

# A Surgical Revolution

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The delivery of medical care has changed dramatically over the past decade. Gone is the family doctor who makes house calls and treats all ages and conditions. Also gone are the days of carpal tunnel releases performed in the hospital with an overnight stay if inclement weather or extended traveling distance dictated. For the most part, such changes have led to overall better medical care; however, they have made access more difficult for many, resulted in less personalized health care and contributed significantly to the escalating cost of medical care. In response to such changes, we have seen on the office side the creation of urgent care centers, drugstore medical clinics, concierge medicine and retail-like clinics with walk-in appointments and expanded hours, including nights and weekends.<sup>1,2</sup> On the surgical side, we have witnessed the movement of surgical procedures from inpatient setting to hospital based surgery centers, free standing surgery centers and now office-based surgery. It is in this latter setting where we believe a **Surgical Revolution** is now underway.

## A Case Example

A few years ago, a hard-working female appeared in the office with a "painful catching" of the left ring finger of four weeks duration. She was unaware of any injury to her hand and had no known systemic diseases. In the morning the finger was especially stiff, to the point that she sometimes had to use the opposite hand to straighten the finger out. Her examination revealed a classic "trigger digit" with fullness and tenderness at the base of the finger. (See Exhibit 1.)

We discussed conservative treatment, including corticosteroid injection(s) and/or therapy vs. surgical release of the offending palmar pulley. Hearing the pros and cons of each, she elected to be treated surgically. We were then faced with a dilemma, as she was a single mother who would find it very difficult to return for preoperative testing, take a day off work for surgery, find someone to drive her to and from surgery and then return for suture removal. We also had another problem, as our surgery schedule was full for six weeks and we knew it would be uncomfortable and ill-advised to wait that long. The patient's goals and ours

were the same, that is, a safe, simple, successful, convenient and cost effective way to deal with her problem. Her question to us was, "Why don't you do the release here in your office today under local anesthesia?"

*Exhibit 1: "Catching" of the ring finger as a result of a trigger finger.*



This caused us to rethink how and where we do simple procedures such as a trigger finger release. It also led to our development of a device for performing trigger finger releases in the office under local anesthesia through a very small incision. (See Exhibit 2.)

*Exhibit 2: Device for "trigger finger release" (Del Palma Orthopaedics)*



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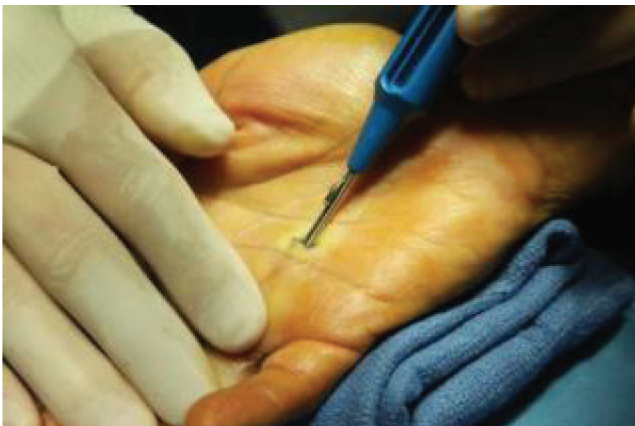
1. Torrey, T. Walk-In Clinics Are Convenient and Can Save Money, But Be Careful. *Bottom Line's Daily Health News*. Feb 2008.

2. Parikh, R.K. Wal-Mart can be good for your health. *Salon.com*. 2008.

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This device is presently in clinical trials and to date, all patients have been ecstatic about their experience with office-based trigger finger release. (See Exhibit 3.) Full commercial release of this device is expected in the fourth quarter of 2009.

*Exhibit 3: A patient undergoing TFR with the DPO device.*



### Drivers of the Surgical Revolution: Patients, Physicians and Payors

All decisions regarding health care today involve not only the patient and physician, but also those who pay for care. These payors are acutely aware of the costs associated with minor procedures such as trigger finger release, including the surgical fee, cost of the device used to perform the procedure, facility fees including operating and recovery rooms and, when indicated, anesthesia. The facility fee is usually considerably lower if the procedure is performed in a free-standing surgery center vs. an outpatient procedure through the hospital, but is still very significant and considerably more than either the cost of the device used to perform the procedure or the surgeon's fees.

Payors' needs and patient and physician desires, we believe, are driving the healthcare delivery system towards a **Surgical Revolution** that will lead to a safe, simple, successful, convenient and cost effective way to deal with many of the straightforward clinical problems facing patients today. Medicare has already instituted a policy of paying surgeons basically twice as much for performing office-based trigger finger releases vs. those done in a surgery facility. Other insurance carriers may follow suit and at least one major health plan has embarked on a pilot program to reimburse office-based surgery providers a global fee that would cover professional and facility costs and anesthesia if required.<sup>3</sup>

### The Future

Although the future for office-based surgery is, we believe, huge, regulation of such practices is not only to be expected but welcomed, as the potential for greater risks is faced when more

complex procedures are performed under greater degrees of anesthesia and sedation. At present, 14 states require "licensees" who perform invasive or surgical procedures using more than minimal sedation to practice in an "accredited facility." Existing regulations define "office-based surgery" as "any surgical or other invasive procedure, requiring general anesthesia, moderate sedation or deep sedation, and any liposuction procedure, where such surgical or other invasive procedure or liposuction is performed by a licensee in a location other than a hospital **excluding** minor procedures and procedures performed requiring minimal sedation." "Minor procedures" are defined as those that can be performed safely with a minimum of discomfort where the likelihood of complications requiring hospitalization is minimal; those performed with local or topical anesthesia; or liposuction with removal of less than 500 cc of fat under unsupplemented local anesthesia.<sup>4</sup>

We believe this definition establishes admirable guidelines under which many procedures can and will be safely moved from the operating theater to the office. The benefits to society of such a Surgical Revolution in terms of cost savings as well as convenience are nearly immeasurable.

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*Dr. Palmer has had an illustrious career as a teacher, orthopaedic hand surgeon and researcher. He recently retired from clinical practice but is still active in clinical research as Professor Emeritus at the Upstate Medical University in Syracuse, New York. He has 140+ peer-reviewed publications, has given numerous invited lectureships and is a member of many hand societies around the world. He has held the leadership roles of: acting chairman of the Department of Orthopaedic Surgery (twice) and director of the hand fellowship at the Upstate Medical University and was the 52nd President of the American Society for Surgery of the Hand.*

*Dr. Palmer's business interests include being a founding member of del palma Orthopedics, LLC, Lotus Medical LLC and Ergo Designs Inc.; being a Director of DPO, BioMedical Enterprises, Inc. and being a designing surgeon for Biomet, DePuy and KMI as well as serving as a consultant to Small Bone Innovations.*

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*Dr. Dellacqua is a busy clinical upper extremity surgeon with practices at Reconstructive Hand Surgeons of Indiana and Bloomington Bone and Joint. He has written on rheumatoid arthritis and total wrist arthroplasty. He is frequently an invited lecturer or clinical instructor at courses dealing with conditions of the hand, wrist and elbow.*

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Excerpted from July/August Issue of U.S. Orthopaedic Product News, and used with the permission of ORTHOWORLD, Inc.

3. Validare Press Release: Why Are New York's Health Costs Going Up on July 14? January 2009.

4. New York State Public Health Law, Section 230-d Office-Based Surgery.