General Practice Observed

Minor operations in general practice

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Summary and conclusions

An analysis of minor operations performed in one general practice showed that one doctor doing an average of only four minor operations a week can save the area health authority over £15 000 a year.

Introduction

Hospital waiting lists now stand at an all-time record, and more than half a million patients are waiting for treatment. Opportunities for general practitioners to do more minor surgery are increasing, particularly with more of them working in groups from purpose-built health centres, with fully equipped treatment rooms and attached nurses.

I have analysed the types of operation and their cost during one year in a general practice where one doctor does a weekly operating list.

Patients and methods

The practice consists of seven partners, working from two surgeries, looking after 19 000 patients. A minor operating list is undertaken each week, at which one or two of the community nurses help. They then visit the patients in their homes for any follow-up dressings, and arrange to see them at the surgery for the removal of sutures. Patients requiring minor surgery can be offered an operation within the same week, and there is no waiting list.

The practice has purchased its own instruments, which are sterilised by the central sterile supplies department (CSSD) at a local hospital. Most operations are done under local anaesthesia, intravenous regional block, nerve block, or intravenous diazepam. Short-acting intravenous general anaesthesia was used on 15 occasions only.

The cost of each operation in general practice was obtained from the following formula: retail price to general practitioner of material = price in *MIMS* + 50% + VAT - 10% professional discount. (Since some items can be obtained on FP 10, the eventual cost will be less than shown.) It was compared with figures for hospital costs in 1978 provided by the administrator of the Kent Area Health Authority, made up as follows: £10 for referral to hospital, £17.50 for use of theatre, £35 per day for inpatient stay, and £10 for each follow-up appointment.

Results

During 1978, 190 patients were treated, and the numbers of operations and their costs are shown in the table. All the usual types of

Numbers and costs of minor operations

Type of operation	No performed	Cost of operation to GP (£)	Cost of same operation done in hospital (£)
Suture of lacerations	26	2.10	27.50
Excision sebaceous cyst	11	2.10	47.50
Decompression carpal tunnel	8	11.13	187.50
Excision papilloma	4	2.10	47.50
Injection piles	15	1.50	37.50
Minor gynaecological	2	2.10	47.50
Removal toenail (GA)	15	6.30	73.50
Wedge resection nail bed (LA)	8	11.13	421.00
Excision synovium	2	11.13	187.50
Curette meibomian cyst	5	3.15	27.50
Curette and diathermy warts	20	2.10	47.50
Excision ganglion	16	11.13	187.50
Sclerotherapy varicose veins	19	9.40	37.50
Excision naevus	8	2.10	47.50
Aspiration cysts	1	2.10	27.50
Aspiration hydrocele	4	2.10	27.50
Aspiration ganglion	6	2.10	37.50
Excision tattoo	2	2.10	47.50
Removal foreign body finger (IVRB)	1	11.13	63.50
Injection carpal tunnel	5	5.00	37.50
Meatotomy	1	2.10	27.50
Incision abscess	1	6.30	27.50
Injection joints	2	5.00	37.50
Aspiration bursa	1	2.10	27.50
Abdominal paracentesis	1	4.00	45.00
Curette and diathermy verruca	4	2.10	27.50
Release of trigger finger	1	11.13	187.50
Excision lipoma	1	4.50	47.50

Average cost to general practitioner £5.00
Average cost to hospital £78.24

*indicates average number of days' stay in hospital.
LA = Local anaesthetic; GA = General anaesthetic;
IVRB = Intravenous regional block.

minor surgery were included, except for injections of joints and tendons with corticosteroids and insertion of intrauterine devices that could be undertaken at the first consultation. These accounted for a further 150 cases.

The cost per operation varied from £1.50 for injecting piles to £11.13 for excisions, wedge resections of toenails, and decompression of the carpal tunnel. The average cost per operation based on the formula for materials was £5, and the total cost for all operations in 1978 was £950.28. This did not take into account medical and nursing salaries.

If the operations had been carried out in hospital the cost, based on figures supplied by the AHA, would have varied from £27.50 for sutures, incisions, and aspirations to £421 for patients admitted for seven days for wedge resection of the nail bed. The average hospital cost would have been £79.45 and the total £15 095.39.

Discussion

The scope of operations that can be performed in general practice has been described before.¹⁻⁴ Success depends more than anything else on hospital CSSD facilities being made available so that high standards of asepsis can be guaranteed. The advantage to the patient is that there is no delay in obtaining treatment and a time can be offered to fit in with work and holidays. The job satisfaction for general practitioner and community nurse is obvious, and purpose-built health centres, which in some cases are at present under-used, are ideal for the purpose. Secretarial and administrative time in general practice and

hospital could be saved, and attendances at hospital accident departments and surgical waiting lists could both be reduced. Perhaps the greatest advantage is an economic one, in that it costs 15 times as much to refer a patient to hospital for a minor operation as it does for the patient to be treated in general practice. In the present survey over £15 000 was saved from the hospital budget in one year.

The chief disincentive to performing minor operations in general practice is financial. While certain procedures such as immunisations, maternity services, and insertion of intrauterine devices attract a fee, there is no such provision for minor surgery. A payment of £10, equivalent to the cost of referring a patient to hospital, would not only encourage more general practitioners to undertake minor surgery, but would enable

them to purchase their own instruments, equipment, and dressings.

I thank Mr Moore and Mrs Morgan of the CSSD, Medway Hospital; Mrs R Turner and Mrs M Hill, community nurses; Dr Alan Bussey, area medical officer, Kent Area Health Authority; and my partners and staff at the two surgeries.

References

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Medical History

Dr Samuel Johnson's movement disorder

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Summary and conclusions

Dr Samuel Johnson was noted by his friends to have almost constant tics and gesticulations, which startled those who met him for the first time. He also made noises and whistling sounds; he made repeated sounds and words and irregular or blowing respiratory noises. Further, he often carried out pronounced compulsive acts, such as touching posts, measuring his footsteps on leaving a room, and performing peculiar complex gestures and steps before crossing a threshold. His symptoms of (a) involuntary muscle jerking movements and complex motor acts, (b) involuntary vocalisation, and (c) compulsive actions constitute the symptom complex of Gilles de la Tourette syndrome (Tourette's syndrome), from which Johnson suffered most of his life.

This syndrome is of increasing interest recently because it responds to haloperidol, and because there are new insights into a possible biochemical basis for the tics, vocalisations, and compulsions.

Had Johnson lived at a later date science would have been able, if not to cure his oddities at least to name them.

Christopher Hollis¹

The many books, diaries, and letters of Dr Samuel Johnson's friends and admirers provide an unprecedented portrait of a man, his life, and his genius. From these extensive writings as well as Johnson's own we can view the medical aspects of his life in the light of current knowledge.

There are excellent accounts of the scrofula (the King's Evil) he suffered as a child, unsuccessfully treated by the Royal Touch of Queen Anne²; the recurring depression that plagued him like "a black dog of melancholy"³; his tics and gesticulations⁴; the stroke that left him aphasic but able to write⁵; his death in 1784⁶; and his necropsy.⁷ I believe that his unusual tics and gesticulations, involuntary vocalisations, and compulsive behaviour, constitute the clinical picture of Tourette's syndrome.

In this syndrome there is sudden repetitive muscle twitching and jerking, most commonly in the face, neck, shoulders, and arms, but there may be larger, more complex motor movements and acts. The involuntary vocalisations may be mouthing sounds, breathing noises, sniffing, barking, whistling, repetitive sounds, words, or phrases, and in half of the cases sudden swearing and obscenities. These patients also manifest compulsions varying from the common rituals common to most children, such as avoiding the cracks in the pavement, to bizarre and complex compulsive behaviour. The clinical features, biochemistry, and management of this fascinating disorder were recently reviewed in a comprehensive survey.⁸

Tics and gesticulations

Johnson's tics and gesticulations often surprised and shocked those who met him for the first time, expecting his physical appearance to reflect the intellect and wit of the greatest man of that day. Instead, they observed a man, as Lucy Porter told Boswell, who "often had, seemingly, convulsive starts and odd gesticulations, which tended to excite at once surprise and ridicule."⁹ Fanny Burney described him by saying,

His mouth is almost constantly opening and shutting as if he were chewing. He has a strange method of frequently twirling his fingers and twisting his hands. His body is in continual agitation seesawing up and down; his feet are never a moment quiet; and in short his whole person is in perpetual motion.¹⁰

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