

The Post-Op Check: Essential for Patient Care or Just a Checkbox?

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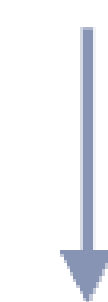
INTRODUCTION

- The **post-op Check (POC)** is an established aspect of patient care at most institutions.
- The process of the POC is **not standardized and highly variable**, even within the same institution
- There is **little data** on POCs' impact on patient care
- Study Aims**
 - Assess the current practice of POCs at a tertiary care center
 - Determine factors associated with important interventions during POCs

METHODS



Retrospective Chart Review (N = 500 Adults)



Primary Outcome
— Did POC address a major adverse event?

Secondary Outcome
— Other Active Tasks (Pain Med Adjustment, Addressing Patient Concerns)

RESULTS

Patient Characteristics	N (%) / Median [IQR]
Age (yrs.)	64 [48 - 73]
Gender (Female)	240 (48.0)
Race	
White	278 (55.6)
Black	94 (18.8)
Asian	56 (11.2)
American Indian/Alaska native	1 (0.2)
Native Hawaiian/other Pacific Islander	1 (0.2)
Other	67 (13.4)
BMI	25.78 [23.03 - 29.83]
Comorbidities (mFI-5)	1 [0 - 2]
Operative Information	
Emergency case	87 (17.4)
OR time > 3h	313 (62.6)
POC Details & Outcomes	
Time between POC and procedure (min)	270.5 [217.0 - 350.0]
Patient in ICU during POC	88 (17.6)
Main Outcome (Major adverse event addressed)	17 (3.4)
Secondary Outcome (Treatment adjustment or other active task performed)	137 (27.4)

mFI-5: modified 5-item frailty index (diabetes, hypertension, congestive heart failure, chronic obstructive pulmonary disease, dependent functional status)

Table 1. Patient, Operation, and POC Information (N = 500)

SURGICAL SPECIALTY

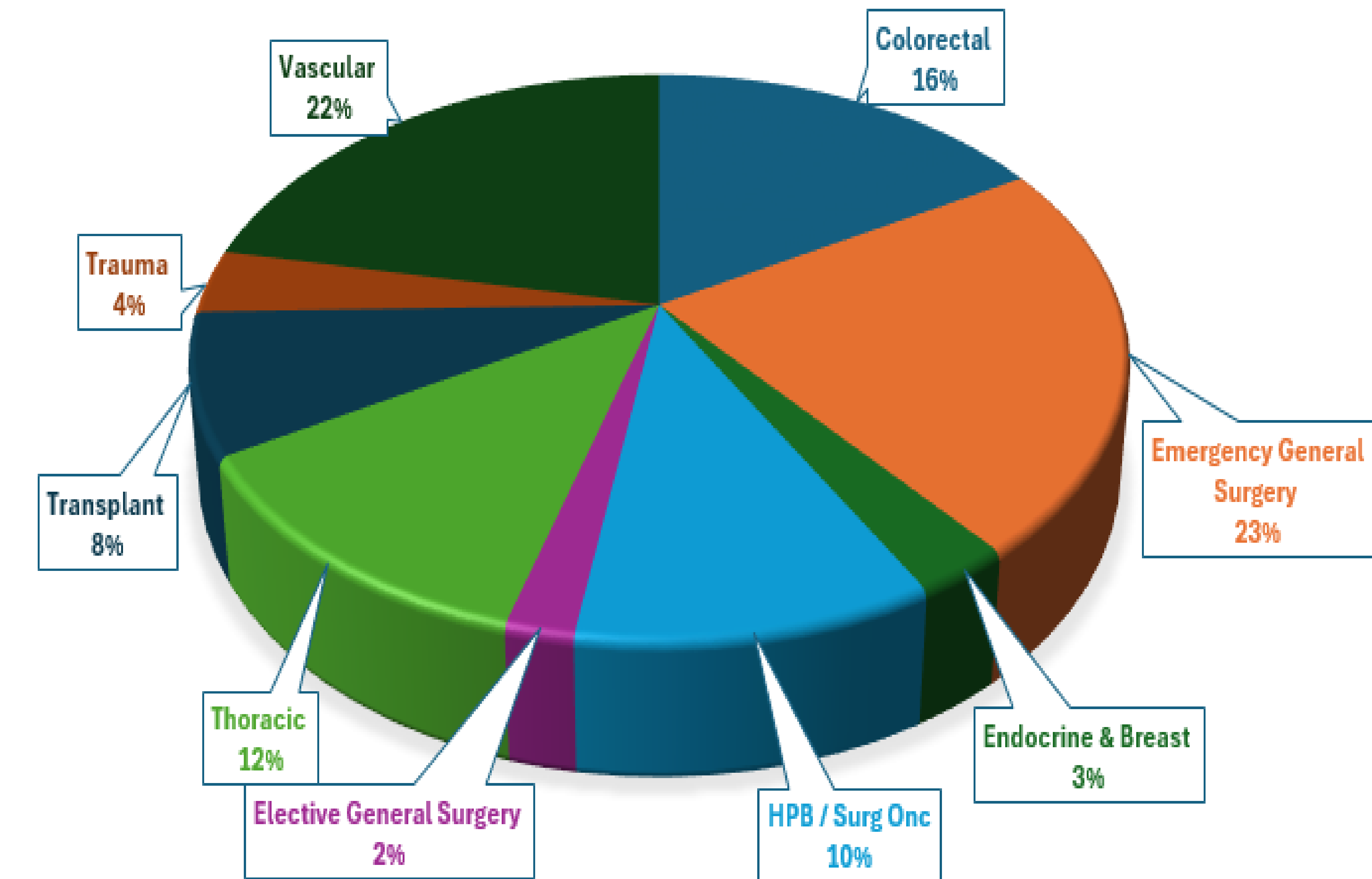


Figure 1. Summary of POC Involvement by Surgical Specialty

CONCLUSIONS

POCs detected few serious adverse events, primarily in high-risk (ICU) patients

POCs served to adjust pain medication or address patient questions/concerns in 25% of patients