

# GUIDELINES FOR LIVE SURGERY IN TELE PRESENTATION

# Asia-Pacific Backbone Topology



TransPAC3  
TEIN3  
JON-k SINET4  
AAINet GLOKIAO  
Others

As of February 9th, 2012

# HOW THE PHIL. TEEMED NETWORK STARTED



9th ATS  
Nov.2015 , Chungbuk, S. Korea



Edsa Shangrila, Dec. 2015





# **PHIL. TELEMED NETWORK GRP.**

DEC.2015

# 2nd Telemedicine Network Meeting 41st APAN Meeting , Manila

JANUARY 2016



# The Telemedicine Network of the Philippines

MAY 18, 2016



# THE TELEMEDICINE NETWORK OF THE PHILIPPINES

LUZON  
BGH

NCR  
NKT  
SLMC  
UP-MANILA/PGH  
VMMC

VISAYAS  
ARBOLAN  
UC MED

MINDANAO  
DDH



# TELEMEDICINE

The practice of medicine and/or teaching of the medical art, without direct physical physician- patient or physician-student interaction, via an interactive audio-video communication system employing tele-electronic devices.



**SAGES**

Society of American Gastrointestinal and Endoscopic Surgeons <http://www.sagescms.org>



## Definition of Terms

### 1. Teleconferencing

- i. Refers to the interaction for the purpose of discussion, teaching, education using tele-electronic interface.

### 2. Tele-proctoring

- i. Refers to a live interactive teaching of procedures by a teleproctor to a trainee.



**SAGES**

Society of American Gastrointestinal and Endoscopic Surgeons <http://www.sagescms.org>

### 3. Tele-consulting

- i. Refers to the evaluation of a patient/ patient data, consultation regarding patient management from a distant site using the telecommunication interface.  
May be used for consultation, supervision, intra-op consultations, urgent evaluation and patient education.

### 4. Tele-management

Refers to the remote evaluation and non-operative treatment/ management of a patient. May be used for medical and surgical evaluation, management of chronic diseases, follow-up, medication update and patient education.



**SAGES**

Society of American Gastrointestinal and Endoscopic Surgeons <http://www.sagescms.org>

# TELECONFERENCE

## Live Surgery Telepresentation

*“Imagine a scenario where doctors from different hospitals can collaborate on a surgery without having to actually be in the operating room. What if doctors in remote locations could receive immediate expert support from top specialists in hospitals around the world?”*

*“There is an educational significance to live surgery because it conveys the realities and tensions of the practice of surgery while bringing to light the performance of highly practiced surgeons in real time in a manner relevant to the IT age.”*



# Patient Dies 90 Min After Live Broadcast Surgery

by SkepticalScalpel

*A 62-year-old man who was having a laparoscopic resection for a liver cancer began bleeding during the procedure, which was being televised live to surgeons at a seminar. A guest liver surgeon was performing the operation assisted by a surgeon from its most prestigious medical school.*

*Reports say members of the audience encouraged the surgeons to switch to an open operation after bleeding could not be controlled laparoscopically, but the conversion did not occur until several hours had elapsed. The patient died in an intensive care unit about 90 minutes after the procedure ended.*



# Patient Dies 90 Min After Live Broadcast Surgery

by SkepticalScalpel

*Questions were raised:*

*Was he a good candidate for the minimally invasive surgery?*

*Did he or his family know the procedure was going to be televised to a conference?*

*Did they know a foreign surgeon would be doing the operation?*

*Was that surgeon properly credentialed to operate in that country?*



*“The perils of live workshops are too many, especially when a foreigner or an outsider performs before an audience as they might be prone to develop anxiety or stress due to several factors such as unfamiliar patients, using unfamiliar instruments, performing the surgery with unfamiliar team members or talking during the surgery.”*



The College recommends that when considering live surgery for the education of clinicians, three principles should be adhered to in each and every case, in order to ensure the best patient care. These are:

Professionalism and a fundamental duty of care to the patient must be the sole motivation for all clinical decisions undertaken during live surgery.

Assessment, consent, and follow-up of the patient must pay particular explicit attention to the issues surrounding live transmission of the procedure.

The surgeon and surgical team must be willing and prepared to stop interaction with the audience and/or transmission of the operation as necessary.



# **Proposed Guidelines for Live Surgery Tele-presentations**

A. Preparations and essential requirements

B. Conduct of Live Surgery

C. Evaluation and assessment

# Proposed Guidelines for Live Surgery Tele-presentations

## A. Preparations and essential requirements

a. The main objective of the surgery/procedure that will be telecast live shall be clear and shall be for educational purposes only.

- live surgery should ideally show straightforward operations to offer an overview of relevant surgical techniques and procedures
- there is educational value in showing the decision-making processes, surgical equipment, surgical support systems such as the processes related to anesthesia and the selection of larger-scale surgical equipment

# Proposed Guidelines for Live Surgery Tele-presentations

## A. Preparations and essential requirements

b. The surgeon/trainor is board certified ,must be proficient on the surgery/procedure and shall be a member of the medical staff in good standing.

1. The surgeon must have a good knowledge and adequate experience of the relevant procedure and must be actively involved in using these on a daily basis.
2. The surgeon must have a good understanding of, and must be able to respect and defer to, the purposes of live surgery, and in particular, must be able to avoid any ostentatious behaviour.

# Proposed Guidelines for Live Surgery Tele-presentations

## A. Preparations and essential requirements

c. A proposal to conduct live tele-surgery/procedure duly noted by the institute/dept./center head shall be submitted to the following for approval : the medical directors office, the hospital ethics committee, OR main or venue of the surgery or procedure to be done.

# Proposed Guidelines for Live Surgery Tele-presentations

## A. Preparations and essential requirements

### D. Informed Consent

A specific informed consent of the Surgical/procedure to do live telecast-surgery signed from the patient.

Any guest surgeon must obtain the consent directly from the patient.

# Proposed Guidelines for Live Surgery Tele-presentations

## A. Conduct of Live Surgery

### a. Code of conduct

- i. Patients dignity, anonymity and confidentiality must be maintained at all times.
- ii. The role and responsibilities of all participants must be clearly defined.
- iii. All decisions must be in the best interest of the patient
- iv. Surgical professionalism is paramount and sensationalism must be avoided.

# Proposed Guidelines for Live Surgery Tele-presentations

## b. Logistics and contingencies

- i. All needed equipment must be prepared, tested and functioning.
- ii. In any untoward event during the procedure the live feed shall be discontinued.

# Proposed Guidelines for Live Surgery Tele-presentations

## C. Evaluation and assessment

### a. All outcomes and complications must be reported.

- evaluate the quality of data transmission and interactions during the tele-encounter to support and optimize the remote provider's capacity to examine, diagnose and develop an appropriate plans of care
- document and maintain a log of all technical problems or issues
- follow up with technical support immediately following encounter, if any problems occur



## References:

- 1.) Guidelines for the Surgical Practice of Telemedicine, Society of American Gastrointestinal Endoscopic Surgeons (SAGES), 2010. <http://www.sages.org/publications/guidelines/guidelines-for-the-surgical-practice-of-telemedicine/>
- 2.) EAU Policy on Live Surgery Events, European Association of Urology (EAU), European Urology, Volume 66 Issues, July 2014, Pages 87-97.
- 3.) Practice Guidelines for Live, On Demand Primary and Urgent Care, American Telemedicine Association, December 2014, <http://www.americantelemed.org/docs/default-source/standards/primary-urgent-care-guidelines.pdf?sfvrsn=4>
- 4.) Royal College of Surgery
- 5.) European Association of Cardio-Thoracic Surgery

# SUMMARY

- Live Surgery tele-presentation is a doctor to doctor remote interaction for education purposes. Hence guidelines are important to set the right path.
- Telemedicine is not limited to live surgery tele-presentation , but a model for other disciplines of health to further utilise and enhance the network connections.

THANK YOU....