



Elective Dental and Maxillofacial Surgery Cancellation Rates and Causes in Tertiary Care Hospitals

Piotr Kamal*

Department of Oral and Maxillofacial Surgery, Anhui Medical University, Hefei, China

DESCRIPTION

Elective operations are ones that are planned ahead of time and scheduled in Operation Rooms (OR). This plan covers the patient's preoperative preparation, the provision of tools and materials necessary for the surgery, and the patient's appointment with the doctor at the proper time. The operating room is a significant source of income and expense for many hospitals, as well as a crucial point of contact with the healthcare system for many patients. Case planning, patient transfer, equipment, preparation, and anesthetic time, as well as performing surgery, coming out of anesthesia, and setting up other resources are all factors that affect the OR's effective use. Inefficient operating room administration may result in postponed operation. Any procedure that was scheduled in the OR list but not carried out on the specified day is referred to as a Cancellation of Elective Surgeries (CES). Many nations around the world have long-standing issues with CES. Additionally, CES is a problem with the quality of healthcare that has been linked to patient damage, protracted hospital stays, resource waste, and higher healthcare expenses. CES can significantly affect patients and their families and lengthen the time patients must wait for surgery. According to studies, CES occur in 4.58% to 28.8% of all scheduled procedures, depending on the specialty. CES can be brought on by a number of patient, physician, and organizational concerns. There are two types of patient-related cancellation explanations. In the event that preoperative instructions are not followed or understood, the first category comprises failure to appear, a delay, or a refusal to have surgery. The patient's medical condition-related issues fall within the second group. Evidence suggests that the majority of surgical postponements are controllable and avoidable. To prevent such

cancellations, it is vital to first fully comprehend the cause of the cancellation. Furthermore, this research on elective dental and maxillofacial surgery is unusually undertaken in Saudi Arabia. Therefore, the purpose of this study was to ascertain the frequency and causes of A single, tertiary hospital's elective dental and Oral and Maxillofacial Surgery (OMFS) cancellations were studied in order to identify whether patient demographics are related to cancellations and to understand the phenomena itself. It is significant to mention that there are some restrictions on our study. For instance, because it is retroactive and observational, biases owing to entry errors cannot be completely removed from selection and coding bias. The data cannot establish the existence (or absence) of a confounding factor, as is common in retrospective investigations. It offers knowledge that can be applied to learning. Furthermore, the scope of our investigation was the operating room of a single hospital. To further establish the classification of CES and the characterization of the causes of it, it is advised that any future study in CES be undertaken prospectively. Although the prevalence of CES was low in comparison to rates reported globally, there are some crucial interventional processes that can assist lower the rate of CES and consequently enhance patient outcomes and economic efficiency. Hospitals might increase the utilization of their Operating Rooms (ORs), as well as the health and quality of life of their patients while they wait for surgery, if they could enhance their bed management systems, plan better surgical procedures, and educate their patients prior to operation. In the early phases of the preoperative period, more focus should be placed on quality improvement strategies, patient sufficiency, and organizational resources.

Correspondence to: Piotr Kamal, Department of Oral and Maxillofacial Surgery, Anhui Medical University, Hefei, China, E-mail: Piotrkamal@gmail.com

Received: 22-Feb-2023, Manuscript No. JSA-23- 19707; **Editor assigned:** 24-Feb-2023, PreQC No. JSA-23- 19707 (PQ); **Reviewed:** 10-Mar-2023, QC No. JSA-23- 19707; **Revised:** 17-Mar-2023, Manuscript No. JSA-23- 19707 (R); **Published:** 27-Mar-2023, DOI: 10.35248/2684-1606.23.7.199

Citation: Kamal P (2023) Elective Dental and Maxillofacial Surgery Cancellation Rates and Causes in Tertiary Care Hospitals J Surg Anesth.7:199.

Copyright: © 2023 Kamal P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.