The Surgical Lifeline: Intraoperative Consultation

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Fortunately, a majority of surgical procedures go exactly as planned. However, aberrant anatomy is frequently encountered, unexpected findings are occasionally identified, and intraoperative complications occur. During the “heat of surgical battle,” determining a new course of action when procedures are not going as planned can be the difference between success or a “less than ideal” outcome. As the captain of the ship, it is the surgeon’s responsibility to seek the optimal solution while balancing the safety and needs of the patient on the table. In reimagining uncharted waters, the surgeon often relies on past experiences or knowledge from continued education. Herein we suggest that calling for the proverbial “lifeline” to a surgeon colleague is also a viable path. While not everyone had called for a lifeline in difficult situations, having the opportunity to consult a “valued” and “trusted” colleague can positively influence the outcome and is an invaluable emergency resource in addition to prior experiences and continuing medical education.

The word lifeline was first used in the 1700 as was meant to describe a rope that is used to save or preserve a life.1 “Lifeline” became common lingo with the recent television game show, “Who wants to be a Millionaire.” In this game show, when there was incredible money on the line, the contestant was able to “phone a friend” for a lifeline to help answer to a prize winning question. Although certainly not a game, the concept of having a lifeline in surgery is equally impactful. When used, it can bring tremendous relief, comfort and confidence to the surgeon in need, as well as, improving patient outcomes. Who can be a surgeon’s lifeline? The “lifeline” is often trusted peers or senior surgeons at your institution. However, it can also be your mentor(s), your fellowship classmate or trusted colleague in your hand club. The ideal “lifeline” is someone you trust, someone who will answer the phone, and has the expertise and thoughtfulness requisite to your patient on the operative table.

The concept of using a lifeline takes courage and humility. Knowing when to ask for help, no matter how many years in practice you have been in, is equally important. When faced with the unknown and having the desire for your patient to have the best outcome, calling for the lifeline to determine the best course of action may be the answer. It takes putting one’s ego last and putting the patient first.

Once you have called your lifeline, it is important to be efficient, concise and honest of the events that lead to the call. Consider leading the phone call or conversation with the statement, “I have a patient on the operating room table and I need your help.” This will set the tone for you to expand upon your consultation. It is important to be transparent with the scenario, the patient and the problem. Be specific describing the surgical plan. Report what happened that lead to the problem and define what would be most helpful now. Sometimes you just need a nonjudgmental mind to bounce off ideas and give you the confidence to proceed.

It is equally important to define the role of the surgical colleague or mentor who is called. Little is ever formally taught on how to be an effective “receiver” of the emergent intraoperative consultation. Often the call is during a busy time—an overbooked clinic running late, on your way to pick up kids from a school event, or in the middle of a family dinner. The most important thing you can do is ANSWER the phone. We live in a world of texts and emails—it is not common to pick up the phone and make a call for a nonemergent item, be mindful that if your phone is ringing, assume it is urgent. Consider it a sign of respect and honor to be called - the caller has solicited your expertise and ability to give a concise, clear recommendation. It is important to not judge or lay blame, be constructive and definitive. This is definitely not the time to pontificate. The best intraoperative opinions are those that are feasible to accomplish, technically doable, provide contingency plans and would be acceptable to the surgical friend/mentor.2 Once the case is done, debriefing a day or two later is an ideal way of closing the loop, finding out what was done and also provides an opportunity for feedback and growing as peers.

In addition, once the case is completed, it is imperative that the surgeon informs the patient that an intraoperative consultation was needed. Describe what happened, what was discussed and what was done. Based on the principles of beneficence, it is always appropriate for the surgeon to seek the lifeline.
for the best interest of the patient. Your patient will thank you for your humility, ingenuity, and thoughtfulness of your care.

The Surgical Lifeline is an invaluable tool. We encourage you to consider formally establishing your network of colleagues and utilizing the relationship in a time of need. From personal experience as both the caller and the surgical mentor, we know that having a “lifeline” has helped our patients, calmed our souls, and strengthened our peer relationships. It has been and always will be a part of our surgical emergency back up plan to provide the best care to our patients.

REFERENCES