The Australian Safety and Efficacy Register of New Intervventional Procedures – Surgical (ASERNIP-S) assesses new surgeries

Abstract

The Australian Safety and Efficacy Register of New Intervventional Procedures – Surgical (ASERNIP-S) is a programme of the Royal Australasian College of Surgeons (RACS). We provide assessments of new and emerging surgical techniques, establish and facilitate clinical and research audits or trials, and produce clinical practice guidelines. We use horizon scanning to identify new techniques. ASERNIP-S conducts systematic literature reviews and accelerated systematic literature reviews on the safety and effectiveness of new surgical techniques before they are widely accepted into the health care system. The RACS recently endorsed two new ASERNIP-S systematic reviews and three accelerated systematic reviews.

ASERNIP-S conducts systematic literature reviews on the safety and effectiveness of new surgical techniques before they are widely accepted into the health care system. Each review collects all relevant information, or evidence, on new and standard techniques used to treat a medical condition. The quality of evidence is assessed. ASERNIP-S then makes recommendations on the safety and effectiveness of the procedures, that are endorsed by the RACS. Reviews are updated when appropriate. ASERNIP-S recommendations are sent to hospitals and surgeons in Australia and overseas, and published on the website with summaries for consumers.

The College recently endorsed two new ASERNIP-S systematic reviews:

■ Surgical simulation: a systematic review. Report no. 29;

ASERNIP-S also conducts accelerated systematic reviews (ASRs) of new or emerging surgical procedures that require urgent assessment. An ASR may be conducted if the new technique appears to be diffusing too quickly or slowly given the evidence available; if the clinical or cost effectiveness of the new procedure is under question; or if there are significant concerns regarding its safety or indications for use in particular populations. Accelerated systematic reviews use the same methodology as full systematic reviews, but may limit the types of studies considered (for example, by only including comparative studies and not case series) in order to produce the
review in a shorter time period than a full systematic review.

The College recently endorsed three ASERNIP-S accelerated systematic reviews:

■ Vacuum-assisted closure for the management of wounds: an accelerated systematic review. Report no. 37;

■ Implantable spinal infusion devices for chronic pain and spasticity: an accelerated systematic review. Report no. 42;

■ Spinal cord stimulation/neurostimulation: an accelerated systematic review. Report no. 43.

For copies of these and other ASERNIP-S reports, please visit the publications page on our website at <http://www.surgeons.org/asernip-s/publications.htm>.

If you would like to nominate a new procedure for review, please visit our website at http://www.surgeons.org/asernip-s/publications7.htm or contact the ASERNIP-S office at our new premises located at First Floor, 38 Payneham Road, PO Box 553, Stepney, SA 5069, Australia, tel: 61 8 8363 7513, fax: 61 8 8362 2077. All procedure nominations are welcome.

(Received 15 Jun 2004, accepted 29 Jul 2004)