Revista Médica del
Hospital General de México

PERMANYER

Check for updates

HISTORY ARTICLE

Current situation of the Surgical Therapeutics Unit

Sandra C. López-Romero and Mariel González-Calatayud*

Coordination of Surgical Therapeutics, Surgical Tower, Unit 310, Hospital General de México Dr. Eduardo Liceaga, Secretaría de Salud, Mexico City, Mexico

From the beginning of the operation of the *Hospital General Hospital de México* (HGM), on February 5, 1905, it was determined as a clinical-surgical educational hospital which began with a large semicircular amphitheater and on the sides two regular rooms, for laparotomies, craniotomies, and operations in general. In 1911, 894 operations carried out in this amphitheater were quantified. Great figures have emerged from the HGM who have contributed to the development of Medicine in Mexico, specialists such as Dr. Aquilino Villanueva, Dr. Gregorio Salas, Dr. Darío Fernández, Dr. Fernando Quiroz, Dr. Ignacio Chávez, Dr. Salvador Zubirán, Dr. Abraham Ayala González, and Dr. Fernando Ortiz Monasterio, among others, who toured different surgical areas.

The central operating rooms (U.203) were designed in the early sixties, with Dr. Clemente Robles as general director, which had 10 surgical rooms, a central equipment and sterilization (CEyE), and seven laparoscopic surgery towers, among other equipment. Since 2010, there have been more than 10,000 procedures per year, trying to have the latest technology to perform safer and more effective procedures. Since its foundation, the Central Operating Theatre Service has been directed by several distinguished surgeons: Dr. Manuel Alcaraz G., Dr. Óscar Dávila Flores, Dr. José Garreta, Dr. Nuncio Piccolo Ciriello (1989-1999), Dr. Jorge M. López López (2000-2009), Dr. Mario Guzmán Gutiérrez (2009 to 2019), Dr. Mariel González Calatayud (2019-2022) and, currently, Dr. Sandra C. López Romero (May 2022 to date).

In 2016, when the development of the U. 310 Surgical Tower was completed, with the medical director Dr. César Athié Gutiérrez at the helm, the Surgical Therapeutics Service was established, which included the 10 rooms of "central operating rooms," as well as two operating rooms for outpatient procedures, two operating rooms for transplants and a hybrid operating room with the latest technology for highly complex and demanding procedures.

The Surgical Therapeutics Service is located within the U.310 Surgical Tower and consists of 10 operating rooms, two operating rooms for outpatient surgery, two Transplant operating rooms, and a hybrid operating room, as well as two CEyE on the first and second floors, 14 preoperative beds, and 16 recovery beds. There is an average annual surgical productivity of 7,617 surgeries/year in the past 3 years, which is equivalent to just over a quarter of the surgical procedures performed in the entire hospital.

The central operating room area consists of 10 equipped and functional rooms, 7 complete laparoscopy towers to provide the minimally invasive surgery service for scheduled and emergency procedures and a microscope that is used for microsurgery procedures of the Plastic Surgery and Urology Service, mainly. The users of these operating theatres are the General Surgery, Plastic and Reconstructive Surgery services, Urology, Orthopedics, Oncology, Vascular Surgery, and Coloproctology. It consists of 8 stretchers for the preoperative stay of patients and 10 stretchers for monitoring the immediate postoperative recovery of patients operated

***Correspondence:**
Sandra C. López-Romero
E-mail: coordquirofano310@yahoo.com

Date of reception: 15-01-2026
Date of acceptance: 24-02-2026
DOI: 10.24875/HGMX.M26000073

Available online: 24-04-2026
Rev Med Hosp Gen Mex. 2026;89(Supl 1):39-41
www.hospitalgeneral.mx

0185-1063/© 2026 Sociedad Médica del Hospital General de Mexico. Published by Permanyer. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

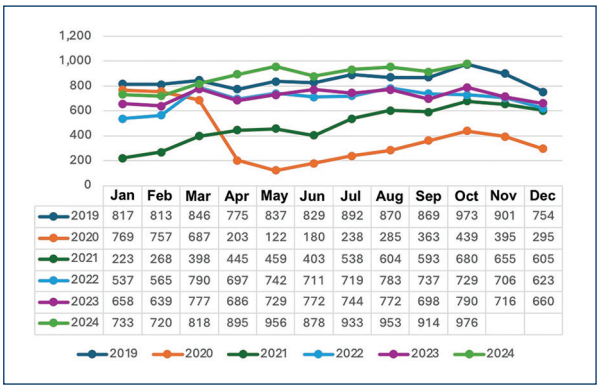
Table 1. The procedures that have been performed in the Surgical Therapeutics Service

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024
Procedures performed	10 512	10 884	10 454	10 176	4 733	5 871	8 339	8 641	8 776

on in the area, equipped with vital signs and cardiac activity monitors.

The Hybrid Operating Room is a space with technological and functional capabilities unique in Latin America, which has hemodynamics equipment (angiography), state-of-the-art surgical microscope, monitors with high image resolution, cameras for remote links and a robotic surgical table linked to the hemodynamics equipment, which allows the safe execution of highly complex surgical procedures such as wide tumor resections with prior embolization of the supply Immediate neurosurgical interventions, high-precision neurosurgical interventions, endovascular procedures with fluoroscopy support, angioembolization, cesarean section and hysterectomy for severe placental problems in pregnant women (*Código Mater*), cardiac catheterization and angioplasties or stent placement (Infarction Code), etc. Establishing a multidisciplinary management for the well-being of patients, merging specialties and subspecialties such as advanced minimally invasive surgery, oncological surgery, orthopedic surgery, urology, vascular surgery, neurosurgery, otolaryngology, plastic and reconstructive surgery, cardiology and interventional radiology, and pediatric surgery, together with the intervention of specialist anesthesiologists with the capacity to care for complex surgical entities and nurses trained for highly complex interventions. It has a recovery area with 4 stretchers for monitoring the postoperative period of the patients treated.

The Outpatient Operating Room is a space consisting of two fully equipped operating rooms to perform minor and major outpatient procedures. It has designated spaces for the dressing room for patients, doctors, and nursing staff, as well as preoperative, recovery, doctors' work area, and nursing and anesthesiology warehouse. The procedures considered major outpatient surgery are those that do not require special or prolonged postoperative care and the patient can be discharged within a period of no more than 8 h. In our Institution, it is currently used to perform outpatient procedures by the General Surgery, Coloproctology, and Orthopedics services who perform an average of 60 procedures/month of diverse origin. It has a preoperative area with 4 stretchers where patients undergoing



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	817	813	846	775	837	829	892	870	869	973	901	754
2020	769	757	687	203	122	180	238	285	363	439	395	295
2021	223	268	398	445	459	403	538	604	593	680	655	605
2022	537	565	790	697	742	711	719	783	737	729	706	623
2023	658	639	777	686	729	772	744	772	698	790	716	660
2024	733	720	818	895	956	878	933	953	914	976		

Figure 1. Surgical productivity of the Surgical Therapeutics Service by month 2019-2024.

outpatient procedures are changed and prepared and 4 stretchers for postoperative recovery until the patient is discharged. The two rooms of Transplant Operating Rooms are used by the Plastic Surgery service to carry out minor and short-stay procedures on an outpatient basis, both reconstructive and aesthetic.

According to the figures counted, and despite the pandemic of COVID infections that ravaged the world between 2020 and 2021, the procedures that have been performed in recent years in the Surgical Therapeutics Service are shown in table 1.

Productivity 2024

Surgical productivity in 2024 increased by 23% compared to 2023, with 2 months left in the year (Fig. 1). There is evidence of an increase in the number of scheduled surgeries, such as emergency surgeries, compared to 2023, and it was possible to exceed the productivity reported before the COVID pandemic (in 2019) and, although there has been an increase in high-specialty and laparoscopic procedures that consume more surgical appointments, it began in April of this year, the scheduled elective surgery in 3 surgical rooms on weekends and holidays, which favored the final increase in procedures.

Being a third-level hospital and having highly specialized surgery clinics, there are many surgical

Table 2. Most frequently performed high specialty procedures in 2024

No.	Procedures	Total
1	Total thyroidectomy	98
2	Laparoscopic total nephrectomy	62
3	Laparoscopic fundoplication	50
4	Gastric bypass with laparoscopic Y-in-analyzed gastrojejunum	48
5	Gastric sleeve or laparoscopic restrictive gastroplasty	46
6	Prostatectomy + laparoscopic pelvic lymphadenectomy	42
7	Hemithyroidectomy	39
8	Liver transplant	37
9	Microsurgical graft or flap placement or advancement	33
10	Open hepatojejunumanastomosis	26
11	Interbody spinal fusion device insertion	25
12	Sigmoidectomy + laparoscopic colorrectoanastomosis	25
13	Ventral rectopexy with laparoscopic mesh	21

procedures that take an entire shift, even up to two shifts (pancreatectomies, hepatectomies, reconstructive surgeries, intestinal restitutions, spine surgeries, liver transplantation, etc.). Table 2 details the most frequently performed high-specialty procedures in the first three quarters of 2024. The Surgical Therapeutics unit offers a highly efficient service. We coordinate the passage of surgical patients from different specialties, both elective and urgent, to achieve timely care for the high demand of patients with surgical resolution pathologies.

Funding

The authors declare that they have not received funding.

Conflicts of interest

The authors declare no conflicts of interest.

Ethical considerations

Protection of humans and animals. The authors declare that the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation and with the World Medical Association and the Declaration of Helsinki. The procedures were authorized by the Institutional Ethics Committee.

Confidentiality, informed consent, and ethical approval. This study does not involve personal patient data, medical records, or biological samples and does not require ethical approval. SAGER guidelines do not apply.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.