

Choosing a Surgical Team

1 Introduction. L 1

I'm Dr Jonathan Salo, a GI Cancer Surgeon in Charlotte, North Carolina. These videos are designed to educate you about cancer and its treatment and help you and your cancer care team make the right decisions for you.

Of course, there is no substitute for the expert opinions of your cancer care team.

An esophagectomy is an operation to remove a cancer in the esophagus. If you are in need of an esophagectomy, you will need to choose an esophagectomy surgery team.

In this video, you will learn about how to:

- Choose a hospital
- Choose a surgeon
- Get a second opinion

Esophagectomy is surgical removal of the esophagus, which is a complex operation, and because of its complexity, the outcomes aren't the same for every hospital and every surgery, so there is a lot of variation

There is a lot of variation

Different outcomes at different hospitals (9)

Different outcomes for different surgeons (10)

When we compare the results, or outcomes for different hospitals and surgeons, we need to have some understanding of what we are measuring.

The first is the rate of complications

An important complication is a leak from the anastomosis (12)

We have a video about esophagectomy surgery which discusses these complications.

Another important outcome is the risk of death in the first 90 days after surgery (13)

Because this is a complex operation, it's no surprise that experience counts (14)

In general, Outcomes are better at high-volume hospitals...

and for Experienced surgeons (16)

2 How Many Cases is Enough?

The Leapfrog Group is a non-profit medical watchdog group which has championed transparency in health care outcomes. (17)

They gathered a group of experts and reviewed the medical research to come up with some guidelines for recommended minimum of operations per year for esophagectomy surgery

3 How Many Cases is Enough?

In 2018 they made their recommendations that hospitals should perform at least 20 esophagectomy operations per year, and surgeons should perform at least 7 operations a year,

in order to have enough familiarity with the surgery (18)

We have a link to their recommendations

<https://ratings.leapfroggroup.org/sites/default/files/inline-files/2023%20Adult%20and%20Pediatric%20Complex%20Surgery%20Fact%20Sheet.pdf>

Bibliography:

<https://ratings.leapfroggroup.org/sites/default/files/2025-03/2025%20Adult%20and%20Pediatric%20Complex%20Surgery%20Fact%20Sheet.pdf>

4 Leapfrog Survey 2019

In 2019 Leapfrog surveyed hospitals and found that only 3% of hospitals in the U.S. met the guidelines for hospital volume and surgical volume, (19)

5 Leapfrog Survey 2019

However 25% of hospitals had a surgeon meeting the volume guidelines by performing 7 or more esophagectomy operations per year. (20)

<https://www.leapfroggroup.org/sites/default/files/Files/Leapfrog%20Report%20on%20Safe%20Surgical%20Volumes%202020.pdf>

6 Interview your Surgeon

How does this help you? I would recommend that you *interview your surgeon*

This may seem a bit awkward at first, but most of us are comfortable about doing some comparison shopping when it comes to:

- buying a house
- or a car
- or a flat-screen TV

I would recommend that you ask

“How many esophagectomy operations do you personally perform each year?” (22)

This is a very specific question. It’s not asking whether there is a high-volume surgeon somewhere in the hospital, or what the volume of the *hospital* is,

But it’s designed to find out if *your* surgeon has the experience necessary.

If the surgeon volume is less than 7 cases per year, I would see that you have two choices. (22)

One is to get a second opinion, and we’ll talk about that at the end of the video (23)

The other is to ask whether there is an experienced surgeon who can join your surgeon in the operating room (24)

One of the challenges for surgeons in the beginning stages of their careers is how to safely acquire experience with complex surgery

One way to address that challenge is to have more experienced surgeons working with less experienced surgeons to allow the patient to have the best outcomes possible

...while also allowing the training of the next generation of surgeons. (25)

To my mind, mentoring is a safe way for low-volume surgeons to gain experience (and become high-volume surgeons) (26)

Now that you have located an surgeon, what else do you need to look for? (27)

A research study looked at outcomes among high-volume hospitals in New York state (28)

7 Is Volume the only Measure

And they found two-fold variation in mortality outcomes... and complications

<https://pubmed.ncbi.nlm.nih.gov/34292582/>

In other words, some high-volume hospitals had twice the complication rate of other hospitals.

You will want to know something about your surgeon's complication rate (31)

I would ask "What is the anastomotic leak rate in operations you personally perform?" (32)

Again, you aren't as interested in what the average is for the hospital, or what the average is in the medical literature, but the personal experience of that surgeon.

If your surgeon isn't familiar with their personal outcomes, I would recommend getting a second opinion. Whoever your surgeon is, you want someone who is constantly seeking to improve outcomes for their patients, and the only way to do that is to know what your outcomes are.

Something else you will want to know is what your surgeon estimates your risk of mortality, meaning death in the first 90 days after surgery. (33)

Now this is a very complex issue, and comparisons between hospitals and between surgeons are *very* difficult

The simple reason is that the risk of death depends upon three different factors.

The first is the experience of the surgical team (34)

The second is the capability of the hospital (35).

Caring for a patient after esophagectomy requires a large team of people in addition to the surgeon.

Everyone from the nurses

- to the physicians in the intensive care unit
- to the dietitians
- and the other specialists in the hospital
- such as radiologists
- and gastroenterologists.

Risk of mortality also depends heavily upon the patient.

We know that younger patients encounter fewer problems with surgery than do older patients.

We know patients with major medical are more likely to have problems.

And we know that patients who are fit and active have encounter fewer problems.

Because the risk of mortality depends upon a number of factors beside the surgeon and the hospital, by itself it is not an ideal way of choosing a surgical team.

I would recommend that you ask your surgeon what their personal experience is with mortality after esophagectomy in the first 90 days in patients on whom they personally perform an operation.

The most important thing is that you want a surgeon who is focused on optimizing their outcomes, and they can't do that if they don't have the data

An important follow up question is to ask your surgeon to make an estimate of surgical mortality in *your* particular case.

In other words, starting with the surgeon's overall experience, can they make an estimate of surgical mortality for your case.

I think this is an important question as it helps you know whether our surgeon has the experience with a variety of patients to understand how risky an operation is in a particular patient.

So how can your surgeon give you a personalized risk estimate?

There are several tools your surgeon can use: (39)

A cardiology evaluation can help identify issues which would make surgery higher risk.

You may be referred to a cardiologist for testing such as an echocardiogram or stress test

Pulmonary function testing can also be helpful, particularly for patients who are heavy smokers or have emphysema

There are a variety of ways to test overall fitness.

A simple method that we use in our clinic is to test muscle strength as shown here.

There are other tests such as a 6-minute walk test or a treadmill test that can also be used

In summary, you need an honest discussion with your surgeon about the risks of surgery.

I would recommend that this not be a discussion that gets delegated to a physician's assistant or nurse practitioner

If you are interested in a second opinion, the questions are where? and how?

The easiest place to start is asking your primary care provider for a recommendation,

or other members of your cancer care team such as your medical Oncologist or your gastroenterologist

The important thing is not to hesitate out of concerns for offending the first surgeon you may have seen:

All of us in healthcare want for our patients to have good outcomes from their cancer treatment.

Your second opinion team will need a variety of materials in order to make a recommendation. Your cancer care team can help you assemble these records.

The first is medical records, which will include:

- Notes from all consultations with any specialists
- Endoscopy reports

You will also need:

- Pathology reports
- Radiology reports
- Cardiology Reports and Records

You may need to sign an authorization request to release your records to the second opinion team

In addition to the radiology reports, the second opinion team will need to see the images themselves.

This can be done by sending a disk from the radiology department to the second opinion team

In many cases, the two radiology departments can work together to send the images electronically

In some cases, in addition to the pathology report, the second opinion team will want to review the pathology slides.

This means that the glass microscope slides will need to be sent from the first pathology lab to the second one.

The slides will usually be sent via express shipping such as Fed Ex or UPS.

After the second lab reads the slides, they are returned to the first pathology lab.

There may be a charge by the second pathologist for reading the slides.

This is done routinely but can be the most time-consuming part of the process.

This may sound like a lot of work, but your nurse navigator or cancer center clinic staff can help you here.

We hope you have found this video helpful. We have some links to other videos.

Feel free to leave a comment or a question, or if you have suggestions for future videos.

If you or a family member have had an encounter with esophagectomy surgery, or experience choosing a surgical team, I would love to hear about your experience, so please take a minute to leave a comment below.

We're constantly creating new videos, so please subscribe to be notified of new videos when we post them. (29)