Aim: Operating surgeons should review their post-operative patients regularly. They are responsible for decision-making on further management and planning discharge. Trainee surgeons who have operated should be reviewing their patients and encouraged to make independent decisions to develop their clinical judgement and responsibility for patient care. There are no specific guidelines on the number of recommended reviews in the post-operative patient.

Method: 40 patients taken from cardiothoracic operating lists. Patients selected where the documented 1st operator was not a consultant. This was done using operative notes recorded on Infoflex. Operation date, type of operation, total days as inpatient, discharge date and number of days reviewed by the 1st operator were recorded. The results were presented to both consultants and registrars locally and an open discussion was held to make improvements. The audit was repeated 6 months later.

Results: Average inpatient stay post-operatively was comparable: 6.4 vs 6.9 days. There was a significant increase: 2.7 vs 0.6 days of average reviews by the lead operator. 9% to 39% increase. In phase 1, only 42% of patients were reviewed at all by the lead operator. In phase 2, this increased to 100%.

Conclusions: Open discussion and joint planning between consultants and registrars has led to an improvement in surgical trainee engagement in post-operative management. There is still scope for further improvement on documentation and communication with the on-call consultant. On multiple occasions the patients were reviewed but this was not documented or communicated with the consultant.