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## **THE SURGEON OR THE SURGERY**

### **(THE NON OPERATIVE HAZARDS OF OPERATION)**

**A SAFE AND QUIET SEA DOES NOT MAKE A GOOD SAILOR**

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Perfect outcome of surgery is the goal for all those concerned. Probably the surgeon is the first to be happy, sad, or even disappointed. To achieve the optimum, the surgeon should perfect himself from all points of view.

In mind, the anatomy, the technique, the theoretical background and before this and that, we have to be sure of two points; one is the patient fit for this particular surgery and the second is co-morbidities which should be considered as top priority.

Sadly, so many bad events spoil the name of surgery, leading to bad outcome which is counted on the surgeon's side, but if we look in depth, the surgeon is blameless.

He is not guilty under any condition. Personally, I faced so many of these bad events and paid high prices. I remember a patient who recovered from cervical laminectomy with quadriplegia leading to death later on, because he was an old man, hypertensive to start with, becoming hypotensive at the time of surgery which led to ischemia of the cervical cord. So, the journey of anaesthesia should be monitored very well by the surgeon before the anaesthetist. The surgeon should divide his eyes between the monitor and the field, because some anaesthetists will not tell the truth after happening of a disaster.

The position of the patient may lead to stretching of the nerve, prolonged pressure leading to skin sores, or even deep vein thrombosis. This is obvious if two-stage surgery is required at the same time and when the patient to be operated upon is already having some sort of abnormalities. Blood incompatibility at the time of surgery may appear in the field as profuse bleeding or dark coloured blood, leading to many disasters including renal failure. The cautery which is a very useful device may be very harmful at some occasions. One of my patients recovered from anaesthesia with complete paraplegia because the amplitude of the cautery was not controlled to fit the required level. The least problem arising from cautery is extensive tissue necrosis and skin burn away from the field of surgery.



Tourniquet, as a useful tool and a life-saving measure, may blacken the picture of surgery if applied for longer than the allowed time, or the limb was already ischemic, or the pressure was too high. I have seen three cases of nerve palsy in the upper limbs after tourniquet application. Also, we have to keep in mind; there are contraindications for tourniquet application. A breakage through perfect sterilization whether in the environment, instrument, toweling, or operative bed, may lead to infection? We used to say surgeon is never blameless if infection happens. That is true to some extent because; so many factors may be behind infection including the patient himself, the nursing staff, and heavy traffic in the theatre, instruments, machine, and more. Thanks are addressed for the disposable; it helped to a great extent in reducing surgical infection.

Delay in the expected time of surgery due to avoidable reasons is really painful, because it may lead to anaesthetic complications and even infection.

The need for surgical tools or instruments at the time of surgery may add some troubles, either because, it is not the one required, not well sterilized, or it might lead to some delay. So, it is mandatory to achieve perfection in the preparation from all ends.

The intravenous line which is considered as a mandatory safety valve, may become a venue for disaster like giving wrong medications or allergic drugs to the patient and worse than all, is death. The Daily Express (U.K.), Friday July 22, 2011, reported five deaths in Manchester because of intravenous fluids contaminated with insulin leading to fatal hypoglycemia.

The outcome of surgery is not always at the hand of surgeons. Many factors may spoil the expected outcome and the sad news they are beyond the surgeon's will on so many occasions. But the good news; is that the surgeon remains blameless, not guilty by the sin of omission or commission.

Sometimes the surgeon is a price payer for a bad reputation arising from a patient with psychological background modifying the outcome of surgery because of this odd feeling.

Finally, identifying all the negative points remains within the surgeon's boundary. He must straighten and pave the road for the near future. Everything required should be ready and perfect prior to any operation, no matter how minor it is, to avoid disaster and dangerous storms which usually counted on him and can spoil his name.

## **THE ACCUSED IS INNOCENT UNTIL PROVED GUILTY**

