

eCommons@AKU

Medical College Documents

Medical College, Pakistan

2-1-2022

The environment under the knife: A review of current eco-surgical strategies and recommendations for Pakistan

Russell Seth Martins

Edward Anthony Joseph

Javeria Tariq

Namrah Aziz

Saulat H. Fatimi

Follow this and additional works at: https://ecommons.aku.edu/pakistan_fhs_mc_mc

Part of the Environmental Health Commons, Surgery Commons, and the Surgical Procedures, Operative Commons

STUDENTS' CORNER NARRATIVE REVIEW

The environment under the knife: A review of current Eco-surgical strategies and recommendations for Pakistan

Russell Seth Martins,¹ Edward Anthony Joseph,² Javeria Tariq,³ Namrah Aziz,⁴ Saulat H. Fatimi⁵

Abstract

The healthcare sector at its core is based on the fundamentals belief to do no harm and bring about betterment in the lives of the people. Paradoxically, hospitals are one of the leading contributors to pollution, greenhouse gas (GHG) emissions and toxic waste material worldwide. Surgical care delivery is quite resource intensive, consuming significant amount of energy and equipment as well as producing large quantities of waste. With climate change being a global priority, it is crucial that hospitals re-evaluate the environmental impact of such practices. The current review was planned to identify areas of improvement in surgical care in terms of sustainability, as well as describe efficient and innovative strategies for hospitals in Pakistan to lessen their impact on the environment. The implementation of the 5 R's strategy for surgical care (Reduce, Reuse, Recycle, Rethink and Research) as well as general measures to improve energy efficiency, waste management and inter-sectoral collaboration will provide significant benefits to the environment and advance efforts to creating a more sustainable future for surgical healthcare in Pakistan.

Keywords: General Surgery, Environmental Monitoring, Environmental health, Surgery Department, Hospital, Healthcare Delivery.

DOI: https://doi.org/10.47391/JPMA.AKU-23

Introduction

Healthcare institutions are amongst the leading contributors of waste products, even in a country as developed as the United States of America (USA) where they produce more than 4 billion pounds of waste each year.¹ Unsurprisingly, operating theatres and delivery rooms account for more than two-thirds of waste produced by hospitals, most of which is disposed through incineration or in landfills.¹ As safe-keepers of the health

¹Year 5 MBBS Student, ²Year 4 MBBS Student, ^{3,4}Year 3 MBBS Student, Aga Khan University, Karachi, ⁵Department of Cardiothoracic Surgery, Aga Khan University Hospital, Karachi, Pakistan.

Correspondence: Russell Seth Martins. Email: russell.martins@scholar.aku.edu

of humanity and responsible citizens of the world, it is the unquestionable responsibility of healthcare practitioners to commit towards reducing the disastrous environmental impact of the healthcare industry.

The term eco-surgery refers to the embodiment of an ecological approach to surgical healthcare,² which includes reducing energy consumption, using resources and raw materials judiciously, and decreasing environmental pollution.1 The growing importance of eco-surgery is evident worldwide in the emergency of several global initiative to fulfill this purpose, such as the Green Guide for Healthcare³ and Leadership in Energy and Environmental Design for Healthcare.³ However, although institutions in developed countries such as USA have begun to take steps towards developing greener surgical practices,1 developing countries like Pakistan have much ground to cover. Achieving environmentally sustainable surgical care on a global level requires urgent and focused commitment from countries across the world, including lower-middle-income countries (LMICs) like Pakistan. The added incentive to LMICs for achieving greener surgical practices is that this invariably comes with significant cost-savings.¹ Thus, aim of this review was to summarise current eco-surgical practices worldwide, with special focus on the role of hospitals in eco-surgery, and suggest initial recommendations to achieve an environmentally friendly surgical healthcare system in Pakistan.

Strategies to Negate Environmental Hazards: Several structural, behavioural, and procedural measures can reduce the deleterious effects of surgical procedures on the environment, and are discussed below with regards to the 5 R's strategy: Reduce, Reuse, Recycle, Rethink and Research^{4,5} as summarized in Table-1.

Reduce: Every surgical procedure generates substantial amounts of waste, including surgical gowns, paper, masks, rubber gloves, and sutures, and judicious usage can lead to significantly significant reductions in waste. A "lean and green" surgical project in America resulted in 5.06 pounds lesser waste per operative case,⁶ while a Hospital in the UK saved an incredible 19,000 kg of plastic

Table-1: General Strategies to Combat Environmental Impact.

Reduce	• "Lean and green" surgical projects like in America ⁵	sanitizers scrubbing v
	Reducing consumption of plastic gloves	water cor
	Reformulation of surgical kits ¹	recommen
	Preventing over-supply of items ¹	used for c
	 Purchasing supplies from vendors who provide eco-friendly items⁴ 	hands are c
	Following international guidelines for PPE specific to each surgery	
	Reducing energy consumption by switching off surgical devices when not in use ¹	devices op
	• Implementing energy efficient heating, lighting, air-conditioning ⁴	amounts of
	• Gradual shift to renewable energy sources ³	scrubbing
	• Promoting use of alcohol-based sanitizers instead of scrubbing when unnecessary ⁶	considered
	• Pedal devices operated by foot for scrubbing ^{3,7}	waste. ¹⁰ Ed
	• Scrubbing without using a brush reduces plastic waste ⁹	regarding a
Reuse	Re-usage of surgical equipment by autoclaving ⁴	to preven
	• Reusable sharp containers ⁴	decreased
	• Using reusable items instead of disposable items like drapes or gowns ⁶	liters/year a
Recycle	• Appropriate waste collection, transport, handling, segregation, and disposal ^{3,12}	
Rethink	• Opting for one-stage surgical procedures which in the past have been done in two stages ⁶	Reuse: Re-
	 Alternative techniques for anaesthesia, instead of anaesthetic gases¹² 	re-processi
	• Use of broad-spectrum prophylactic antibiotics must be rethought ⁶	area of uti
	• Tele-consultation services to save travel and associated pollution from vehicles ^{1,3}	standardize
	Medical documentation can be computerized for paperless records ³	disinfecting
Research	Evidence-based eco-surgical strategies and interventions ¹	health risk f
	Formation of interdisciplinary groups for regular audits	has been re
	Educational and awareness programmes	reduces wa

in less than year by simply reducing consumption of plastic gloves. Manufacturers can be urged to reformulate surgical kits, such as for surgical equipment or protective gear, by removing unnecessary items and minimizing plastic usage.⁴ Over-supply of items can be prevented by implementing regular audits evaluating demand and usage.⁴ Moreover, orders should be placed only when items are needed in bulk, to reduce packaging, travel costs, and carbon emissions from transportation.⁷ Importantly, hospitals should prefer purchasing supplies from vendors who provide eco-friendly items and operate eco-friendly businesses.¹ With regards to use of personal protective equipment (PPE), international guidelines should be followed specific to each procedure, rather than using all possible PPE for each surgery.

Reducing energy consumption is simple and beneficial. The simple measures of switching off ventilators and surgical equipment/devices when not in use, and ensuring appropriate regulation of temperature, resulted in a 2,000,000 kg annual decrease in carbon emissions across six hospitals in the UK.⁴ In addition, implementing energy efficient heating, lighting, air-conditioning, sterilization, waste disposal, and infrastructural design can drastically reduce energy costs.¹ Moreover, a gradual shift to renewable energy sources, such as solar energy, would go a long way in achieving eco-friendly surgical practice in the future.⁷ Likewise, promoting use of alcohol-based instead of hand washing or when unnecessary, can help reduce onsumption.^{2,4,5} NICE guidelines d that alcohol-based hand rubs be disinfection post-surgery if one's only slightly dirty.⁸ Moreover, pedal perated by foot save considerable f water (only 6.7L per scrub),^{2,7,9} and without using a brush is also d safe and reduces plastic and paper ducation to surgeons and OR staff appropriate eco-friendly measures nt surgical site infections have water consumption by 2.7 million at a hospital in the US.¹¹

Reuse: Re-usage of surgical equipment and re-processing of single use devices is still an area of utmost caution, due to the lack of standardized quality of autoclaving and other disinfecting methods. However, no increased health risk from the use of reprocessed devices has been reported so far,^{1,12} and reprocessing reduces waste significantly but in addition to

cutting costs.1

There are several items that can be safely reused, such as sharp bins, suture-packaging, and packaging and wrapping, all of which can help reduce waste significantly.⁷ Reusable sharp containers reduce waste by approximately 34,000 pounds in a 1000-bed hospital.¹ Two hospitals in the US reduced waste by 23,000 kg/year by shifting to washable scrubs and reusable surgical gowns.^{1,5} There is no benefit of using disposable items like drapes or gowns where reusable ones are available, as this can help tons of plastic.²

Recycle: A quarter of waste from surgeries and ORs can be recycled.⁵ Often, hazardous/infectious and nonhazardous waste is not segregated, resulting in mass incineration and increased in emission of greenhouse gases.^{4,7} Raising awareness and training staff for appropriate waste collection, transport, handling, segregation, and disposal is important to allow efficient recycling.^{7,13} As per guidelines, health waste is segregated into 5 categories to allow for separate disposal and treatment: infectious (blood, vomitus, body fluids etc.), (injections, needles etc.), sharps radioactive, pharmaceutical and general non-hazardous waste (paper, gowns etc.).¹ However, general non-hazardous waste frequently ends up in the bag for infectious waste only, mostly due to a lack of awareness, leading to increased treatment costs and decreased recycling.¹

Rethink: Re-framing surgical healthcare delivery can prove to be beneficial for the environment. Future surgeons should be trained and encouraged to opt for one-stage surgical procedures which in the past have been done in two stages. This is more eco-friendly, as it allows shorter hospital stay, reduced expenditures, lesser operating time, decreased drug usage, and lesser utilization of PPE.² Similarly, implementation of alternative techniques for anaesthesia, instead of anaesthetic gases, can decrease their ecological impact.¹³ Use of broad-spectrum prophylactic antibiotics must be rethought,² with their clinical benefit weighed against the harm they pose to the environment in terms of increasing antimicrobial resistance.

Lastly, at times, unprecedented events like the COVID-19 pandemic open the door to several hitherto underutilized options. Surgical tele-consultation services help save travel and associated pollution from vehicles.^{4,7} Moreover, it is high time that medical documentation be computerized for paperless records.⁷

Research: Research is the foundation for evidence-based eco-surgical strategies and interventions.⁴ Particularly important is the evaluation of the safety, environmental impact, and cost-effectiveness of measures pertaining to recycling, reusage, and waste reduction.^{2,13,14} Formation of interdisciplinary groups for regular audits and evaluation of eco-surgical interventions, along with a focus on educational and awareness programmes, are essential in achieving eco-friendly surgical healthcare.

Development of Environmentally Protective Surgical Techniques: In evaluating the environmental impact of surgery, studies have compared the cost effectiveness and carbon footprint of surgical procedures across many sub-specialties. Cataract surgery is the most frequently conducted surgical procedure globally and has a variety of techniques: phacoemulsification, manual smallincision cataract surgery (MSICS), and femtosecond laserassisted cataract surgery (FLACS).15 There is great variability in global waste production in cataract surgery, with phacoemulsification producing between 0.19-4.27 kg of solid waste and 41-130 kg carbon dioxide equivalents (COe) per case, while MSICS produces between 0.18-2.29 kg of solid waste and 40-119 kg COe per case.¹⁶ MSICS has also proven more cost-effective than phacoemulsification, 15, 17, 17 while FLACS is the least cost-effective,15 suggesting that the use of MSICS could prove effective in low-resource setups.

It is important that newly introduced surgical innovations confer ecological advantages, in addition to clinical and cost benefits. The SOFT COAG is a novel and unique mode of the electrosurgical unit, which may be used to control intraoperative bleeding.¹⁹ By generating "joule heat" and automatically regulating output voltage, SOFT COAG denatures proteins without producing carbonization of tissue. This allows intraoperative haemostasis while significantly reducing the use of suturing for intraoperative, lowering both costs and waste production. In addition to improving the efficiency of treating intraoperative bleeds, the SOFT COAG can be autoclaved and reused around 100 times providing a great ecological advantage over single-use sutures in everyday operations.¹⁹ Additionally, a study utilized a new BiClamp reusable sealing instrument along with the SOFT COAG as an alternative to automatic staples in pulmonary resection operations.^{20,21} Within the trial, it was assessed that the BiClamp is an effective alternative to the conventional mechanical stapler in separation of unseparated interlobular fissures in pulmonary lobectomy.²⁰ In addition to having comparative operative time, intraoperative bleeding, and postoperative complications, use of the BiClamp reduced the operative cost, environmental impact, and carbon emissions associated with mechanical staples.^{20,21}

Minimally invasive surgery has displayed lower overall CO2 emissions than open surgery,²² should be the approach of choice wherever possible. However, artificial intelligence-based robotic surgery, which is making great strides, has substantially inferior cost-efficiency and greater waste production.²³ In light of the ever-evolving field of surgery, there is need for adequate prioritization of the environmental benefit of newer surgical techniques, equipment, and procedures.²³

Role of Hospitals in Eco-Surgery: Despite being havens of healing, hospitals worldwide are responsible for considerable amounts of hazardous emissions and toxic waste products. In today's climate, it is crucial that hospitals re-evaluate their responsibilities in relation to environmental sustainability, in order to preserve nature for current and future generations.^{24,25} In recent years, the advent of various initiatives and organizations such as Healthcare without Harm and Coalition for Green Health Care have been vital in introducing and promoting the concept of the "Green hospital".²⁶ Several hospitals around the world have already begun implementing measures to reduce their environmental footprint.²⁷ Recommendations for hospitals in Pakistan are summarized in Table-2.

Policies and Measures: One of the first steps to a more ecofriendly health care system is the development of robust policies. Energy efficiency is one such area of improvement. The health sector consumes significant

Table-2: Specific Recommendations for Eco-Friendly Surgery in Pakistan.

Type of Intervention	Specific measures that can be taken
Policies and Measures	Energy Efficiency
	 employ conservation policies to reduce energy consumption by a certain percentage in every year²⁸ assess baseline emissions and develop appropriate action plans²⁴
	Waste Management
	 develop a detailed waste management system²⁹
	 Employ the use of sustainable non-burn treatment technology²⁸
	Purchase recycled, reusable products
	 Adopt formal environmental management systems adhering to EMAS or ISO standards³⁰
Structural Modifications	◆ Alternative Energy
	 Invest and install renewable energy sources, such as solar panels, wind turbines and CHP technology²⁷
	Built Environment
	 Prioritize incorporating sustainable elements in the hospital design e.g Day lighting, green roof systems, natural ventilation^{27,28} Install energy-efficient lighting, thermal insulation and water conserving equipment Retrofit outdated equipment^{31,32}
Education	 Create awareness of the importance of environmental protection measures among employees
Lucation	 Engaging the workforce through newsletters and holding environmental action days^{24,31}
	 Organize go green campaigns and encourage efficient use of resources
	 Encourage workers to walk or use bicycles and public transportation whenever possible^{27,31}
	♦ Adopt waste reduction and recycling practices ²⁸
Performance Measurement	 Define goals pertaining to environment protection and employ relevant strategies
	 Outline indicators to measure the success of the strategies employed³²
Collaboration	 Create awareness among policy makers and legislative bodies about the detrimental effects of climate change
	 Health ministries must enforce climate friendly policies and develop action plans at national and international levels
	• Agencies financing health care construction should ensure funds are utilized for development of ecofriendly health facilities
	 Incorporate environmental health policies into hospital accreditation standards^{27,28}

amounts of fossil fuels and contributes to considerable greenhouse gas (GHG) emissions. Hospitals must aim to establish an energy usage baseline, as well employ energy conservation policies to reduce energy consumption by a certain percentage in every year.²⁸ In addition, hospitals must periodically assess their contribution to pollution and greenhouse gas emissions and develop action plans for reducing it.²⁴ Moreover, it is important that hospitals develop a detailed waste management system, laying out the protocol to be followed on the special handling, segregation, storage and transportation for hazardous wastes.²⁹ Non-burn treatment technology can be used to ensure that the waste is disposed of in an economical, safe and environmentally sustainable manner.²⁸ In addition, implementation of standard purchasing practices such as buying reusable instead of disposable products, or recycled ones, and prohibiting the purchase of materials containing toxic elements such as mercury and PVC.27 Lastly, adopting formal environmental management systems adhering to EMAS (Eco-Management and Audit Scheme) or ISO standards is a good practice for hospitals to monitor quality assurance and carry out informed actions.30

Structural Modifications: Hospitals should consider

investing in sources of clean and renewable energy, such as solar panels and combined heat and power (CHP) technology, whereby waste heat produced from on-site electricity generation can be captured and utilized as thermal energy for heating purposes.²⁷ In addition, hospitals can plan energy efficiency into the hospitals infrastructure by installing meters to measure electricity consumption, using thermal insulation and conserving water by installing efficient faucets and toilets. Wherever possible, hospitals must prioritize sustainable and ecofriendly designs and plans for hospital infrastructure. Day lighting, green roof systems, natural ventilation and gardens and supporting the use of local, using recyclable materials for construction are a few examples.^{27,28} Furthermore, hospitals should employ the use of ecofriendly technology by setting up cogeneration units, installing inverter air conditioners, and retrofitting outdated equipment.^{31,32}

Performance Measurement: For hospitals, measuring environmental performance is an invaluable tool to assess and reflect on the effectiveness of current policies for environmental sustainability. Following the framework proposed by Blass et al,³³ the first step is to define goals pertaining to environment protection, after which robust strategies are deployed. The effectiveness of these

strategies are measured by selecting performance indicators that are measurable, valid and controllable.^{33,34} These could include electrical power consumption, water withdrawal from source, direct and indirect greenhouse emissions, and unit weight of waste material.³² Performance data should then be compiled and used to inform future decisions and formulate improved strategies.

Education: Healthcare systems can only achieve environmental sustainability with the cooperation and dedication of the workforce involved. Hospitals should aim to make hospital staff and the general public aware of the importance of environmental protection measures and the health sector's role in mitigating climate change. Engaging the workforce through announcements via newsletters, holding environmental action days, and organizing "go green" campaigns" could help embed the concept of environmental sustainability into the hospitals culture.^{24,31} Moreover, hospitals should also encourage workers to walk or use bicycles and public transportation whenever possible to limit emissions, or to take the stairs instead of elevators to reduce electricity usage.27,31 Hospitals could also introduce periodic training programme to teach healthcare workers proper waste management and disposal, and constructively correct bad practices and educate employees about their behaviour.³² Lastly, hospitals should develop institutionspecific waste reduction policies and regularly educate employees about the importance of their role in achieving institutional targets.

Collaboration: Around the world, environmental sustainability policies are either insufficient, poorly funded or entirely absent. It is crucial now more than ever that health systems, government agencies and policymakers take action to reduce the impact of the healthcare sector on the environment. Health ministries must create awareness among policy makers, and governing and legislative bodies, about the detrimental effects of climate change and healthcare sector's role in mitigation. They must also enforce climate friendly policies and develop action plans at national and international levels. Multilateral and bilateral aid agencies that finance health care construction should ensure that funds are utilized to promote the development of ecofriendly health facilities. Institutions that accredit hospitals are encouraged to incorporate environmental health policies into their accreditation standards, thus promoting green hospitals and fostering environmental sustainability. The healthcare sector should collaborate with stakeholders and strengthen cross-disciplinary partnerships to ensure that mitigation measures are not just limited to healthcare facilities, but extend to other sectors as well.^{27,28}

Conclusion

The daily surgical procedures in hospitals have a drastic impact on the environment that goes unnoticed and unaddressed. Small measures at surgical and hospital level can pave the roadway to eco-friendly surgery practices. Establishment of waste management systems, creating awareness, modifying the current structure, utilization of eco-friendly surgical techniques, and implementation of 5R's (reduce, reuse, recycle, rethink and research) can prove to be vital. Although it might be challenging for Pakistan, but gradual changes can help make a better future.

Conflict of Interests: None to declare.

Disclosure: None to declare.

Funding Source: None to declare.

References

- 1. Kwakye G, Brat GA, Makary MA. Green surgical practices for health care. Arch Surg 2011;146:131-6. doi: 10.1001/archsurg.2010.343.
- 2. Sitges-Serra A. Ecosurgery. Br J Surg 2002;89:387-8. doi: 10.1046/j.0007-1323.2001.02032.x.
- Health Care Without Harm. Green Guide for Health Care. [Online] 2007 [Cited 2021 September 15]. Available from URL: www.gghc.org
- Chaplin CL, Wernham AGH, Veitch D. Environmental sustainability in dermatological surgery. Br J Dermatol 2021;184:952-3. doi: 10.1111/bjd.19668.
- Wyssusek KH, Keys MT, van Zundert AAJ. Operating room greening initiatives - the old, the new, and the way forward: A narrative review. Waste Manag Res 2019;37:3-19. doi: 10.1177/0734242X18793937.
- Van Demark RE Jr, Smith VJS, Fiegen A. Lean and Green Hand Surgery. J Hand Surg Am 2018;43:179-81. doi: 10.1016/j.jhsa.2017.11.007.
- Khor HG, Cho I, Lee KRCK, Chieng LL. Waste production from phacoemulsification surgery. J Cataract Refract Surg 2020;46:215-21. doi: 10.1097/j.jcrs.000000000000009.
- National Institute for Health and Care Excellence (NICE). Surgical site infections: prevention and treatment: Guidance. [Online] 2020 [Cited 2021 September 15]. Available from URL: https://www.nice.org.uk/guidance/ng125
- Weiss A, Hollandsworth HM, Alseidi A, Scovel L, French C, Derrick EL, et al. Environmentalism in surgical practice. Curr Probl Surg 2016;53:165-205. doi: 10.1067/j.cpsurg.2016.02.001.
- Kikuchi-Numagami K, Saishu T, Fukaya M, Kanazawa E, Tagami H. Irritancy of scrubbing up for surgery with or without a brush. Acta Derm Venereol 1999; 79:230-2. doi: 10.1080/000155599750011057.
- Wormer BA, Augenstein VA, Carpenter CL, Burton PV, Yokeley WT, Prabhu AS, et al. The green operating room: simple changes to reduce cost and our carbon footprint. Am Surg 2013;79:666-71.
- U.S. Government Accountability Office (GAO). Reprocessed Single-Use Medical Devices: FDA Oversight Has Increased, and Available Information Does Not Indicate That Use Presents an Elevated Health Risk. [Online] 2008 [Cited 2021 July 27]. Available

S-117

from URL: https://www.gao.gov/products/gao-08-147

- Selvy M, Bellin M, Slim K, Muret J. Eco-responsibility in the operating theater: An urgent need for organizational transformation. J Visc Surg 2020;157:301-7. doi: 10.1016/j.jviscsurg.2020.07.001.
- 14. Widmer AF. Replace hand washing with use of a waterless alcohol hand rub? Clin Infect Dis 2000;31:136-43. doi: 10.1086/313888.
- Venkatesh R, van Landingham SW, Khodifad AM, Haripriya A, Thiel CL, Ramulu P, et al. Carbon footprint and cost-effectiveness of cataract surgery. Curr Opin Ophthalmol 2016;27:82-8. doi: 10.1097/ICU.00000000000228.
- 16. Goel H, Wemyss TA, Harris T, Steinbach I, Stancliffe R, Cassels-Brown A, et al. Improving productivity, costs and environmental impact in International Eye Health Services: using the 'Eyefficiency' cataract surgical services auditing tool to assess the value of cataract surgical services. BMJ Open Ophthalmol 2021;6:e000642. doi: 10.1136/bmjophth-2020-000642.
- 17. Gogate P, Deshpande M, Nirmalan PK. Why do phacoemulsification? Manual small-incision cataract surgery is almost as effective, but less expensive. Ophthalmology 2007;114:965-8. doi: 10.1016/j.ophtha.2006.08.057.
- Ruit S, Tabin G, Chang D, Bajracharya L, Kline DC, Richheimer W, et al. prospective randomized clinical trial of phacoemulsification vs manual sutureless small-incision extracapsular cataract surgery in Nepal. Am J Ophthalmol 2007;143:32-8. doi: 10.1016/j.ajo.2006.07.023.
- Sakuragi T, Ohma H, Ohteki H. Efficacy of SOFT COAG for intraoperative bleeding in thoracic surgery. Interact Cardiovasc Thorac Surg 2009;9:767-8. doi: 10.1510/icvts.2009.212696.
- Sakuragi T, Takeda Y, Teishikata T, Sakoda K, Morita S. Is bipolar thermofusion an acceptable option for unseparated interlobar fissure division in pulmonary lobectomy? Interact Cardiovasc Thorac Surg 2013;17:26-31. doi: 10.1093/icvts/ivt113.
- Sakuragi T, Ohteki H. The utility of BiClamp(*) for intraoperative air leakage control in video-assisted thoracic surgery for pulmonary lobectomy. Gen Thorac Cardiovasc Surg 2012;60:781-3. doi: 10.1007/s11748-012-0028-0.
- Power NE, Silberstein JL, Ghoneim TP, Guillonneau B, Touijer KA. Environmental impact of minimally invasive surgery in the United States: an estimate of the carbon dioxide footprint. J Endourol 2012;26:1639-44. doi: 10.1089/end.2012.0298.
- Thiel CL, Eckelman M, Guido R, Huddleston M, Landis AE, Sherman J, et al. Environmental impacts of surgical procedures: life cycle assessment of hysterectomy in the United States. Environ Sci

Technol 2015;49:1779-86. doi: 10.1021/es504719g.

- 24. World Health Organization (WHO). Environmentally sustainable health systems: a strategic document. [Online] 2017 [Cited 2021 July 31]. Available from URL: https://www.euro.who.int/en/healthtopics/Health-systems/public-health-services/publications/2017/ environmentally-sustainable-health-systems-a-strategicdocument-2017
- Ulhøi JP, Ulhøi BP. Beyond climate focus and disciplinary myopia. The roles and responsibilities of hospitals and healthcare professionals. Int J Environ Res Public Health 2009;6:1204-14. doi: 10.3390/ijerph6031204.
- Weisz U, Haas W, Pelikan JM, Schmied H. Sustainable hospitals: A socio-ecological approach. GAIA 2011;20:191-8. DOI: 10.14512/gaia.20.3.10
- Atkinson J, Campbell-Lendrum D, Dora C, Fletcher E, Kuesel A, Osseiran N, et al. Healthy Hospitals, Healthy Planet, Healthy People: Addressing climate change in healthcare settings. [Online] 2009 [Cited 2021 July 31]. Available from URL: https://www.who.int/publications/i/item/healthy-hospitalshealthy-planet-healthy-people
- Health Care Without Harm. The Global Green and Healthy Hospitals agenda. [Online] [Cited 2021 July 31]. Available from URL: https://noharm-global.org/issues/global/global-green-andhealthy-hospitals-agenda
- Thakur V, Sharma S. Assessment of healthcare solid waste management practices for environmental performance: a study of hospitals in Himachal Pradesh, India. Manag Environ Qual 2020;32:612-30. Doi: 10.1108/MEQ-08-2020-0168
- Seifert C. The barriers for voluntary environmental management systems-The case of EMAS in hospitals. Sustainability 2018;10:2-19. Doi: 10.3390/su10051420
- 31. Seifert C, Guenther E. Prevention is better than cure-Environmental management measures in hospitals. Corp Soc Responsib Environ Manag 2019;26:781-90. Doi: 10.1002/csr.1720
- Migdadi YKAA, Omari AA. Identifying the best practices in green operations strategy of hospitals. Benchmarking 2019;26:1106-31. Doi: 10.1108/BIJ-09-2017-0242
- Blass AP, da Costa SE, de Lima EP, Borges LA. Measuring environmental performance in hospitals: A practical approach. J Clean Prod 2017;142:279-89. Doi: 10.1016/j.jclepro.2016.07.213
- 34. Blass AP, da Costa SE, de Lima EP, Borges LA. The measurement of environmental performance in hospitals: A systematic review of literature. Sustainable Operations Management 2015:75-102.