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REASONS FOR MISSED APPOINTMENT FOR ELECTIVE HEAD AND NECK SURGERY AT TERTIARY CARE CENTER

ABSTRACT

Objective:

To enumerate the various reasons for missed appointment for the elective head and neck surgery in the department of ENT-Head and Neck surgery.

Materials and methods:

It was a descriptive study conducted in the Department of ENT- Head and Neck Surgery of Tribhuvan University Teaching Hospital, Kathmandu, Nepal from January 2019 to December 2019. Convenient sampling method was used. The study population included all the patients listed in head and neck surgery waiting list but missed their appointment of contact date for surgery. They were contacted to enquire the reason for missed appointment. The data was entered on MS EXCEL sheet and calculations were done in numbers and percentages.

Results:

Out of 430 patients on waiting list for elective head and neck surgery, 213 patients missed their appointment. The reasons for missed appointment were surgery already done due to long waiting period in 30% cases and did not want surgery or wanted to postpone surgery due to improvement in symptoms in 29% cases. Eleven percentages of patients did not come due to various personal and familial reasons while for 24% cases we were unable contact them in their provided number.

Conclusion:

About 50% patients missed their appointment for surgery and it was mainly due surgery already done at other centers or did not want surgery due improvement in symptoms. In about 25% cases, the reason for missed appointment could not be ascertained due to inability to contact or no reason recorded.

Keywords: Elective surgery, Head and Neck, Missed appointment.

INTRODUCTION

The number of patients visiting government hospital outnumbers the services provided by them. Hence, the allocated slot for the surgeries is not enough to accommodate all those in need of the surgery. To balance this mismatch between demand and supply of the services, the waiting list is created. The duration on waiting list increases as the demand increase. Many patients who are on waiting list do not turn up for the surgery and these increases with the increase in the duration of waiting.¹ There could be multiple reasons for not turning up for surgery and we do not have documented record of these till date at

our center. If the reason of missed appointment is known, we can manage waiting list better and can take measures to increase the turn up rate.

Missed appointment for surgery by the patients can have effect on the health of the patients as well as it can affect the routine activities of the hospital. The “no shows” can disrupt practice workflow and decrease access for others resulting in misuse of resources and lost revenues.² when patients do not come on appointment dates, it can worsen their problem affecting the individual’s health negatively and lead to increased use of

emergency departments for care.³ The no shows by an individual can negatively affect the care of other patients who are unable to get timely appointments.⁴

The objective of our study was to enumerate the various reasons for missed appointment for the elective head and neck surgery in the department of ENT-Head and Neck surgery.

MATERIALS AND METHODS

It was a descriptive study conducted in the Department of ENT- Head and Surgery of Tribhuvan University Teaching Hospital, Kathmandu, Nepal. The study period was from January 2019 to December 2019 and data retrieval was done in January 2020. The convenience sampling method was used. The study population included all the patients listed in the head and neck surgery waiting list. All the patients with proven or suspected malignancy and those requiring emergency surgery were not kept waiting for surgery and hence were excluded from the study. However, some cases of papillary carcinoma of thyroid in low risk patients were kept on the waiting list for short duration when immediate date could not be adjusted. The same register had space for the information about the turn up on the contact and what action was taken on that date.

For the head and neck cases, one surgery day per week is dedicated with two operating tables running simultaneously. The patients are called for preoperative evaluation three days prior to surgery which is the contact date. All the patients who did not come on contact date were contacted on their provided number and their response was recorded in the waiting list register. The obtained data were entered in the Microsoft excel sheet and results were calculated in percentages and were represented in the tables.

RESULTS

During the study period there were total of the 430 patients who were on the waiting list for the elective head and neck surgery. Out of them, 217 turned up on their contact date for the elective surgery while remaining 213 missed their contact date. So, 49.5% of the patients did not turn up for the surgery.

Majority of the cases kept on waiting list and missed their appointment were posted for the surgery of the benign lesions of tonsils and larynx, surgery of thyroid and salivary glands. This comprised of about 85% of the total missed appointment cases and rest of the cases were surgeries for various other head and neck and oral cavity pathologies (Table 1). Out of 213 cases, seven cases of papillary carcinoma were on waiting list while remaining 206 cases (96.7%) were benign diseases. There were few cases on waiting list for endoscopic evaluation of airway stenosis.

Table 1. Diagnoses of the patients missing appointment dates

S. No.	Diagnosis	Number
1.	Surgery of Tonsils	65
2.	Laryngeal surgeries	53
3.	Surgeries of thyroid and parathyroid	44
4.	Benign Neck swelling	12
5.	Surgery of parotid gland	11
6.	Surgery of submandibular salivary gland	9
7.	Airway Surgery	6
8.	Oral cavity and Oropharynx	6
9.	Miscellaneous	4
10.	Sistrunk's operation	3
	Total	213

The patients who did not turn up were contacted to inquire the reason for no show for the planned surgery. The responses obtained from the patients were grouped under different subgroups like surgery already done, did not want surgery, no contact on their provided number, unable to come for various personal or familial reasons etc (Figure 1).

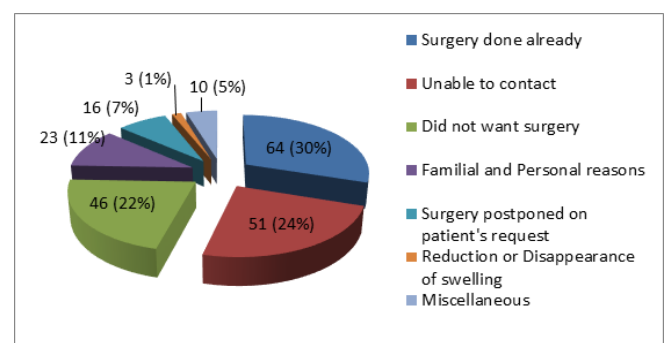


Figure 1: Reasons for missed appointment for elective head and neck surgery

Surgery done already

Out of the 213 cases, 64 (30%) patients had already undergone surgery for their problem. Fifty three of them had surgery at various other centers and remaining 11 cases were preponed and operated at our center. The reason for visiting other centers was due to long waiting period at our center and their worry about possible worsening of their disease. The surgeries that were planned for these patients were mainly MLS excision, tonsillectomy and thyroid surgeries (Table 2).

Table 2. Planned surgery for the patients who missed their appointment for elective surgery for various reasons

S. No	Reason	Number
1.	<p>Surgery done already (64) <i>Other centers =53</i> (Patients had surgery done in other center due to long time on waiting list) [MLS excision(14), tonsillectomy(13), thyroid surgery(13), Parotid gland surgery (5), Submandibular gland surgery (1), Excision of Lymphangioma Neck (2), Excision of Branchial cyst (2), Excision of parathyroid adenoma(1), Excision of mediastinal teratoma (1), Excision of Valecular cyst (1)] <i>Our center = 11</i> (Patients were called on early date when there were empty slots and operated) [Thyroid surgery (4), Parotid gland surgery (3), Airway Surgery (2), MLS excision (1), Supraclavicular Schwannoma (1)]</p>	64
2.	<p>Unable to contact (call not received, switch off, out of coverage, wrong number) [MLS excision (16), Tonsillectomy (14), Thyroid surgery (6), Parotid surgery (3), Surgery for airway stenosis (3), Submandibular salivary gland excision (3), Excision of Ranula (2), Sistrunk operation for Thyroglossal fistula (1), Excision of valecular cyst (1), B/L coronoidectomy for Oral SMF (1), Styloid process amputation for Eagle's syndrome (1)]</p>	51

3.	<p>Did not want surgery [Tonsillectomy (27), MLS excision (7), Thyroid surgery (6), Surgery of submandibular salivary gland (2), Branchial cyst excision (1), Haemangioma tongue (1), Haemangioma Neck (1), Lipoma Neck (1)]</p>	46
4.	<p>Various personal problems (exam, sick, busy, out of town/country, No visitor etc.) Tonsillectomy (5), MLS excision (3), Thyroid surgery (3), Eagle's Syndrome (2), Sistrunk operation (2), Excision of Branchial cyst (1), SMG excision (1), Airway evaluation and T tube change in tracheal stenosis (1)</p>	18
5.	<p>Surgery postponed on patient request MLS excision (5), Thyroid surgery (5), Tonsillectomy (4), Excision of parathyroid adenoma (1), excision of lymphangioma neck (1)</p>	16
6.	<p>Familial reasons MLS excision (3), Tonsillectomy (1), SMG excision (1)</p>	5
7.	<p>No neck swelling (reduction in size of thyroid swelling) Colloid goiter (2), Thyroid cyst (1)</p>	3
8.	<p>Wanted conservative treatment rather than surgery Lymphangioma neck (2)</p>	2
9.	<p>Forgot date MLS Excision</p>	1
10.	<p>Patient denied surgery Excision of submandibular gland (1)</p>	1
11.	<p>No reason mentioned MLS excision (3), Thyroid Surgery (2), Tonsillectomy (1)</p>	6
	Total	213

(MLS= Microlaryngoscopic Surgery, SMF= Submucous Fibrosis, SMG=Submandibular Gland)

Unable to contact

The reason for missing appointment for surgery could not be obtained from the 51 (23.9%) of the total 213 cases. They could not be contacted to obtain the response. The various reasons for no

contact included call not received, mobile switched off, out of network coverage and incomplete or wrong phone number. The intended surgery for this group of patients was mainly MLS excision and tonsillectomy (Table 2).

Did not want surgery

Forty six (21.6%) patients who missed their appointment when contacted said they did not want surgery. They felt better and had fewer symptoms and hence preferred to wait for sometime before they decide on surgery. Majority in this group were planned for tonsillectomy (Table 2).

Personal and Familial reasons

Eighteen patients missed their appointment due to various personal reason which included exam, sick, busy, out of town/country, no visitor etc. Similarly, five patients could not come due to familial reasons and were unable to undergo surgery. The planned surgeries were again tonsillectomy and MLS (Table 2).

Disappearance or reduction in size of neck swelling

Three patients with thyroid swelling had reduction or disappearance of swelling after needle aspiration and did not increase in size. Given the benign nature of swelling, the patients preferred not to come for the surgery at the present status.

Various other reasons

Two patients with lymphangioma neck preferred conservative treatment rather than surgery. One patient planned for MLS mentioned that he forgetting his surgery date and would come later for surgery. One patient planned for excision of submandibular gland denied surgery after knowing about the possible complications related to the surgery. There was no reason mentioned on the contact list register for six patients who missed their appointment.

DISCUSSION

In the public and government run health institutions, the demand for the surgery is higher than their capacity to deliver services especially in the low and middle income countries. This is also true in our hospital and department. Hence, the waiting list is created for adjusting those patients who want to undergo surgery at our center. However; the problem with the waiting period is the unpredictable turn up for the surgery on the

contact date. The turn up rate for the head and neck surgery was 38.4% in the previous audit done in our department¹; however, the rate was better in this study with 50.5% patients turning up on the contact date. The rate of non-utilization of appointments for elective operations was 6% at Israel.⁵ However, it was for any operation and the cancellation was after they were evaluated during preoperative period. In a study done in Oman, 16.3% (783/4814) patients did not turn up for the surgery when they were scheduled for the surgery but this included all the surgery cases and was not limited to ENT-head and neck surgery.⁶

When the scheduled patients do not come on the contact date, the required number of cases may not be available for surgery. This can lead to unfilled OT list which can lead to wastage of resource and time. At the same time, the waiting patients had to suffer the prolongation of OT waiting list.⁴ The time between contact date and surgery for head and neck surgery is of three days in our department. So, when it remains unfilled due to no shows on the contact date, it is difficult to prepare other patients for the list in that short time. To overcome this problem, we have been calling patients on contact day as chance basis cases to adjust for missed appointment. But, this is unpredictable and patients are anxious if they can not be adjusted.

The commonly performed surgeries in head and neck region include surgeries of tonsils, thyroid, salivary gland, laryngeal lesions and various other benign lesions. The malignancies in this area include carcinomas of oral cavity, thyroid, larynx and salivary gland. The malignancy cases are usually treated as high priority cases and are not kept waiting. However; due to high number of cases and fixed days per week for surgery, sometimes papillary carcinoma of thyroid is kept on waiting period of brief duration of about 2-4 weeks. Other cases which are kept on elective surgery waiting list are common benign lesion which usually won't have adverse outcome on being waiting list. Seventy six percentages (162/213) of the cases that missed on appointment date were surgery of tonsils, benign laryngeal lesions and thyroid surgery. These surgeries are usually performed at any centers and do not require specialized care.

Thirty percentages (64/213) of patients that missed appointment had already undergone

surgery for their problem at various centers where they got earlier dates. The reason for seeking treatment at other center was long waiting period and they were worried that their problem might worsen. Some were concerned about it being changed into malignancy or likeliness to lead to complications. Similarly, people from far way places wanted to undergo surgery before returning home and hence looked at other centers for earlier surgery. Appavu et al also identified undergoing surgery at other centers due to long waiting period as important reason for no show on appointment date.⁶

Our study has also highlighted the changes that can occur when the patients are kept on the waiting list for certain duration. There were good number of patients (31.4%) whose symptoms improved over the waiting period and they either deferred surgery or wanted to postpone it. The majority of cases in this category were planned for tonsillectomy or MLS surgery for benign laryngeal pathologies. Similarly, there was disappearance of thyroid swelling in three cases and two cases changed their mind to try non-surgical treatment. Torkki et al also argues that with long waiting period, the status of patient and his original problem might change and needs reevaluation before surgery.⁷ This had positive effect on waiting list by self regulating the list. It reduced the surgery rate for benign cases and provided opportunity to adjust for malignant and complicated cases.

About 24 percentages (51/213) of the patients on waiting list for surgery could not be contacted to enquire about the reason for their no show. The reasons for no contact were out of network coverage; call not received, wrong contact number or incomplete number. Some of the patients gave their relative's number who was unable to provide information about no show. These kind of technical problems also affect the queue for the surgery. The exact reason for their no show also cannot be obtained. These problems can be reduced by making the facility for reminder calls and also provision of alternative number to contact if primary number has any issue.

About 11 percentages of the patients did not come for surgery due to their personal or familial problem. The commonly cited problems were being sick, having exam, being out of city or country, being busy in family function etc.

These problems are largely unpredictable and unavoidable. However; these issues have to be considered while creating waiting list.

Two patients who were kept on waiting list for excision of lymphangioma neck opted for nonsurgical treatment while waiting for the surgery. He wanted to undergo surgery only if the intra-lesional sclerosant agent did not reduce the size of swelling. One young female planned for submandibular gland excision denied surgery after knowing about the possible complication of the surgery and its possible interference with the cosmesis. It would have been better if she was counseled properly before keeping on the waiting list as this again prolonged the waiting list for other patients in need of surgery. One patient said he forgot his contact due to his busy work schedule. These persons can be helped by the provision of reminder calls prior to their contact dates. For the six patients, the reason was not mentioned. This was the problem with the record keeping and the person responsible for recording should have been more sincere to write the complete information on the register.

As large number of patients do not come on contact date and there could be problem with filling the elective surgery list. If the reasons for no show are known, we can formulate the strategies to tackle the problem of no show. Some strategies can include reminder system to the patients using automated reminder call, short messages, emails etc., provision of contact number in case they want to postpone/cancel surgery, reduce the waiting period for surgery by increasing surgery days or increasing the manpower and facility, Proper counseling before putting on waiting list and to be listed only when they are sure of undergoing surgery.

The limitation of this type of chart and document review articles is missing information or incomplete information for analysis. The writing may not be legible in some cases. Other limitation of this study is the small sample size and was limited to the missed appointment for head and neck surgery only. Larger prospective study on reason for missed appointment in any type of surgeries involving multi-centers would give better information. This would help stakeholders to make appropriate strategies and plan for managing the elective surgery waiting list.

CONCLUSION

About fifty percentages of the patients missed their appointment for the elective surgery. The most common reason was long waiting period leading them to undergo surgery at other centers with no or short waiting list. Similarly, improvement in symptoms was reason for no show and hence they wanted to postpone or cancel the surgery. In about one fourth of patients, the reason could not be obtained as they could not be contacted. Personal and familial problem, forgotten date, fear of complication and preference for nonsurgical treatment were other reasons for missed appointment.

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