

## OR SAFETY NEWS

### Two U.S. Cardiac Surgeons, Anesthesiologist Transmit Hepatitis C to Patients

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#### Full story:

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For over a decade, a rising cause for concern has been reports of transmission of HIV, hepatitis C (HCV) and other bloodborne pathogens from patients to healthcare providers. In 2002, three U.S. reports of transmission of HCV in the other direction—from infected surgeons and anesthesia personnel to patients—raise new concerns for patients, surgical care providers and hospital administrators.

- On March 27, 2002, *Newsday*, a Long Island daily, reported that a prominent cardiac surgeon in New York State had likely transmitted hepatitis C infection to at least three patients.<sup>1</sup> Tests conducted by the CDC confirmed that the surgeon had “almost certainly” infected the three patients. The state Department of Health (DOH) is investigating other patients who may have been infected with HCV during surgery performed by the surgeon. The DOH requires that in order to continue to practice, the surgeon must notify patients of his HCV status and obtain informed consent before surgery.
- In a 2002 Letter to the Editor of *Infection Control and Hospital Epidemiology*, an HCV infected cardiothoracic surgeon at the University of Arkansas reports that he likely infected one of his patients.<sup>2</sup>
- In February 2002, an U.S. anesthesiologist was reported to have transmitted HCV to a patient.<sup>3</sup> Researchers identified two patients treated by the anesthesiologist who had the same HCV genotype as the anesthesiologist, and concluded that the anesthesiologist likely acquired HCV from one of the patients and transmitted it to the other. The mode of transmission from anesthesiologist to patient was not determined.

EDITORIAL COMMENT—A SURGEON’S VIEW: Infection of a healthcare worker—or a patient—with a bloodborne pathogen is as much a medical error as incorrect delivery of a medication which injures or kills a patient. Although safety devices that can prevent the types of sharps injuries most commonly incurred by surgeons and anesthesiologists have been commercially available for years, sharps injuries are still frustratingly common in some operating rooms. High yield, evidence-based prevention strategies include blunt tipped suture needles, safety IV catheters, safety syringes and needle-less systems. Much has been written about the need for our healthcare delivery system to follow the example of the aviation industry; to implement safer systems that prevent adverse events. While portions of a surgical procedure may require more variation than landing an aircraft, some standardization of safety devices and safety protocols during surgery is clearly needed. These changes can be implemented without compromising patient care.

I receive frequent phone calls and Email messages from OR managers and infection control professionals, telling me that safer systems for the OR are not as widely implemented as they could be. Widespread education for all surgical care providers, supported by informed healthcare leadership, is the best hope for standardization of safety in our operating rooms. Because the stakes are so high, a new paradigm is gaining favor at some healthcare facilities—*managing risk enterprise-wide*. Under this system, patient safety and worker safety are integrated and managed under the executive oversight of the Chief Risk Officer (CRO). A familiar figure for years outside the healthcare arena, the CRO has been recognized as an essential corporate executive who can address diverse risk management needs. He or she can authorize expenditures for safety devices and educational programs. As healthcare institutions face increasing federal and consumer scrutiny and economic pressure, leaders of healthcare organizations understand the need to chart the course to patient and worker safety. The benefits of a safer workplace are undeniable—an improved bottom line, reduced liability, regulatory compliance and an improved ability to recruit, retain and protect our most precious resource, the healthcare worker.

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Your comments are welcome at [msdavismd@aol.com](mailto:msdavismd@aol.com).

#### References

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