



SASES

The South African Society of Endoscopic Surgeons

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To all Healthcare providers

SASES ENDORSED GUIDELINES FOR LAPAROSCOPIC INSTRUMENT UTILISATION

There have been numerous attempts at controlling the costs of laparoscopic surgery during the past years. This is in part due to the expanding nature of MAS and due to the escalating costs of technology.

Some medical funders generated their own guidelines – some of which were poorly researched and totally unscientific. This has led to many complaints from patients and doctors alike. SASES has been asked to become involved with finding a solution.

In an attempt to make laparoscopic surgery more affordable, the Executive Committee of SASES was invited to meet with Discovery Health and a number of meetings took place during 2004. These negotiations were fruitful and we agreed on guidelines for the five most frequently performed general surgical laparoscopic procedures.

Since these guidelines were distributed to SASES members, there has been interest from other healthcare providers, funders and the Industry. Since these guidelines are now in the public domain, the Society has decided that everyone should have access to the guidelines. In order to understand the position of the surgeons/ SASES there are a few important basic points.

Key to terminology

CI	Critical instrument	absolutely necessary to do the procedure
NC	Non critical	can proceed without this particular item or item is not normally used for procedure
SU	Single use	
RU	Reusable	
LLR	Limited life reuse	Instrument that has to be replaced after certain number of usages
R	Responsible	Instrument that has disposable parts and reusable hand-piece / handle

BASIC POINTS

1. SASES would like to table the notion that surgeons would always prefer to use SU items for a number of practical and patient safety reasons.
2. In an effort to control costs, we have deliberated the issues and believe that this attempt is a fair and responsible one.
3. There is a practical matter of surgical expertise. Many surgeons are used to certain methods and devices. Disallowing the use of such devices with immediate effect may jeopardize patient safety. SASES support the retraining of surgeons to acquire the necessary skills to be safe surgeons without the need for such devices.
Training courses supported by SASES, basic, intermediary and advanced are current and running
4. Certain items are mutually exclusive if both are used for the same task e.g. the use of both harmonic scalpel and SU scissors if these are intended to dissect and cut /coagulate.
5. We do not support the use of expensive devices such as suturing devices, stapling devices, SU scissors for procedures where these are not necessary. However, individual cases may require such usage and this can / should be motivated.
6. In the case of advanced procedures, there may be the need for SU items and specific devices such as staplers. These should be essential to the procedure and not merely the individual surgeon's wishes.
7. Wider application of laparoscopic surgery requires new inroads and new techniques. An example is laparoscopic lumbar sympathectomy, donor nephrectomy, liver surgery and others. This inevitably means that devices such as specialized dissecting or coagulating devices may be required.

8. The drive for the use of SU items largely centres on the shortage of equipment at hospitals, the inept handling and cleaning of such items and non-renewal policies. Hospitals should keep equipment and instruments updated and fully functional. The resistance to acquire such items will be greater due to new legislation on dispensing.
9. Newer optical trocars do away with the need for Veress needles but are more expensive. However, the use of such trocars should be encouraged for safety reasons, especially in the previously operated abdomen and obese patients. These are used for the first trocar placement.