

**WHERE ARE WE FROM THE ART OF AVOIDING
COMPLICATIONS
"LUCKY IS THE ONE WHOSE MISTAKES CAN BE COUNTED"**

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"All of us must be better informed. It is necessary for us to learn from others' mistakes. You will not live long enough to make them all yourself".

(Admiral Hyman G. Rickover)

Sadly, complications are part of the surgical career whether we like it or not; some are avoidable and some are inevitable. The advancement in surgery necessarily has created new complications that require new solutions.

All of our concepts evolve, particularly as diagnostic and therapeutic technologies improve. Pitfalls or problems seen today provide opportunities for research and improve patient care in the future.

Almost all complications can be avoided if we are fully aware of it, because we see what we look for and what we think about, no doubt prophylaxis is the best treatment. Expectation and precaution are superior to the best offered treatment for complication. Unfortunately we may face formidable complications despite all the precautions offered in advance. Very unexpected or undue complications may be faced by the surgeon, and even for unknown reason, so we can confidently say the surgeon is blameless. On this occasion this is very unusual, and the usual is the surgeon is guilty either by the sin of omission or commission.

The complications of anesthesia and the non operative hazards of operation are usually counted on the surgeon side. So the surgeon may pay three prices, one for his complications, one for the anesthetic complications and one for the non operative hazards of operation. Thus failed surgery may be more or less a case of failed diagnosis on the part of the surgeon than anything else. In life generally, when faced with difficult times or periods of confusion, it is always beneficial to get help from your friends. In surgery those constant and loyal friends are your colleagues and the principles of anatomy, pathology and surgery if you miss them you will miss your way, and if you stick to them you will easily find your way.

Complications may arise from the surgeon side, the patient side, and the lack of facilities, the pathology itself or de novo. The surgeon may reduce but never abort the complications by sticking to so many golden rules which should be kept in mind. What



come first are the three selections, selection of the proper patient, selection of the proper procedure and selection and execution of the proper surgical technique.

Aberrant structures and anatomical variation may lead to disaster if the surgeon is not aware of it. Getting a picture about the pathology i.e. achieving the precise definitive diagnosis which can only be achieved by selecting the proper images and laboratory investigation preceded by history and physical examination will certainly help in lowering the incidence of complications. Ignorance of some minor steps like, proper anatomical closure, perfect haemostasis, and drainage may spoil the outcome of a super major surgery no matter how perfect and neat the technique was. One common mistake is to operate on a positive investigation rather than positive physical findings. So the question that should be answered prior to surgery is: does the patient's history and physical examination correlate with the imaging and laboratory findings?

Because better outcome and less complications are always in the first operation, it is much better to make the best plan to eradicate the pathology in the first attack particularly in our locality, where the decision for the second operation is difficult to be accepted, and if accepted it is accepted bitterly or on the philosophy of no other choices.

Probably one of the most leading causes of complications is the lack of proper evaluation of the patient psyche. So special consideration is needed for the psychological status of the patient.

The ethical points which are not usually practiced here in Basrah, needs a special emphasis, we are in need for a prolonged confrontation, to clarify every aspect of the planned procedure, and this naturally will facilitate the written consent which is mandatory prior to every surgery no matter how minor it is.

Probably one of the most common complications in our locality is infection. It is a real disaster, we face it everyday, infection spoils every thing, blackens the reputation of the surgeon and brings bad name for the surgical intervention as a whole. To avoid infection we have to obey many rules, like respecting the tissue, utmost cleanliness, eradicating a hidden nidus of infection prior to surgery and giving special attention to the prophylactic measures.

Special emphasis should be given in the post operative period. Watchful eyes for the expected and even for development of the unexpected complications is needed, because the earlier we detect the complication, the better is the outcome. It is impossible sometimes to eradicate complications when discovered so late.

Multiplicity of one pathology or the presence of more than one pathology may confuse the picture, and create what is called the half way surgery. Another point is which site or which pathology should be tackled first.

Sadly, some pathological process will definitely lead to morbidity or even mortality no matter how perfect was the decision and, how neat was the operative procedure. The patient himself may play a role in the development of complications, sometimes deliberately for a personal gain and sometimes because of ignorance and lack of education so a warning attitude for a percentage of patients is mandatory. The lack of personal hygiene may lead to infection, lack of confidence in the surgeon or even the hospital may make the patient troublesome and uncooperative.

Some operations need a proper facilities otherwise it can never be performed, as wanted or expected, so it is necessary to be sure of the availability of the required instruments or machines prior to any operative interference. Certainly, it is foolish to operate if you do not have the proper tools and the perfect field.

The surgeon should ask himself; the following questions immediately after any complication:

- Was he behind the complication, partly or totally; is he guilty or blameless?
- Was it possible to avoid the complications?
- How should he plan for the future to avoid having the same nightmare?
- Is it possible to get a good decision out of bad experience?

Finally, learning the art of avoiding complications is a must prior to practicing surgery because this will minimize if not eradicate the complications. The secret is to operate on the right patient from all points of view, in the right place where all the required facilities are available, in the right time to avoid delay, by the right hand of the experienced surgeon in that particular pathology, and this is the art of medicine.

(Decision should always come before incision)