The Board is interested in how you approach and manage surgical complications.

1. Report all operative mortalities that you had since beginning practice.
2. Report all complications of Clavien Grade III or higher (see below) from your practice log.
3. Please provide a detailed narrative description of the complication and your management using the MANDATORY template indicated below. The vast majority of candidates do experience some complications and provide narratives; however, if it is your intention to claim no complications considered Grade III or higher on the table below during your practice log period, you are required to submit a signed notarized, statement to that effect.
4. In your complication narrative, indicate if you obtained any consultations during the care episode to assist with management of the complication and help with understanding why the complication occurred?
5. Describe to the board how complications are tracked and/or reported at the hospitals in which you practice. Do you regularly participate in a morbidity and mortality conference?
6. Does your hospital perform root cause analysis of major adverse events?

At the top of each page: Your name, diplomate number and institution: i.e., John Smith, M.D., #15361, Mercy Hospital

Patient’s case #:
Age:
Gender:
Date of procedure:
Diagnosis:
Procedure(s) performed:

Brief description of complication:

Narrative: Detailed narrative description of one or more paragraphs that includes the following elements.

Complication analysis: 1) Definition of problem 2) Causal relationships 3) Solution(s) to prevent future events (example below)

Definition of the problem: Sepsis after transrectal prostate biopsy

Causal relationships: 1) antibiotic choice 2) antibiotic timing 3) patient education 4) risk factors (e.g. diabetes)

Statement of solutions/intervention to prevent future event: 1) improved understanding of bacterial resistance patterns 2) methods for broader coverage and/or targeted prophylaxis with rectal swabs 3) process for patient education prior to prostate biopsy 4) consideration of risk factors (e.g., age, diabetes) that increase the likelihood of sepsis

CLASSIFICATION OF SURGICAL COMPLICATIONS

Definition

Grade I Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic, and radiological interventions. Allowed therapeutic regimens are: drugs such as antiemetics, antipyretics, analgesics, diuretics, electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside.

Grade II Requiring pharmacological treatment with drugs other than such allowed for Grade I complications. Blood transfusions and total parenteral nutrition are also included.

Grade III Requiring surgical, endoscopic or radiological intervention.
Grade IIIa Intervention not under general anesthesia.
Grade IIIb Intervention under general anesthesia.

Grade IV Life-threatening complication (including CNS complications)* requiring IC/ICU management.
Grade IVa Single organ dysfunction (including dialysis).
Grade IVb Multiorgan dysfunction.

Grade V Death of a patient.

*Brain hemorrhage, ischemic stroke, subarachnoidal bleeding, but excluding transient ischemic attacks, CNS, central nervous system; IC, intermediate care; ICU, intensive care unit.

Dindo et al Annals of Surgery- Volume 240, Number 2, August 2004

Send all complications narratives with your notarized Log Verification/Notarization Statement and completed Practice Breakdown no later than the practice log deadline (courier recommended for guaranteed delivery) to:

The American Board of Urology
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911