



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

Position Statement: Live Transmission of Surgery

Approved by: Board
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College of Ophthalmologists
THE MEDICAL EYE SPECIALISTS

1. Purpose and scope

This position statement sets out RANZCO's position on the live transmission of surgery and is underpinned by the College's overarching commitment to ensuring best patient outcomes.

The statement is intended for patients, trainees, ophthalmologists, industry and other persons with an interest in live surgery transmission.

2. Background

There is increasing debate in the medical and academic community in Australia and overseas regarding the ethics and merits of using live surgery transmissions as an educational tool.

Many international and domestic medical institutions have established safety criteria in response to this debate, as the practice gathers momentum and video technology continues to advance.

Questions and concerns around the merits and ethics of live surgery transmission relate to:

1. The risks to patient safety and surgical performance
2. The educational benefit and value of live surgery over pre-recorded video surgery
3. The aims of the live surgery transmission and the motivations of each individual involved
4. Patient consent and privacy
5. The suitability of the patient, their condition and the procedure for live surgery transmission based on pre-operative assessment by the surgeon
6. The complexity of the procedure/techniques
7. Disclosure to the patient of all risks and any conflicts of interest including commercial and private motivations/incentives by the surgeon and/or organisers
8. Pre-operative planning/rehearsal and clear demarcation of responsibility between all individuals involved, including the organisers
9. The surgical team and organiser's preparedness to cease transmission or alter the procedure if required
10. The credentials, insurance cover, registration and experience level of the surgical team
11. The surgical team's familiarity with each other, the operating facility and the audience
12. Members and size of the audience and how/why they are selected
13. The manner of interaction between the surgeon and audience and vice versa
14. The potential for camera equipment and imaging interfering with or even dictating surgical activities
15. The impact of scheduling and time pressures on surgical performance and patient safety
16. The responsibility for post-operative care of the patient and recording/distribution of outcomes to the audience
17. The need for post-operative evaluation of the live surgery transmission and procedure by the patient, surgeon, audience, operating facility and organisers.

3. RANZCO Position

The use of pre-recorded video is preferred to live surgery transmission in all circumstances.

RANZCO may support the transmission of live surgery only in exceptional circumstances where:

- Thorough analysis and consideration of each of the above listed factors has been undertaken prior to the planned procedure,
- The conclusions drawn from analysis of each factor weigh in favour of the patient's best interests,
- Analysis of each factor has been recorded in writing and distributed to the patient, surgical team, organisers, and operational facility prior to surgery, and
- Approval is sought from the RANZCO President. This must be in writing with a copy of the analysis attached.

This position statement aligns with and builds upon the current Royal Australasian College of Surgeons' position paper on 'Live Transmission of Surgery' (approved June 2013).

4. References

1. Royal Australasian College of Surgeons. Live Transmission of Surgery; 2013. Available from: http://www.surgeons.org/media/14504/POS_2010-02-25_Live_Transmission_of_Surgery.pdf [Accessed 5 August 2013].
2. American Urological Association. Standard Operating Practices: Live Surgery. Available from: <http://www.auanet.org/common/pdf/about/AUA-Live-Surgery-SOP.pdf> [Accessed 5 August 2013].
3. European Association for Cardio-Thoracic Surgery. Guidelines on Live Surgery by ASCVTS; 2007. Available from: http://www.eacts.org/media/96969/GUIDELINES-ON-LIVE-SURGERY-BY-ASCVTS_Aug07.pdf [Accessed 5 August 2013].
4. Japanese Society for Cardiovascular Surgery, Japanese Association for Thoracic Surgery, and Japanese Society for Vascular Surgery. Guidelines to Live Presentations of Thoracic and Cardiovascular Surgery; 2007. Available from: <http://jscvs.umin.ac.jp/eng/live.html> [Accessed 5 August 2013].

5. Record of amendments to this document

Page	Details of Amendment	Date amended
Entire document	Created	8/8/13