WHAT IS WITHIN THE SURGEON'S CONTROL AND WHAT IS BEYOND?

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The good outcome of surgery is the goal and what everybody is looking for. Sadly and particularly in our locality, the outcome is always thrown on the surgeon's side; not taking into consideration and even sometimes, ignoring many factors that may lead to the success or failure of this type of battle.

All are concerned in obtaining fruitful outcome of the surgical interference; but this is not always achievable because of so many related factors.

We have to admit that the outcome of a surgical interference is not a real evaluation of the surgeon's competence. The surgeons, on so many occasions, are blameless; but at the same time, they may be guilty by the sin of omission or commission. They are supposed to perfect themselves in all corners, even in the hidden parts of their field. They should expect the impossible to guard against in. In the way that normal anatomy is well known to them, they should realize the existence of anatomical variations which might lead to real disasters.

High index of patient selection, perfect surgical technique, wide & recent theoretical background and a meticulous follow up of their work, will certainly minimize the bad
outcome to a great extent. Exchanging opinions with colleagues whether seniors or juniors may clarify so many dark spots and make the success at hand.

All the above points are within the surgeon's control, and he is supposed to master and digest them perfectly; otherwise he will be guilty by the sin of omission or commission.

At the other end of the field, there are so many factors contributing to the failure of the surgical interferences, where we can consider the surgeons blameless despite the sad news of failure which makes the surgeon disappointed, though it is beyond his will.

In our locality, we frequently face the problem of late or very late presentation that makes the cure almost impossible. This is probably related to lack of education or lack of awareness.

The aging process reduces the healing power, delays recovery, reduces immunity, and makes complications quite possible. The nature of injury or any other pathology plays a major role in determining the outcome of surgery.

What is agreed upon, is the great inter-individual variation in response to the given medications or in the metabolic response to injury. Some patients hide the truth for a hidden reason in their brains which may make the results more favorable. The presence of more than one pathology in the same patient may interfere with or even make the cure impossible.

Patient’s ignorance, lack of cooperation, and disobeying the instructions will certainly darken the field. This may be related to a hidden psychological upset which the patient refuses to admit.

In war environment or difficult circumstances, the facilities are usually lacking or not available, including lack of water and electricity. In that case, the surgeon is definitely blameless.

Commercialization of the career is a problem recently appearing in the market which may take the form of poor suture materials, poor orthopedic fixators or even false medications from bad companies, which may really spoil the name of the surgeon.

Drug side effects, interactions or allergy, may frighten the patient and spoil the outcome. The mistakes or bad behavior of the anesthetists, staff or colleagues will surely be counted on the surgeon's shoulder. We also, have to admit that there are unexplainable facts leading to unexpected bad outcome.

To sum up, we can reduce the bad outcome to some extent, but we cannot abolish the disastrous or painful outcomes, and what is within the surgeon's control is much less than what is beyond his control. So, the successful outcome is not always achievable and the surgeon is not always guilty.