



# AB040. SOH22ABS144. External consults generate a significant volume of operative and outpatient work for a tertiary vascular unit—a snapshot analysis

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**Background:** University College Hospital Galway is the only tertiary vascular centre receiving referrals from five geographically-diverse hospitals within the Saolta group. The burden of providing a 24-hour specialist consult service is unquantified. We assessed the volume of work generated by external consults to our unit over fifty individual call sessions.

**Methods:** We performed a retrospective review of fifty randomly-selected 24-hour call sessions between July–November 2021. The departmental handover document for each session was analysed, and the demographic characteristics, indication for contact and outcome of each external consult was recorded.

**Results:** External consults were received on 82% (41/50) of call sessions. Ninety-one consults were discussed across forty-one call shifts, with an average of two external consults per call (range, 0–5). Consults were categorised as emergent (n=17, 18.6%), urgent (n=38) and non-urgent (n=36) by the referring team. However, when based on the content of the referral, 34% (n=31) of consults were unnecessary or referred inappropriately. Twenty-three (25%) consults were referred without the appropriate imaging preformed. Overall, 18 (19.7%) patients were transferred to the vascular unit and 17 (18.6%) underwent arterial interventions. Of

the emergencies specifically, two were palliated locally following vascular advice, eleven were transferred for surgical management and four were inappropriate. A further 41 patients (45%) were listed for outpatient review of varying urgency.

**Conclusions:** Accommodating external consults consumes a significant volume of theatre- and clinic-based resources. The process could be streamlined by creating criteria for appropriate consults for common pathology, such as carotid disease, and a proforma for non-emergent referrals.

**Keywords:** Vascular surgery; vascular consults; quality improvement; service provision; vascular emergencies

## Acknowledgments

*Funding:* None.

## Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-22-ab040

**Cite this abstract as:** Foley MP, Varman R, Doolan N, Tubassam M, Walsh S. AB040. SOH22ABS144. External consults generate a significant volume of operative and outpatient work for a tertiary vascular unit—a snapshot analysis. *Mesentery Peritoneum* 2022;6:AB040.