

Editorial Commentary: Knee Arthroscopy: How Fast Is Too Fast? How Slow Is Too Slow?



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Abstract: Although the quality of knee arthroscopy is not determined with a stopwatch, in general, an operation should not take significantly longer than average for a routine and uncomplicated procedure. On the other hand, rushing through an operation is never acceptable. Hurrying to complete an operation to meet a given time standard is not only undesirable, but also unsafe for the patient.

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A mentor of mine said to me long ago, “If a surgeon tells you they routinely do a given operation in an amount of time that is impossibly fast, there are two possibilities. One possibility is that they are rushing and doing shoddy work. The other possibility is that they are lying, and neither reflects well on them.”

It has been shown that long operating room times are associated with worse outcomes for procedures other than knee arthroscopy.¹⁻⁴ However, is “fast” good? I believe good surgery is good, whether or not it is fast as measured by a clock. Although the quality of surgery is not determined with a stopwatch, in general, an operation should not take significantly longer than average for a routine and uncomplicated procedure. On the other hand, rushing through an operation is never acceptable. Hurrying to complete an operation to meet a given time standard is not only undesirable, but also unsafe for the patient.

In my opinion, “good surgery” is when the surgeon moves calmly from step to step, in a relaxed, efficient manner that can appear slow moving to the uninitiated, but in reality is expeditious by virtue of the precision and lack of hesitation or repetition.

In the article by Gowd, Liu, Bohl, Agarwalla, Cabarcas, Manderle, Garcia, Forsythe, and Verma,⁵ “Operative Time as an Independent and Modifiable Risk Factor for Short-Term Complications Following Knee Arthroscopy,” surgical time may be a surrogate for case complexity, and not surgical expertise or efficiency. It remains unclear whether surgical time for knee arthroscopy is related to technical competence, because the analysis is not adjusted for surgeon or for case complexity. For example, an arthroscopic meniscectomy can involve a small radial tear in the body of the lateral meniscus, which is very easy to resect rapidly. Conversely, an arthroscopic meniscectomy can also involve a chronically displaced and plastically deformed medial meniscus in a tight medial compartment, which can be more technically demanding and consequently more time consuming.

Nevertheless, despite the limitations inherent to large datasets for the study of clinical outcomes, this work provides further evidence that taking a relatively long time to perform a given operation is probably not in the best interests of the patient.

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