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 you cancer care team make the right decisions for you.

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

2 Your Esophagectomy Team. L 4

An esophagectomy is an operation to remove a cancer in the esophagus.

In this video, you will learn about how to: (2)

3 Your Esophagectomy Team.

- Choose a hospital (3)

4 Your Esophagectomy Team.

- Choose a surgeon (4)

5 Your Esophagectomy Team.

- Get a second opinions (5)

6 Esophagectomy

Esophagectomy is surgical removal of the esophagus (6)

If you haven't viewed it already, we have a video describing the surgery

7 Esophagectomy

Esophagectomy is a complex operation, (7)

8 Outcome Variation

Because of it's complexity, the outcomes aren't the same for every hospital and every surgery, so there is a lot of variation

9 Outcome Variation

Different outcomes in different hospitals (9)

10 Outcome Variation

Different outcomes for different surgeons (10)

11 Outcomes after Esophagectomy

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 (11)

12 Outcomes after Esophagectomy

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

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

13 Outcomes after Esophagectomy

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

14 Experience Counts

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

15 Experience Counts

In general, Outcomes are better at high-volume hospitals (15)

16 Experience Counts

and for Experienced surgeons (16)

17 How Many Cases is Enough?

The Leapfrog Group is a non-profit medical watchdog group which has compationed 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

18 How Many Cases is Enough?

In 2018 they made their recomendations 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%2

19 Leapfrog Survey 2019

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

20 Leapfrog Survey 2019

However 25% of hospitals have a surgeon who meets 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

21 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 or house or a car or a flat-screen TV (21)

22 Interview your Surgeon

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 of *your* surgeon has the experience necessary.

23 Esophagectomy Surgeon Volume

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

24 Esophagectomy Surgeon Volume

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

25 Esophagectomy Surgeon Volume

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

26 1

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)

27 Esophagectomy Surgeon Volume 4

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

28 Is Volume the only Measure

Now that you have located a high-volume surgeon, what else do you need to look for? (27)

29 Is Volume the only Measure

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

30 Is Volume the only Measure

And they found two-fold variation in mortality outcomes (29)

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

31 Is Volume the only Measure?

and complications (30)

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

32 Interview your Surgeon

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

33 Interview your Surgeon

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 you 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.

34 Interveiw Your Surgeon

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

35 Risk of Mortality after Surgery

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)

36 Risk of Mortality after Surgery

Risk of mortality also depends upon 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.

37 Risk of Mortality after Surgery

Risk of mortality also depends heavily upon the patient (36). 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.

38 Mortality within 90 Days

Because the risk of mortality depends upon a number of factors, by itself it is not an ideal way of choosing a surgical team. (37)

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

39 Mortality within 90 Days

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.

40 Preoperative Evaluation

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

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

41 Cardiology Evaluation

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

42 Pulmonary Evaluation

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

43 Overall Fitness Evaluation

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

44 Discuss with your surgeon

Is 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

45 Second opinion

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 gastroenterologist

The important thing is not 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.

46 Second Opinion

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 specailists
- Endoscopy reports

47 Second Opinion

You will also need:

- Pathology reports
- Radiology reports
- Cardiology Reports and Records

48

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

49 Radiology images

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

50 Pathology slides

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 send 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.

51 Second Opinion

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

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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)