

## Urgent surgery 'no riskier at weekends'

By Daily Telegraph Reporter

HAVING emergency surgery over the weekend at a Scottish hospital has no impact on a patient's survival chances, a study has found.

The conclusion, drawn from studying the results of thousands of emergency operations in Scotland, is in sharp contrast with previous results that show a greater risk of dying after choosing to have scheduled surgery at a weekend.

Undergoing surgery on a Saturday or Sunday is said to be riskier, with a lack of skilled senior staff blamed.

But the latest research suggests that such problems do not apply to emer-

gency situations, when a patient's life may hang in the balance. Dr Michael Gillies, the lead scientist, from the University of Edinburgh, said: "Emergency surgery is associated with far greater

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risks than elective surgery so it is reassuring to find that patients in Scotland are receiving the same high standards of care throughout the week."

More than a third of all surgical pro-

cedures in the UK are classified as emergencies. People having emergency surgery are eight times more likely to die than elective patients due to the greater risk of complications.

The researchers looked at more than 50,000 emergency surgery cases in Scotland over a three-year period between 2005 and 2007.

Tracking the progress of patients over a period of five years showed that weekend operations had no effect on short or long-term survival.

The study, reported in the *British Journal of Surgery*, also found that emergency patients taken to hospital over a weekend were less likely to experience delays before surgery.



## Ops at weekend 'not riskier'

HAVING emergency surgery at the weekend does not worsen your survival chances, a survey has shown.

The risks were the same as for weekday operations, researchers found.

Edinburgh University looked at 50,000 emergency cases over three years.

Dr Michael Gillies said: "Emergency surgery is associated with far greater

risks than elective surgery so it is reassuring to find that patients in Scotland are receiving the same high standards of care throughout the week."

The findings contrast with earlier studies of planned surgery, where chances of dying were greater on Saturdays and Sundays. This was blamed on a lack of skilled senior staff.



# Surgery at weekend 'has no impact on survival rate'

by **STEPHEN DEAL**

UNDERGOING emergency surgery at the weekend has no impact on a patient's survival chances, a study has found.

The finding from a study of thousands of emergency operations in Scotland is in sharp contrast to previous results showing a greater risk of dying after weekend elective surgery.

The 'weekend effect' that is said to make surgery on Saturday or Sunday riskier has been blamed on a lack of skilled senior staff.

But the fresh research suggests such problems do not apply to emergency situations, when a patient's life may hang in the balance.

Lead scientist Dr Michael Gillies, from Edinburgh University, said: 'Emergency surgery is associated with far greater risks than elective surgery so it is reassuring to find that patients in Scotland are receiving the same high standards of care throughout the week.'

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# Weekend emergency surgery is 'not linked' to death rates

## Major Scottish study casts doubt on so-called 'weekend effect'

**HELEN MCARDLE**  
HEALTH CORRESPONDENT

PATIENTS are no more likely to die if they undergo emergency surgery at weekends compared to weekdays in a Scottish study's findings that contradict claims a "seven-day NHS" would save lives.

Researchers at Edinburgh University said they were "unable to demonstrate an association" between the day of the week that emergency surgery took place and subsequent mortality in an analysis of 50,844 patients who were admitted to hospitals north of the Border over a three-year period from 2005 to 2007.

Previous studies have pointed to a "weekend effect" where patients face an increase risk of death and complications on Saturdays and Sundays for emergency hospital admissions, surgery, obstetrics, and intensive care admissions.

The phenomenon has been blamed on a shortage of expertise and resources at weekends, especially senior medical staff, used to justify attempts to overhaul hospital rotas.

The authors of the new report, say their findings challenge that theory.

They write: "Emergency surgery is undertaken at any time, on any day of the week, by both junior and consultant staff, for patients at high risk of death or complications. It would be expected therefore that any structural effect resulting from reduced availability of staff or resources would be more apparent in these procedures than in elective surgery. Yet no effect was seen in

this study."

The Scottish study covered emergency general surgery, orthopaedics, ear/nose/throat (ENT), gynaecology, ophthalmology, thoracic surgery and spinal surgery, but excluded emergency cardiac

surgery, neurosurgery, transplantation and the surgical management of burns, as well as patients under 16.

The cohort was then split between 31,499 patients operated on between Monday and Thursday, and 19,345 who underwent surgery on Friday to Sunday.

In total, 1,468 patients died prior to discharge and a further 5,755 died within the following four years, but "no difference in overall survival was associated with any particular day of surgery".

Dr Michael Gillies, a consultant and associate medical director at Edinburgh University, said: "Emergency surgery is associated with far greater risks than elective surgery so it is reassuring to find that patients in Scotland are receiving the same high standards of care throughout the week."

BMA chairman in Scotland Dr Peter Bennie said: "Despite some of the heavily misleading claims that have been made around seven-day services in England, it is important for patients to understand and be assured that emergency care is already provided every day of the week in the NHS.

"In Scotland, the focus has rightly been on ensuring urgent and emergency care is there when it is needed, rather than attempting to dilute scarce resources by trying

to make every part of the NHS operate on a 24/7 basis."

The study is in the British Journal of Surgery and is funded by the Chief Scientist's Office of Scotland.

**Leader Comment: Page 14**



**NHS: Dr Peter Bennie said Scots patients should be reassured.**



# The Herald

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## Rethink is required on 24/7 NHS claim

**B**Y its very nature, emergency surgery is a risky business; indeed, one is apparently eight times more likely to die while undergoing an emergency operation than an elective one. Most patients and their families understand and accept this.

What they are less likely to accept, however, is surgery being riskier simply because it happens to be undertaken at the weekend. That's exactly what Conservative Health Secretary Jeremy Hunt has been claiming for the last two years, as he shifts the focus of the NHS in England and Wales towards "24/7" working, putting him on a collision course with doctors. Arguing for the need for change, Mr Hunt controversially claimed 11,000 people a year were dying due to a lack of medics on duty at weekends.

Doctors disputed both the numbers involved and the idea the NHS was not already delivering round the clock care seven days a week.

A new study carried out by Edinburgh University on this very issue, funded by the Chief Scientist's office of Scotland, is likely to please doctors and frustrate Mr Hunt. The research concludes the day of the week does not affect the survival

chances of those undergoing emergency surgery. In other words, weekend surgery has no impact on death risk.

Researchers studied more than 50,000 emergency cases over a three-year period, tracking patient outcomes and adjusting results to take account of other risk factors.

The results suggested patients admitted at a weekend were more likely to be operated on sooner.

Previous research, which, it should be pointed out, mainly focused on elective surgeries and involved a smaller number of cases, had suggested there was indeed such a thing as a "weekend effect", with more deaths being noted on Saturdays and Sundays. The thinking around this was that with fewer senior staff on duty, there was restricted access to the sort of expertise needed when complications arose.

It was this Mr Hunt, who has shown a particular willingness to antagonise the medical profession since his appointment, pounced upon. He may wish to rethink his approach to the so-called 24/7 NHS in light of this study, which confirms much of what doctors' groups have consistently argued for years: patients receive appropriate and high quality levels of care at

weekends, just as they do on weekdays.

Indeed, this was the issue at the centre of Mr Hunt's damaging dispute with junior doctors in England last year, which ended up in strike action over their refusal to accept new contracts. The contracts are now being imposed, and the junior doctors remain in dispute with the Government, a situation that is not helpful to patients whichever way you look at it.

As already pointed out by senior doctors, this research should also provide considerable reassurance to patients. During the trauma of an emergency admission, the last thing they and their families should have to worry about is what day of the week it is.

The data highlights it is likely to be medical factors that will determine whether they survive, and in a modern healthcare system that is surely as it should be.



## Risks no greater during surgery at weekends

Weekend surgery has no impact on a patient's risk of death, according to a study.

Researchers from Edinburgh University found that the day of the week did not affect a patient's survival chances.

The findings challenge previous studies, which had suggested those who undergo elective surgery at the end of the week were at a greater risk of dying. Researchers looked at more than 50,000 emergency cases in Scotland between 2005 and 2007.

**FULL STORY, PAGE 14**



# Weekend surgery has 'no bearing' on patient death risk

● Researchers find that day of the week does not affect survival rate

By **KEVAN CHRISTIE**  
Health Correspondent

Weekend surgery has no impact on a patient's risk of death, according to a study that runs contrary to previous research.

Researchers from the University of Edinburgh found that the day of the week did not affect the survival chances of people undergoing an emergency operation.

The findings challenge the results of previous studies, which had suggested those who undergo elective surgery at the end of the week are at a greater risk of dying. Researchers looked at more than 50,000 emergency surgery cases in Scotland over a three-year period between 2005-7.

They tracked patients' outcomes until 2012 and found that after adjustment for other risk factors, the day a patient received surgery had no effect on their short or long-term survival. Patients who were admitted over a weekend were more likely to be operated on sooner, the study found.

Dr Michael Gillies, who works in the University of

Edinburgh's Department of Anaesthesia, Critical Care and Pain Medicine, said: "Emergency surgery is associated with far greater risks than

elective surgery so it is reassuring to find that patients in Scotland are receiving the same high standards of care throughout the week."

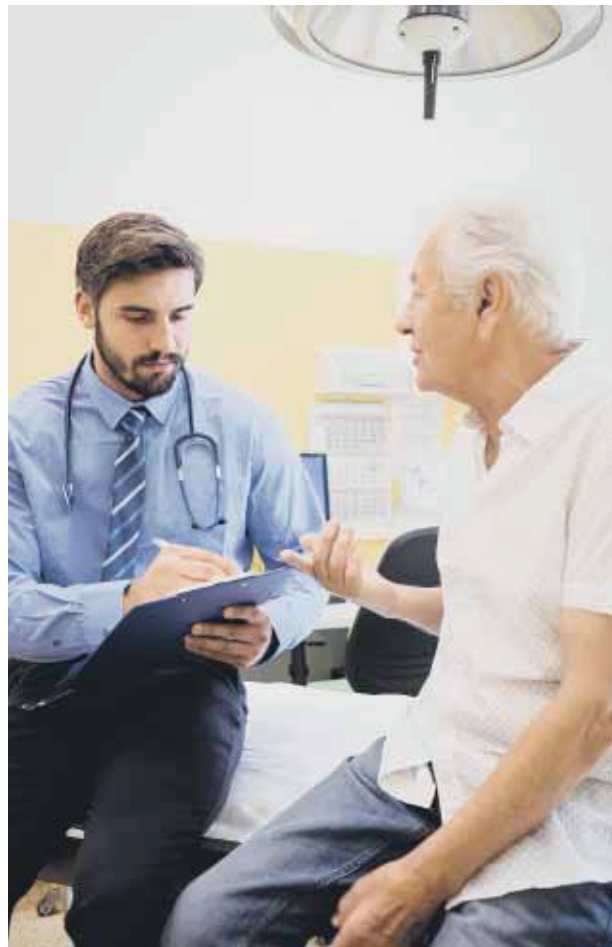
More than a third of all surgical procedures in the UK are classified as emergencies. Emergency patients are eight times more likely to die than those who elect to have surgery as they are more likely to experience complications.

Previous research pointed to a weekend effect in which patients who undergo elective surgery on Saturdays or Sundays were more likely to die than those operated on during the week. Commentators suggested restricted access to expertise, key staff and resources were factors.

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PICTURE: GETTY IMAGES

Elective surgery is less risky than emergency surgery

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## 'Weekend risk of surgery' dismissed

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The finding from a study of thousands of emergency operations is in sharp contrast to previous results showing a greater risk of dying after weekend elective surgery.

The "weekend effect" that is said to make surgery on Saturday or Sunday riskier has been blamed on a lack of skilled senior staff. But the new research suggests that such problems do not apply to emergency situations, when a patient's life may hang in the balance.

Dr Michael Gillies, from the University of Edinburgh, said: "Emergency surgery is associated with far greater risks than elective surgery so it is reassuring to find that patients in Scotland are receiving the same high standards of care throughout the week."

