

Defining major surgery: A Delphi consensus among European Surgical Association (ESA) members

D. Martin¹, S. Mantziari¹, N. Demartines¹, M. Hübner¹

¹ Department of Visceral Surgery, University Hospital CHUV, Lausanne, Switzerland

Background

Major surgery is a term frequently used but poorly defined. The aim of the present study was to reach a consensus with clear criteria as defined by European Surgical Association (ESA) members.

Methods

3-round Delphi process among ESA members (n=305).
70% of agreement was considered to indicate consensus.

Results

Response rate = **22%** (n=67)

Mean age 59 years, 100% males

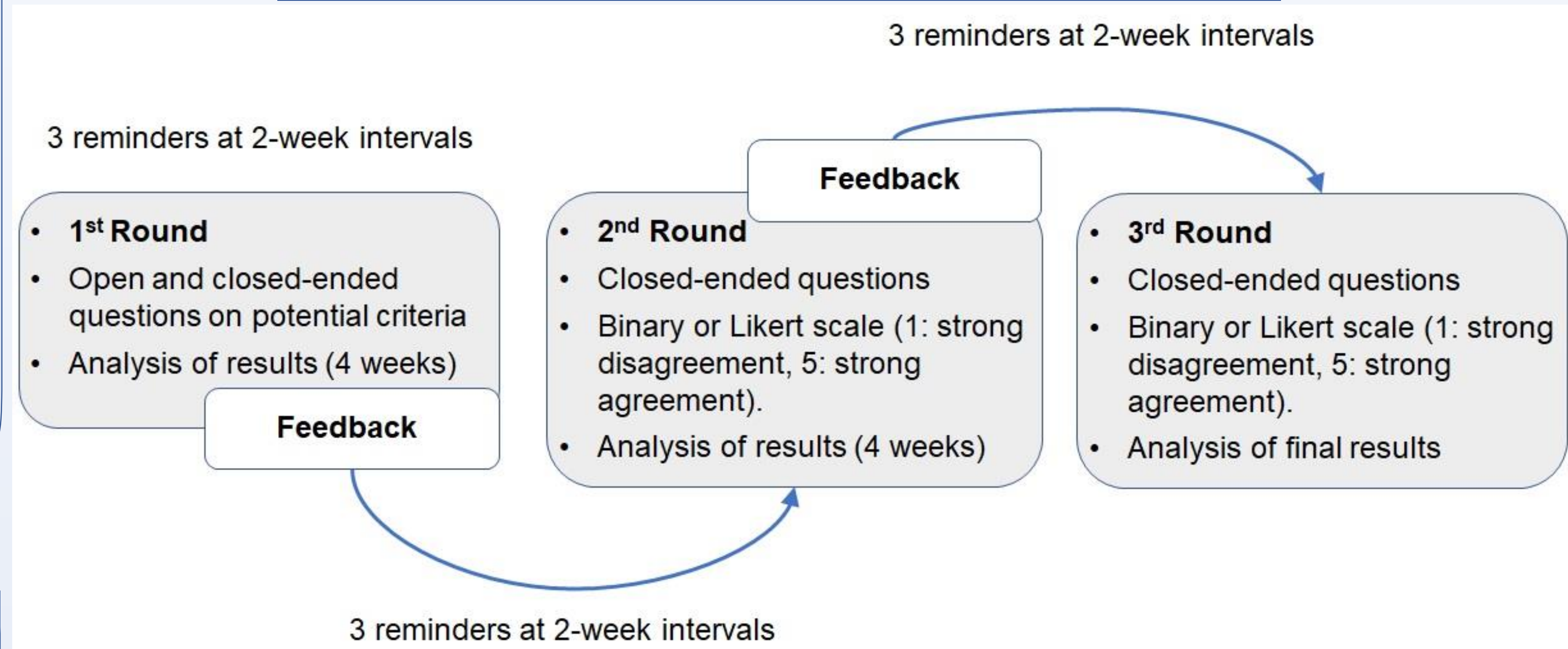
99% considered the distinction between major and minor surgery as important.

The following histogram shows the elements that defined major surgery.

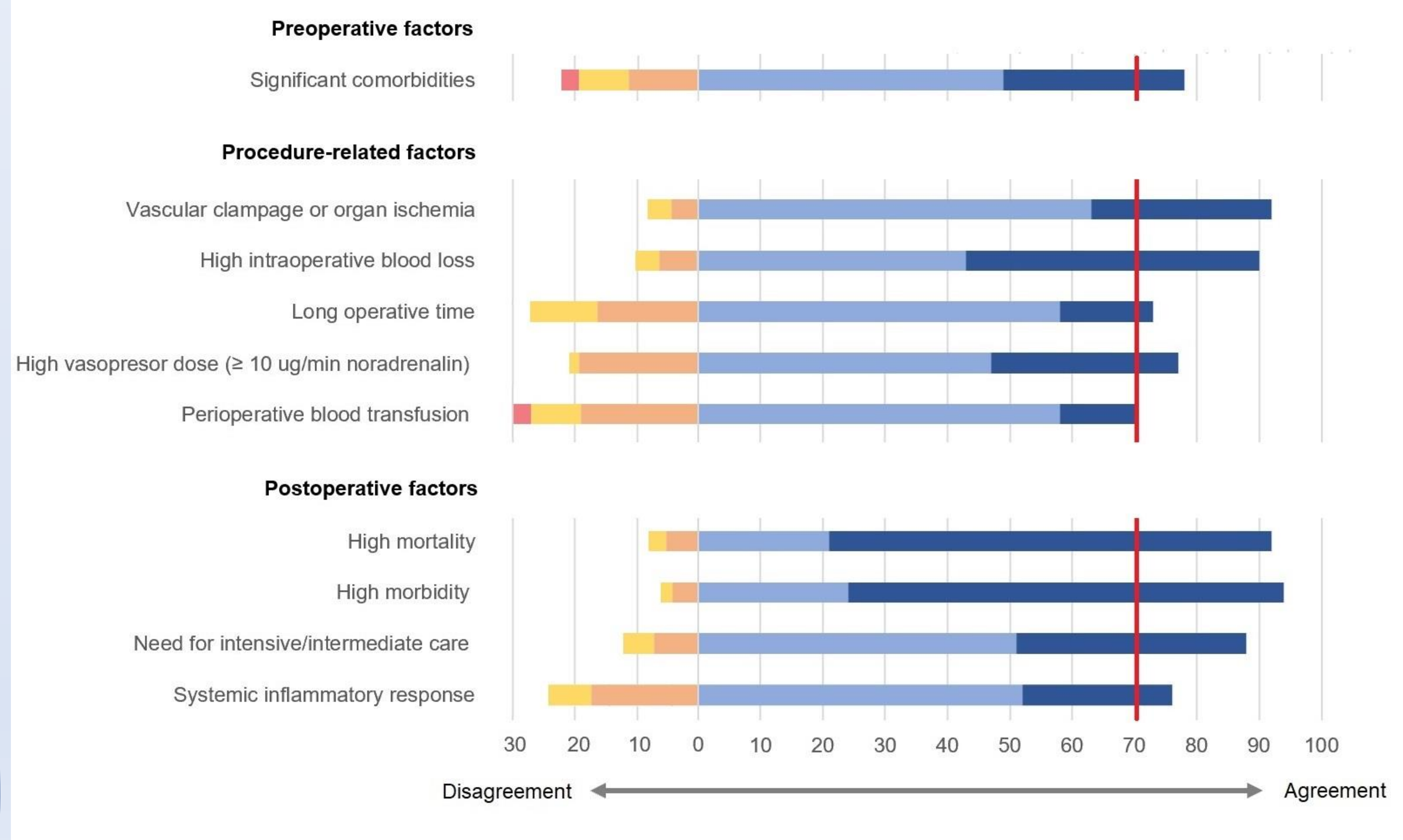
Cut-offs that reached consensus:

- **Intraop. blood loss > 1000 ml**
- **30-day overall morbidity > 30%**
- **30-day mortality > 2%**

Delphi process



Consensus obtained



Conclusion

ESA experts defined major surgery according to extent and complexity of the procedure, its pathophysiological consequences, and consecutive clinical outcomes. The term major surgery should be used only if these criteria are fulfilled.