement with another patient who needed surgery could not be done; on the day of intended surgery (probably in the ward or patient did not come for admission); in the operative theatre on the day of surgery. Irrespective of the form it takes, it is associated with undesirable effects as reported by Talalwah et al.[2]

The global surgery cancellation prevalence was reported to be 18%, however, the finding from a study at Ile-Ife in Nigeria documented 40.8% for orthopedic surgeries at the center.[4,10] Cancellation of elective surgery is therefore an occurrence of significant disappointment to the healthcare personnel, the patients - with financial and emotional involvement, and the society.[11,12] Similar observations have been reported from other centers in Nigeria.[13-15] Disappointment to the society because some other patients who would have benefitted from the reserved slot that was cancelled eventually did not benefit and the resources deployed by the hospital in making preparations for the operations at that time would not be financially accounted for.

Additionally, the waste in terms of manpower of the health service personnel who would have been active during the period of the cancelled elective list is also a huge loss. The health personnel are aware of the standard pre-anesthetic/pre-operative preparation of surgical patients; however, these are carried out within the limit of other competing local factors, some of which may be patients or health system-related. The authors observed an undocumented rise in elective surgery cancellations and hence explored its occurrence, reasons and proffered solutions for improvement in service delivery at the Rivers State University Teaching Hospital from April 2023 to March 2024.

METHODS

Study design

A cross-sectional observational study was carried out.

Study place

Port Harcourt, the capital of Rivers State - one of the Niger Delta States in the Federal Republic of Nigeria, was the study area.

Study setting

Surgery Departments, Theatre and Anesthesia Department of the Rivers State University Teaching Hospital were the study setting.

Study population/participants

The study participants were medical doctors, anesthetists, perioperative nurses, anaesthetic technicians and potters in the above departments.

Sampling method

Total population of consenting staff (theatre users) was used.

Study instruments

Self-administered questionnaire was used for data collection.

Study variables

Socio-demographic data, experiences of staff on case cancellations, the reasons for case cancellations, suggested solutions.

Ethical considerations

The approval of the Research Ethics Committee of the Rivers State University Teaching Hospital was obtained.

Data analysis

The data obtained was entered into spreadsheet, formed into table and analysed using descriptive statistics and Pearson's correlation statistical analysis. The analysis was done using the Statistical Package for the Social Sciences (SPSS) version 23.0.

Validity/reliability of instrument

The study instrument was scrutinized by all authors before use. The study questionnaire was piloted in a different work environment before use.

RESULTS

One hundred and twenty-one practitioners who were theatre users participated in the study on elective case cancellation in surgery at the Rivers State University Teaching Hospital in the first quarter of 2024.

Table 1 shows the demographic characteristics of the respondents. There were 66 (54.5%) male and 55 (45.5%) female respondents. Their mean age was 34.09±9.14 years, the youngest being 21 years and the oldest 61 years. Sixty-six (54.5%) were single and 54 (44.6%) were married. One hundred and eighteen (97.5%) were Christians. Mean years of practice was 6.39±3.92 years, the minimum being 1 year and 30 years as maximum. A wide range of operating theatre users of different units/departments participated in the study, including

theatre nursing staff, surgical staff, technicians and potters.

Table 2 shows the categories/cadres of theatre users involved in the study. There were 7 (5.8%) consultants, 7 (5.8%) senior registrars, 37 (30.6%) registrars, 19 (15.7%) medical officers, 20 (16.5%), 22 (18.2%) nursing officers of different cadre, 8 (6.6%) anaesthetic technicians and 1 (0.8%) potter. Table 3 shows the experiences of theatre users on elective surgery cancellations. Ninety-one (75.2%) were aware of elective surgical cases cancellation. Opinion on number of cases cancelled per week varied from 1-3 per week (n=81; 66.9%), 4-6 per week (n=7; 5.8%), >6 per week (n=4; 3.3%). The most common reason for case cancellation was opined to be poor patient preparation (n=37; 30.6%), followed by financial challenges on the part of the patient (n=30%; 24.8%). Others reasons were issues with sterilization of equipment, patient's failure to comply to pre-operation treatments, patient not medically fit for surgery (including high blood pressure) and patients test results not ready for the procedure. Table 4 shows other factors responsible for elective surgical cases cancellation. There were patient-related factors did not come for surgery, did not pay for surgery, results of investigations were not done or not suitable for surgery were contributory factors in the opinion of 57 (47.1%), 74 (61.2%), 85 (70.2%) theatre users respectively. Anaesthetist factor anaesthetists are not enough (n=27; 22.3%), anaesthetists are not available (n=22; 18.2%) were also tendered issues. Surgeon's factor - surgeons are not available – were opined by 10 (8.3%) respondents; theatre nurses' factor - nurses are not enough (n=18; (14.9%), nurses are not available (n=7; 5.8%) were reported. Theatre technicians' factor - technicians are not enough (n=8; 6.6%); theatre potters' factor - potters are not available (n=6; 5.0%), potters are not enough (n=10; 8.3%) were reported. Central Sterile Supply Department (CSSD) factor - no sterile materials for surgery (n=47; 38.8%) was also reported.

Table 5 shows possible solutions suggested for elective surgery cancellation. While 46 (38.0%) respondents opined that financial assistance be provided or the cost of procedures should be made affordable to patients, 75 (62.0%) reasoned otherwise. Sixty-seven (55.4%) opined that patient's pre-surgery investigation results should be retrieved and reviewed days before surgery for proper assessment. Fifty-nine (48.8%) respondents stressed that there should be comprehensive patients' education/counselling about the procedure. Others suggestions: measures to ensure patients' drugs adherence – yes (n=3; 2.5%), no (n=118; 97.5%), comprehensive health care service delivery by all health professionals – yes (n=34; 28.1%), no (n=87; 71.9%); pre-operative anaesthetic review - yes (n=27; 22.3%), no (n=94; 77.7%); improve on manpower and welfare of staff - yes (n=21; 17.4%), no (n=100; 82.6%).

Table 1: Socio-demographic characteristics of respondents (n=121).

Variables	Number	%
Sex		
Male	66	54.5
Female	55	45.5
Age (mean=34.09±9.14 years, min= 21 years, max=61 years)		
21-30	56	46.3
31-40	36	29.8
41-50	20	16.5
51 and above	9	7.4
Marital status		
Single	66	54.5
Married	54	44.6
Others	1	0.9
Religion		
Christianity	118	97.5
Others	2	1.7
None	1	0.8
Years of practice (mean=6.39±3.92 years, min= 1 years, max=30 years)		
1 or less	39	32.2
2-5	40	33.1
6-10	18	14.9
11-20	20	16.5
21 and above	4	3.3
Department/Discipline of practice		
General surgery	21	17.4
Ophthalmology	1	0.8
ENT Surgery	12	9.9

Continued.

Variables	Number	%
Anesthesia	18	14.9
Orthopedic surgery	12	9.9
Plastic surgery	2	1.7
Urology	2	1.7
Perioperative Nursing	9	7.4
Theatre Technician	8	6.6
Potters	1	0.8
O & G	21	17.4
Others	14	11.6

Table 2: Categories/cadres of theatre users (n=121).

Variables	Number	%
Consultant	7	5.8
Registrar	37	30.6
Senior Registrar	7	5.8
Medical officer	19	15.7
Nursing officer II	2	1.7
Nursing officer I	2	1.7
Senior Nursing officer	8	6.6
PNO	7	5.8
ACNO	1	0.8
CNO	2	1.7
Technician	8	6.6
Potter	1	0.8
House officer	20	16.5

Table 3: Experiences of theatre users on surgery cancellations (n=121).

Variables	Number	%
Awareness of elective surgical cases cancellation in RSUTH in Q1 of 2023/2024		
Yes	91	75.2
No	22	18.2
Not sure	8	6.6
Number of cancellations per week		
1-3	81	66.9
4-6	7	5.8
More than 6	4	3.3
NA	29	24.0
Most recurrent reason for elective surgical cases cancellation		
Sterilization of equipment	6	5.0
Patient's failure to comply to pre operation treatments	5	4.1
Patient not medically fit for surgery	11	9.1
Financial challenges	30	24.8
Elevated blood pressure	7	5.8
Patients tests results not ready for the procedure	25	20.7
Poor patient's preparation	37	30.6
Any other factor responsible for elective surgical cases cancellation		
Yes	99	81.8
No	9	7.4
Not sure	13	10.7

Table 4: Other factors responsible for elective surgical cases cancellation (n=121).

Variables	Yes number (%)	No number (%)
Anesthesia factor; The anesthetists are not enough	27 (22.3)	94 (77.7
Anesthesia factor; The anesthetists are not available	22 (18.2)	99 (81.8)
Surgeon's factor; The surgeons are not available	10 (8.3)	111 (91.7)
Theatre Nurses' factor: Theatre nurses are not enough	18 (14.9)	103 (85.1)
Theatre Nurses' factor: Theatre nurses are not available	7 (5.8)	114 (94.2)
Theatre Technicians' factor: Theatre technicians are not available	6 (5.0)	115 (95.0)
Theatre Technicians' factor: Theatre technicians are not enough	8 (6.6)	113 (93.4)
Theatre Potters' factor: Theatre Potters are not available	6(5.0)	115 (95.0)
Theatre Potters' factor: Theatre Potters are not enough	10 (8.3)	111 (91.7)
CSSD factor: No sterile materials for surgery	47 (38.8)	74 (61.2)
Patient factor: Patient did not come for surgery	57 (47.1)	64 (52.9)
Patient factor: Patient did not pay for surgery	74 (61.2)	47 (38.8)
Patient factor: Patient results of investigations were not done or not suitable for surgery	85 (70.2)	36 (29.8)

Table 5: Possible solutions suggested for elective surgery cancellation (n=121).

Variables	Yes number (%)	No number (%)
Financial assistant/cost of procedure should be made affordable	46 (38.0)	75 (62.0)
Measures to ensure patients' drugs adherence	3 (2.5)	118 (97.5)
Patient's pre-surgery investigation results retrieved and reviewed for proper assessment	67 (55.4)	54 (44.6)
Comprehensive patients' education/counselling about the procedure	59 (48.8)	62 (51.2)
Comprehensive health care service delivery by all health professionals	34 (28.1)	87 (71.9)
Pre-operative anesthetic review	27 (22.3)	94 (77.7)
Improve on manpower and welfare of staff	21 (17.4)	100 (82.6)

DISCUSSION

Cancellation of elective surgery is a disappointment or reneging on a promise or planned surgical intervention intended to address a surgical problem. It is avoidable and often has far reaching impact on the patients, relatives/care givers, healthcare staff and also the health system by way of further prolonging bed occupancy, etc.[2,16-18] This study evaluated the experiences of operating theatre users on this subject and ascertained their opinions on reasons and solutions. Almost equal proportions of the genders participated with a slight male predominance. Their mean age was 34.09±9.14 years and a mean year of practice of 6.39±3.92 years was observed.

The implication of the above is that the participants had worked long enough and were in their prime – the active workforce and hence were the right people to know and provide information on the subject. Almost half of them were married and nearly all were Christians. This is expected in predominantly southern Nigeria population where the study was carried out.[19,20] A wide range of operating theatre users of different units/departments participated in the study, including theatre nursing staff, surgical staff, anaesthetic technicians and potters – this provides strength on the quality of information provided. However, the categories/cadres of theatre users that formed majority were registrars, medical officers and nursing officers of different cadre and few consultants, anaesthetic technicians and potters.

The most common reason for case cancellation was poor patient preparation, followed by financial challenges on the part of the patient. Other reasons were listed as instrument sterilization issues, poor patient's compliance with pre-operation treatments, medically unfit patient (especially elevated blood pressure) and non-availability of patients' test results. The poor patient preparation seen in this study is also related to patients' factor, as seen in the categorised reasons for elective case cancellations, in descending order of occurrence which were: patient-related factors such as-failure to come for surgery, inability to pay for surgery, non-availability or non-suitability of investigations' results; central sterile supply department (CSSD) factor such as insufficiency of sterile materials for surgery; anesthetist factor such as insufficient number of anaesthetists, non-availability of anaesthetists; theatre nurses' factor – insufficient number of nurses, non-availability of nurses; surgeon's factor – non-availability of surgeons; theatre technicians' factor – insufficient number of technicians; theatre potters' factor-insufficient number of potters and non-availability of potters. From the foregoing, the study findings aligns with the observations of other researchers that reported the most common reasons for elective case cancellations to be patient-related factors, followed by administrative

and structural factors, with evidence from a teaching hospital in North-West Nigeria, Eastern Nigerian teaching hospital and Ilorin in Western Nigeria.[13,14,21] Similar observations were reported in Africa and in other societies.[22-25] However, other studies highlighted health facility-related factors as the most common reason for cancellations – as seen in Uganda, in Tanzanian study, in Addis Ababa and others.[6,8,26-30] Globally, health facility-related factor is considered responsible for majority of elective surgery cancellations.[4,6]

Irrespective of the reason(s) for case cancellations, the impact is far-reaching for the patient and the health system. That two-third of wide range of theatre users and about the same number had experienced 1-3 case cancellations per week (and some 6 or more case cancellations per week) is significant requiring attention. Hence, suggestions were made as solutions to reduce the occurrence of elective surgery cancellations, and they include the following: provision of financial assistance to patients (or procedures should be made affordable to patients); comprehensive patients' education/counselling about the planned procedure; pre-surgery investigation results should be retrieved and reviewed days before surgery for proper assessment before booking; and others - ensure patients' drugs adherence, comprehensive health care service delivery by all health professionals, pre-operative anaesthetic review, improve on manpower and welfare of staff. Some of these suggestions were also reported as recommended by some earlier researchers in Nigeria and outside the clime.[21,31-33]

Limitations

This study has limitations including recall bias associated with questionnaire study and fewer number of consultant surgeons and anesthetists involvement. However, the majority of middle level workers' involvement who were more involved in the conduct of surgeries does suffice. This study is unable to ascertain the percentage of case cancellations and therefore has provided a gap for further studies on the subject in our environment. The actual case cancellation rate would be better estimated in a prospective study.

CONCLUSION

Theatre users acknowledged occurrence of elective surgical case cancellation brought about by many reasons predominantly poor patients' preparation resulting from patient factor and others. Joint efforts are recommended for mitigation.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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