Risk management opportunities for Urology

1. Diagnostic process:

Use clinical decision support tools such as Clinical Key and UpToDate. Reconsider differential diagnoses at key steps of the diagnostic process. Consider at least three possible differentials: most severe, most probable, most interesting, and most treatable. Look for aspects of the current situation that do not fit your diagnosis. Use AUA Clinical Guidelines for early detection of prostate cancer and other conditions.

2. Diagnostic follow-up:

Have test result management systems in place to "close the loop" on outstanding orders.

3. Informed consent:

Do not rely solely on consent forms to educate patients about surgical options. The physician performing the procedure should carefully explain and document the relevant risks, benefits, probability of success, and risk of not undergoing the procedure. Templated documentation should be amended to include specifics for this patient and this procedure (co-morbidities, scarring from previous surgeries, etc.).

4. Surgical management:

Understand patients' medical histories, including reviewing medical records and any imaging of anatomy. Use pre-op checklists such as the Strong for Surgery program from ACS to identify patients with potential risk factors for surgical complications. Use clinical simulations to practice surgical techniques and coaching on technical, safety, and teamwork skills.

4. Postoperative care:

Clearly advise patients of symptoms to watch out for during recovery and carefully evaluate pain or other symptoms reported postoperatively. For postoperative pain that you feel is **not** indicative of a surgical complication or other issue requiring definitive treatment, document your rationale in the medical record.

Urology Case Study

A 30-year-old male presented to his urologist nine months post-vasectomy with complaints of testicular pain. He described a "squeezing feeling" and a sizeable lump on his right testicle that was painful to touch, and his right testicle was significantly larger than the left. On physical exam, the urologist found that the patient had areas of swelling in the head of the epididymis on both the left and right sides. He diagnosed sperm granuloma and recommended the patient take Ibuprofen for discomfort. He later recalled finding no palpable masses or enlargement of the testicles, but he did not document these negative findings. The entirety of the progress note for this visit read as follows: *"9 months intermittent discomfort in scrotum, R > L. Has only minimal thickening at R vasectomy site (and L) but tender on R. Slight diffuse non-tender enlargement each epididymis. Discussed. Ibuprofen."* Approximately 18 months later, the patient presented to the ER with abdominal pain. An ultrasound revealed a mass in the abdomen, and a follow-up CT scan revealed a mass in the right testicle. The patient underwent radical orchiectomy, retroperitoneal lymph node dissection, and multiple courses of chemotherapy. The patient filed a lawsuit against the urologist alleging negligent delay in diagnosis of testicular cancer, resulting in a diminished prognosis. The physician's defense was hindered by sparse documentation including description of the patient's complaint, negative findings of physical exam, diagnosis, testicular cancer as a potential differential diagnosis, and instructions to patient regarding returning to care if signs/symptoms persist or worsen.

The claim was settled on the physician's behalf in the amount of $550K.

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