

General Surgery at Hillsborough: Capabilities and Triage

8-23-2023

1) General surgery at HBH evaluates and treats patients from the ED and floor at Hillsborough as well as patients originating from Chatham Hospital, and UNCMC (often through the MAO who sends patients to Medicine and Family Medicine). It is not uncommon for patients to come to HBH as transfers to Medicine or Family medicine with a known potentially surgical problem (diabetic foot infection, ischemic colitis, and others below)

2) The Hillsborough Division of General Surgery feels that collegial discussion is the best way to determine which patients with surgical problems can be best taken care of at Hillsborough. Guidelines below reflect our assessment of the types of surgical problems that are most appropriate for HBH. These guidelines are not prescriptive, however, and we are eager to discuss individual patients with our colleagues at any time to decide whether specific patients (who are always more complex than any guideline) can be well cared for here.

3) HBH is a small academic-community hospital. While we are actively addressing some of its limitations, it does not have some of the resources that are available at UNC Medical Center to help with the care of surgical patients. We do not have:

a) 24/7 in house coverage by any attending surgeon, surgical resident or APP. We do not have anyone on call at night except our attending surgeon who is at home and on call every third or fourth night. At night and on the weekends, our attendings are first call for consults or admissions after 5 pm and the Hospitalist Service graciously covers our inpatients at night.

b) There is an ICU which is covered in house 7 days a week during the day in person by a pulmonary critical care attending with a mandatory consult for any ICU level patient. These attendings provide pulmonary consultation as well, also 7 days a week during the day. They are available 24 hours a day via pager for consults but do not come in at night. The patients are co-managed with the primary team. Medical hospitalists cover their own medical patients and also the surgical patients in the ICU. Family medicine covers their patients.

c) We have no vascular surgery, plastic surgery, podiatry, cardiothoracic surgery, transplant surgery, colorectal surgery, pediatric surgery, burn surgery available at Hillsborough. Orthopedics is sometimes available for a consult. ENT, neurosurgery are not available for consult at HBH. GI medicine consultation is available in person before 5 on weekdays. They are available by phone at other times.

Specific groups of patients should not be admitted to HBH for surgical issues:

Pediatric patients requiring general surgery or general surgery consults (18 years old or less)

Burn patients should not be admitted without consulting Burn Attending on call at UNCMC

Patients meeting Red or Yellow Trauma Alert Criteria should go to the ED at UNCMC

Patients more than 20 weeks pregnant. (All patients less than 20 weeks pregnant should be discussed with the attending surgeon on call prior to admission for a surgical problem.)

4) Specific diagnoses and physiologic states may not be best cared for at HBH and include:

- a) ischemic legs or distal extremity wounds/infection in pts with peripheral arterial disease
- b) diabetic foot infection requiring debridement which is typically a podiatry case
- c) patients with septic shock from a surgical diagnosis and other patients who would typically be admitted to the SICU at UNCMC
- d) Active GI bleeds or other patients (including patients with a MELD over 15) with coagulopathy, thrombocytopenia or others who might be expected to require blood and blood product transfusion in an ongoing fashion
- e) mesenteric ischemia with vascular abnormalities on CT
- f) need for urgent colon surgery (sepsis from perforated diverticulitis; toxic megacolon; colonic volvulus, LBO).
- g) Patients undergoing immunosuppressive therapy including chemo who have new surgical problems
- h) Patients with recent transplants and a surgical problem
- i) Patients with any surgical problem related to surgery performed in the last 30 days by the many non-HBH surgeons who operate at UNCMC (Trauma, Surgical Oncology, GI surgery, etc)
- j) Patients with severe heart failure, pulmonary hypertension, myasthenia gravis and other comorbidities that substantially increase operative risk.

HBH General Surgery attendings are happy to talk with you about any patients meeting the above diagnostic criteria if you are not sure whether they should transfer or stay.

5) We would like to be called about any patient with concern for necrotizing fasciitis. These patients will typically be managed at UNCMC, but we can help confirm the diagnosis, and can potentially debride them, if the OR or the Acute Care Surgical team at UNCMC is backed up.

6) BREAST ABSCESS patients typically can be drained under US in the office. When these patients are in the ER, please call the Breast Surgical Oncology attending on call who will arrange outpatient follow up, often on the same day, in the office.

MEDICAL ADMISSION AT NIGHT WITH SURGICAL CONSULTATION IN AM

Some patients with surgical concerns can appropriately be admitted to medicine at night with plans for surgical consultation in the am. Below are examples of these types of patients. **HBH Gen Surgery is always available to discuss ANY surgical patient and their disposition.**

Appendicitis - Admission by Hospitalists with surgical evaluation deferred until morning can be considered for:

- Patients with a temperature less than 38.5 who are hemodynamically stable.
- CT confirms acute appendicitis w/o evidence of perforation, such as a fluid collection.
- Abdominal examination is without generalized peritonitis.
- If patients meet these criteria, consider admission by the hospitalist on call, NPO, start IV antibiotics (i.e. Zosyn, Levo/Flagyl) & IVF. The Hospitalists put the patient on our list and we then first thing in the am before our sign out at 645 am

Cholecystitis - Admission by the Hospitalists with surgical evaluation deferred until morning can be considered for:

- Patients with a temperature less than 38.5 who are hemodynamically stable.
- CT or U/S suggests acute cholecystitis without other gallstone related complications.
- Abdominal exam is without generalized peritonitis.
- If patients meet criteria, consider admission by the hospitalist on call, NPO, start IV antibiotics (i.e. Zosyn, Levo/Flagyl) & IVF.
- Patients with symptomatic cholelithiasis may be referred to the HBH Surgery Outpatient Clinic (984 215 3501).
- If there is concern for ongoing biliary obstruction (elevated T. bili/GGT/Alk Phos, biliary dilation, jaundice), ERCP and EUS are NOT available at HBH, but HBH patients can go on “day trips” during the week to get these procedures done. These patients can be admitted by Hospitalist service with plan for Surgical engagement in the am so that Surgery is aware of them and can plan for lap chole prior to discharge. Gallstone pancreatitis patients can also be admitted to medicine, but with surgical consultation **early** to facilitate cholecystectomy prior to discharge.

Perirectal Abscess

Diverticulitis - Uncomplicated diverticulitis (those with no evidence of perforation, those with contained micro-perforation, or those with phlegmon without drainable abscess) can be admitted to the HBH Hospitalist on call, kept NPO, and started on IV abx (ie zosyn, meropenem, Levo/Flagyl). **If there are signs of frank perforation or drainable fluid requiring VIR or surgery (free air, diverticular abscess), patient may require transfer to Colorectal Surgery at the main and should be discussed with the HBH Gen Surg attending on call.**