

International Conference on Clinical Practice Guidelines

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Clinical Practice Guidelines of the German Surgical Society

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First of all an outline should be given about the different topics which should be dealt with within this presentation.

- a) As a first step an overview is presented of the first surgical guidelines finished up to now.
- b) This is followed by listing the methods used for the establishment of surgical guidelines.
- c) After this it is asked for the judicial impact and risks of guidelines.

Finally it will be finished up by

- d) a discussion and
- e) by proposals for the improvement of the guideline development.

Table 1

Visceral Surgery
<ul style="list-style-type: none"> • Esophageal Cancer • Gastric Cancer • Cancer of the Exocrine Pancreas • Cancer of the Colon • Cancer of the Rectum • Surgical Prophylaxis for Thromboembolism • Postoperative Antibiotic Therapy • Benign Diseases of the Thyroid

It is represented the list of guidelines in visceral surgery. The first 5 items are the result of interdisciplinarity and of cooperation with the German Cancer Society.

The surgical guideline for thromboembolic prophylaxis grew in a two year process together with the German Trauma Society and specialists in hemostasiology. The interest in this guideline is high: Between January and July 1998 it was looked up 1099 times in the Internet behind mononucleosis with 1558 times.

The guideline about postoperative antibiotic therapy was discussed by an international expert group out of nine different using the delphi method. It was published in the European Journal of Surgery and the Bulletin of the German Surgical Society.

The two guidelines at the end of the listing about surgery of benign disease of the thyroid and of proctology were added within the last two months using interdisciplinarity as well.

Besides in the Internet they are all published as a supplement of the Bulletin of the German Surgical Society.

Table 2

Trauma Surgery
<ul style="list-style-type: none"> • Fracture of the Femoral Neck • Pertrochanteric Fracture • Ankle Fracture • Implant Removal in Long Bones • Rupture of the Anterior Crucial Ligament • Hip Arthroplasty for Coxarthrosis • Chngement of Hip Arthroplasty • Knee Arthroplasty for Gonarthrosis

The next four tables give an idea about the guidelines of the other surgical specialities like trauma surgery, vascular and thoracic surgery:

In the meantime these eight guidelines of trauma surgery are published by the Thieme. The guidelines were discussed twice and consented by the board of the scientific society.

Table 3 and 4

Vascular Surgery
<ul style="list-style-type: none"> • Acute Peripheral Arterial Occlusion • Carotid Artery Occlusive Disease • Thrombo-Obliterative Disease of the Thoracic Aorta and its Branches • Thoracic Outlet Syndrome • Visceral Arterial Occlusion • Visceral Ischemic Syndromes

Most guidelines derive from the vascular surgeons and were printed as a booklet in the Deutsche Ärzte-Verlag. They include most of the surgically important vascular diseases. The vascular surgeons used the same consenting process as the trauma surgeons. Authorisation was established by their society.

- Renovascular Disease
- Occlusion of the Abdominal Aorta and Iliac Arteries
- Occlusion of the femoral and Popliteal Arteries
- Thrombo-Obliterative Diseases of the Lower Extremity
- Endangiitis Obliterans
- Aneurysms of the Thoracic and Abdominal Aorta
- Dissecting Aneurysm of the Thoracic Aorta
- Blunt Trauma and Traumatic Aneurysm of the Aorta
- Aneurysms of the Visceral Arteries
- Aneurysms of the Iliac Arteries
- Aneurysms of the Peripheral Arteries
- Deep Venous Thrombosis of the Pelvis and Lower Extremities
- Thrombosis of the Subclavian and Superior Caval Vein
- Treatment of Varicose Veins
- Postphlebotic Syndrome and Chronic Ulceration
- Arteriovenous Fistulas
- Vascular Injuries
- Amputation of Extremities

Table 5

As you can notice the thoracic surgeons only gave us guidelines for the oat-cell and non-oat-cell carcinoma up to now.

Thoracic Surgery

- Small-Cell Carcinoma of the Lung*
- Non-Small-Cell Carcinoma of the Lung*

* In Cooperation with the Oncology Group of the German Surgery Society and the German Cancer Society

Let me now describe the methods used to consent the guidelines:

When the government asked the AWMF 1993 to issue guidelines the German Surgical Society proposed methods which allowed a quick start to do so. They served as first examples for other societies, too. It was at the time that most pragmatic way, although still expensive enough.

Table 6

They are:

Primary Methods to establish Surgical Guidelines

- Informal consensus development
- Formal consensus development
- Two step delphi technique

1. The informal consensus development. It is characterized by proposals of 15 to 20 generally accepted experts of our society. These proposals are discussed by the whole group until an agreement is reached. The disadvantage of such a procedure lies within the limits of the knowledge of the involved experts and the absence of a systematic development of consent.
2. The formal consensus development has a higher level: A group of experts sends questions to another group of 80 to 100 experts. The answers are discussed and consented.
3. The two steps delphi technique is similar but has a second round of discussions. Most of the surgical guidelines were established by a delphi conference including the scientific societies and experts of other nations. To get started this seemed to be the most practical solution.

For surgical guidelines randomized studies are desirable but often not available. They are timeconsuming and expensiver. so in the first existing data as well as the opinion of experts are used.

Table 7

The judicial impact of guidelines does not represent a law because they have their origin in private institutions. It can be concluded that the consultative elements prevail the authoritative ones. But on the other hand they may become an instrument in judging in a law court. Not to have followed guidelines may be a cause for explanation.

The Judicial Impact of Guidelines

- Guidelines are no laws
- More consultative than authoritative
- Possible instrument of judging

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Risk of Guidelines

- Different content guidelines
- Fear of - patients
- Fear of - physicians
- Fear of - cost supporting institutions
- Danger of bureaucratization and external influences

According to an urgent request of the German Ministry of Health a high number of guidelines was initiated at the same time so that guidelines with different contents by different disciplines were issued. This does not promote their acceptance. So it might be necessary to define priorities to settle multidisciplinary and to make them comprehensive. A lot of fear exists that could emerge from their application. Patients could be afraid that other than their own interest could be considered, like saving of expenses by hospitals, political aspects or financial interests of the physicians. Physicians may be suspicious of a short cut of their diagnostic and therapeutic tools and not sufficiently taking into account the individual situation of the single patient. Cost supporting institutions are afraid that the costs could not be lowered but increased. Undoubtedly the danger of bureaucratization and of external influences is given as may be suspected in guidelines for guidelines.

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Proposals for Guidelines Improvements

- Further formulation by scientific societies
- Collaboration with physicians' chamber
- Multidisciplinary
- Evidence-based guidelines!?

As in the past guidelines should remain in the hands of the scientific societies. A prerequisite however is that the most experienced specialists are members of these societies. There seems to be no alternative. Doubtlessly the physicians' chamber must have a legal interest in the quality of guidelines so that representatives may be integrated in a clearing institution which should mainly be supported by the scientific societies themselves.

Multidisciplinary is an important instrument to improve the quality of guidelines and to promote their acceptance. The AWMF is the appropriate instrument catalytic for the cooperation between the different societies.

It would be very desirable to create evidence based guidelines which was done for instance in the past by the American Agency for Health Care Policy and Research with is similar to the Cochrane Collaboration. But the costs are high: The amount up to 500.000 Dollars for each guideline. The institute for „Gesundheitsökonomie, Medizin und Gesellschaft, University of Cologne“ spent 400.000 DM for a guideline about the adipose disease. This may be one reason that the Agency for Health Care Policy and Research withdrew their activity from the guideline formation. The other one may be missing of experts.

So far the standpoint of the German Surgical Society.

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