

Reporting complications: A wake-up call

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Dear Madam,

I would like to bring your attention towards a pressing issue at hand. Despite the admirable tradition of weekly morbidity and mortality conferences, inconsistent complication reporting is common in hospitals and in the surgical literature. Incomplete records, multiple sites of postoperative care, medico-legal concerns regarding the documentation of patient safety issues, and worry over public disclosure of data often hinder the accurate portrayal of the postoperative course and tabulation of data. None of the parameters, even rates of postoperative deaths and reoperations, is consistently collected across even the major centers in the country. Thus, there is no means to provide a comparison of hospital outcomes for patients undergoing any type of surgical procedure¹.

At present, mortality and morbidity remain the main methods of assessing surgical results for audit and quality assurance. Measurement of morbidity requires accurate definitions of a surgical complication. Although the incidence of postoperative complications is still the most frequently used surrogate marker of quality in surgery, the direct cause-and-effect relationship between surgery and complications is often difficult to assess. This leads to under-reporting of surgical complications. Complications of surgery are incompletely and inconsistently reported². Complications are often poorly

defined, and they are rarely graded³. This confounds the comparison of various reports. Most published articles focus only on positive outcomes.

There is a need to compare complications for each specific approach in a systematic, objective, and reproducible way. It is necessary to define the complications in a standardized manner, as definitions for complications or guidelines for reporting surgical outcomes have yet to be accepted universally⁴.

The establishing of standardized complication reporting criteria for specific procedures should be mandatory. Carefully constructed databases are required, developing the definitions and grading of complications for each surgical specialty.

The simplest way to start is to focus on several high-risk procedures and their specific complications as we direct our energies towards gathering and comparing the data for procedures across institutions. Clavien and Dindo proposed a system for grading the severity of postoperative complications that was subsequently revised and validated^{5,6}. Their classification focuses on the medical perspective, with a major emphasis on the risk and invasiveness of the therapy used to correct a complication. This perspective tends to minimize subjective interpretation and any tendency to down-rate complications; because it is based on hard facts. The implementation of this classification into surgical literature may facilitate the evaluation and comparison of surgical outcomes among different surgeons, centers, countries and therapies. Specific groups of surgeons, societies or hospitals can be encouraged to monitor these results over time even compare with other data available nationally or in-

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ternationally. This will lead to an improved data collection and universal standard reporting system, and ultimately a better health care system.

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