AB035. SOH21AS179.
Communication of minor surgery results in the COVID-19 era

Radha Senaratne, Máire-Caitlín Casey, Jack Kelly
Department of Plastic & Reconstructive Surgery, Galway University Hospital, Galway, Ireland

Background: Over 1,500 minor elective plastic surgery procedures are performed in our institution each year, with a large number of patients returning to clinic for histology results. Given the COVID-19 pandemic, we wanted to examine how we currently review our post-operative patients in clinic and how we could potentially improve this based on patient preference.

Methods: A retrospective analysis was conducted on patients undergoing elective minor-surgical procedures between 01st–30th September 2020. Concurrently, a questionnaire was conducted on 100 minor-surgery patients, assessing follow-up preference and impact of histology and COVID-19.

Results: One hundred and seventeen patients underwent minor surgery during this period. Average age was 58 years (range, 12–93 years) with male-to-female ratio of 1.25:1. Malignant lesions were excised in 45% (n=53), with the remainder benign. Eighty-nine percent of patients had primary closure with 11% (n=13) reconstructed; 31% (n=4) FTSG, 69% (n=9) local flap. Seventy-three percent (n=85) received histology through their general practitioner (GP) with the remainder returning to the clinic. The primary indication for clinic follow-up was requirement of further surgery (n=10), surveillance and graft review. The primary indication for follow-up was requirement of further surgery (n=10), surveillance and graft review. Regarding the questionnaire, average age was 51 years (range, 17–89 years), with slight female predominance (54%). In all cases, patients preferred to receive results from their GP rather than hospital doctor, whether benign or malignant and where further surgery was required (45%, 58% and 44% respectively). COVID-19 did not impact on the majority of patient choices (66%).

Conclusions: Our study shows the majority of patients prefer to receive their minor-surgery results from their GP, even in cases of malignancy. This has the potential to reduce the number of patients returning to the clinic, streamlining follow-up and improving clinic efficiency.

Keywords: COVID-19; follow-up; histology; minor-surgery; outpatients

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/map-21-ab035). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license).

doi: 10.21037/map-21-ab035