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## **DECISION BEFORE INCISION**

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Decision making is very vital in all aspects of life, no matter how simple it is. The British use to say "it is always easy to be wise after the event".

The question arises; why not to be very wise before the events? is that impossible or difficult, I think no, it is very possible for those who carry wisdom, and difficult for those who are rush and ignorant.

In surgical practice, wisdom comes on the top of all priorities, so that complications will come to the minimum possible.

Sadly still on this earth there are many of surgeons who believe in doing surgery as soon as possible probably because of motives, which does not include the patient's benefits, on the other hand, it may include the surgeon's financial gain. So they believe in incision before decision. To them I believe, it is vital to have a prolonged history taking, to probe the patient's brain in order to get everything out of it.

Proper history taking is the key for success.

By proper history taking we can avoid so many expected and even unexpected complications.

By proper history taking we can get an ideas about previous similar condition, previous surgery with any sort of complications including anesthetic complications.

Bad habits can spoil the outcome of surgery, no matter how simple it is; like the level of hygiene and health education, smoking, alcohol consumption, addiction, and prolong use of harmful medications such as steroids which have a deleterious effect on the immunity or taking contraceptive pills which may increase the risk of deep vein thrombosis.

By proper history, it is possible to detect bad hobbies & habits, and personality disorders.

The motives behind surgery and the personal gain, should be seriously considered.

To complete the story of decision before incision, a proper physical examination is mandatory, by doing so, we may discover something the patient is not aware of its presence and probably it is behind the said pathology like a painful breast mass, bad odour of urine and bowel gases which may indicates loss of sphincter control. A silent axillary lymph nodes may indicate the presence of lymphoma. By proper physical examination, the source of pain generation can be discovered if there are more than one pathology, keeping in mind there might be an obvious symptomatic lesion and a hidden one. To avoid infection, it is vital to look for a hidden chronic focus of infection like otitis media. Anomalies and anatomical malformations may spoil the outcome of surgery. Sadly some patients in our locality may hide vital points, because they feel shy to show or to tell about.

Proper investigations are required to make our decision. Based on sound information, investigations are carried according to the provisional diagnosis. Accidental findings which are far away from our thinking should not be ignored.

A correlation between clinical findings and the results of investigations is mandatory.

After all of the above, a decision making for the line of surgical treatment should be tailored to the specified pathology, special consideration should be given to the stage of the disease.

The patient must be mentally prepared and ready to accept surgery from all points of view, so surgery to be done in the time which is convenient to the patient, unless it is emergency surgery. The surgeon should match his level of experience with the required effort to perform that particular surgery, his familiarity with procedure is required, his past experience on similar pathology, the available facilities, the required instruments, machines, fixators, all should be available prior to putting knife on the patient's body. Fair enough to ask for support from experienced colleague or to refer the patient to a center with superior facilities to achieve the best possible outcome.

If the above sentences are considered seriously by the surgeon to make a solid base decision prior to incision, we can keep ourselves and our dear patients far away from disastrous or painful outcome. It looks very simple, and nothing new was mentioned expect what was forgotten.

Finally, for those surgeons who consider incision before decision, we say; God Lord deliver our dear patients.

"It is always easy to be wise after events"



