

# Delayed incision time

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Delays in beginning [operations](#) in the morning lead to a loss of valuable [operating time](#) and can cause frustration among the medical personnel involved.

Objective: So far there are no prospective, multicentric investigations of the incidence and reasons for delayed first incision times in the morning. The effect of planning list instability of first cases on late operating room starts has not yet been evaluated.

Material and methods: In this multicenter prospective study delays in surgical incision time in all first cases of the day were investigated in 36 German and Swiss hospitals (14 surgical specialties) over a period of 2 weeks.

Results: A total of 3628 first of the day cases were included in the study. Looking at all subspecialties combined 50.8% of the first cases of the day were delayed by more than 5 min and in 30.2% of cases longer than 15 min. Incidences of delayed surgical incision time >5 min ranged from 40.0% (gynecology) to 66.8% (neurosurgery). The main reasons for delays in ascending order were prolonged induction of anesthesia compared to the planned time, the delayed appearance of the surgeon and prolonged preparation for surgery. The incidence of delays in incision times for planning list instability was increased by 10% and the average delay increased by 7 min.

Conclusion: Delays in surgical incision times of the first operation of the day have a high incidence in most surgical specialties; however, the reasons for delays are manifold. Plan instability of operating room lists with respect to the first cases has a negative effect on the punctuality of the incision time and should therefore be avoided <sup>1)</sup>.

<sup>1)</sup>

Joos C, Bertheau S, Hauptvogel T, Auhuber T, Diemer M, Bauer M, Schuster M. Verzögerungen der Schnittzeit des ersten Falles : Analyse von Inzidenzen und Ursachen sowie des Effektes von Planinstabilität [Delayed incision time of the first case : Analysis of incidences and causes and the effect of list planning instability]. *Chirurg*. 2021 Feb;92(2):137-147. German. doi: 10.1007/s00104-020-01207-6. PMID: 32572499.

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