

Choosing a surgeon: what to ask about volume and outcomes

For heart surgery, experience is the strongest medicine. Here is how to ask about it — and how to read the answers.

Choosing treatment

Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

In heart surgery, “volume” means how many of a particular operation a surgeon performs per year, and “outcomes” means what happens to their patients — complications like stroke, infection, or reoperation. Both are measurable, both are recorded, and both are legitimate things to ask about.

Surgeons know this. Their numbers are collected, discussed, and reviewed — a good surgeon can tell you their numbers without flinching. Asking is not an insult; it is the most responsible question a patient can ask, and it tells you a lot about the answer you receive.

The questions worth asking

- How many of these operations do you do in a year? How many in your career?
- What are your complication rates — stroke, infection, bleeding, reoperation?
- How do your numbers compare with published benchmarks for this operation?
- Who makes up the team — anesthesia, ICU, nursing — and how often do they work together?
- Who operates if you are not available?
- How many of your patients come back to hospital in the weeks after surgery — and why does that happen?

How to read the answers

- No surgeon has zero complications. The honest answer is a number, an explanation of what goes into it, and what they do to keep it low. Be wary of vagueness, not of numbers.
- Ask how complications are handled — “What happens if something goes wrong?” — the answer tells you about the team, not just the surgeon.
- A surgeon who welcomes your questions is showing you the same care you will get in the operating room. Trust your read of that.

You are not looking for a perfect record — nobody has one. You are looking for a person who knows their own numbers, can explain them without embarrassment, and treats your question as part of the job. That combination — competence and honesty — is the best predictor you can actually observe.

One more thing: the hospital matters as much as the surgeon — the ICU, the nursing, the systems around the operating table. Volume and outcomes apply to centers, not just people, and it is fair to ask how your hospital compares.

Take it to your team

Ask the questions above, one at a time, and write the answers down. Then ask the one that matters most: “If I were your family member, would you have this operation here, with this team?” Most surgeons will answer honestly — and honesty is what you want in both the answer and the surgery.

Choosing a surgeon is choosing a team, and you have every right to choose with information. Their numbers, their honesty, and your comfort together shape the decision — which remains, in the end, between you and your own medical team.

Questions to take to my team

- ☐ How many of these operations do you do in a year? How many in your career?

- ☐ What are your complication rates — stroke, infection, bleeding, reoperation?

☐ How do your numbers compare with published benchmarks for this operation?

☐ Who makes up the team — anesthesia, ICU, nursing — and how often do they work together?

☐ Who operates if you are not available?

☐ How many of your patients come back to hospital in the weeks after surgery — and why does that happen?

For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.