Surgical Deaths

Although any death occurring within 28 days of surgery may be considered a “Surgical Death” by hospitals and out-patient surgery centers, for purposes of reporting “surgical deaths” to the medical examiner for certification different guidelines and definitions apply.

ARS 11.594 requires that anyone having knowledge of a death occurring “during a surgical procedure or while under anesthesia” be reported to the county medical examiner for investigation and certification. The statute also limits the extent of investigation when the cause of death can reasonably be determined from review of the medical and anesthetic records.

When does a death meet these criteria?
- When the death occurs during the surgical procedure
- If the death occurs prior to the patient awaking from general anesthesia whether or not the patient is still in the operating room

Commonly Asked Questions

What about Cardiac Catheterization Deaths
- Was the procedure underway?
  - If yes, this is a surgical death and should be reported to the medical examiner.
  - If No, and if the patient was already known to have coronary artery disease, the death may be certified by the attending or the cardiologist and the death need not be reported to the medical examiner.

What about “Conscious Sedation” Procedure Deaths? (Colonoscopy etc.)
- Was the death RELATED to the procedure?
  - If No, this not a surgical death and need not be reported to the medical examiner.
  - If yes, this death MUST be reported to the medical examiner for investigation and certification.

What about the patient who NEVER awakens from a general anesthetic even though the surgery is completed? (Example, a patient with an intra-operative adverse event (stroke, air embolus, etc.)
- This is an example of a death that should be reported.

Should a death be reported if it occurred only during a local anesthetic?
- Yes, This may still be an “anesthetic” death.

Refer all questions to the county medical examiner for their decision in questionable cases.