

"BY PROPER PATIENT SELECTION WE CAN AVOID SO MANY COMPLICATIONS"

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There are many different ways of reducing the incidence of complications. Probably one of them is answering the question "is the patient fit for surgery?". To add more "is he fit for this particular procedure or a second option is more precise".

Being aware of this vital point will certainly reduce the surgeon's rather than the patient's suffering. Prolonged morbidity or even mortality was the outcome of poor patient selection all over the globe.

Surgeons need to be direct in answering questions, to acknowledge the limits of their understanding and to encourage specialist consultation when the clinical situation warrants it. They also need to create a therapeutic climate in which patients and their families feel free, when necessary, to express their concerns about treatment or to request a second opinion.

Unfortunately, surgeons are notoriously variable in their ability to assess and predict complications in their patients prior to surgery. Education is off course integral to the good treatment of any illness, but this is especially true when the illness needs surgery. Patients and their family members should be encouraged to write down any question they may have, as many individuals are intimidated once they find themselves in a doctor's office. Any information that is given orally to patients should be repeated as often as necessary. In addition, it is vital to look for the patient and his family response to the information given. The patient psyche and behavior prior to surgery is never the same after the development of complications and after poor or even unexpected results. Some patients are looking for the impossible; they have reached the state of disbelief in reality.

Some jobs or the feeling of future losing of job may leave a bad print on the patient's behavior.

In mind, there are so many parameters to be considered to achieve the goal of proper patient selection. Patient's fitness to surgical procedures is divided into physical and psychological fitness. The physical or organic fitness, is either locally related to the diseased parts or to the body system as whole. Certainly, the bigger the procedure, the more is the metabolic response, and more is the need for better pre-operative evaluation.



To perform any particular surgical procedure, a proper matching of that surgical procedure and the patient's general or local condition is necessary.

Fitness to surgery can only be achieved on a high profile level, i.e. prolonged and clear interview, probing of the patient's brain, and critical evaluation of the physical and mental status.

So many questions in the surgeon's brain should be answered before drawing the specific map of treatment. The surgeon should be fully aware of the evidence based procedures for curing a particular pathology, and he is the one to choose which is which for this specific lesion depending on solid scientific basis.

Some surgical procedures are one way valve or a river with no end. They may affect or even destroy some vital patient's desires or lead to functional disability. The question here, is the patient ready to accept this drastic change? Is he able to cope with the new style of life? Is he ready to tolerate complications? And how patient is he? Next but equally or probably more important than the pathological process is the psychological status.

Being aware that psychological background will help very much, it is vital to stabilize the personality prior to surgery. Some patients are marginally adjusted with definite risk of getting worse after any surgical procedure no matter how minor it is. No way to say the surgeon is blameless because of time shortage; he is guilty by the sin of omission or commission.

Patient understanding of the procedure, the particular requirements, his willingness to co-operate and to follow instructions, his awareness of the seriousness of his condition and his financial and social status, all are very vital points to be considered as far as a trouble-free and successful outcome is the goal.

No two patients are alike, there is individual variation in response to the same pathology or procedure. Some patients are nice, polite, very co-operative, or even lovely, others are trouble-makers, even for no or a tiny reason; they try to make something from nothing. Probably, they are inherently trouble-makers, because they were arising in a trouble-maker family. So it is vital to have some ideas about the family background. The family plays a major role in ameliorating or intensifying the patient's response to complications. It is of great value to clarify the expected complications and more important, it is not enough to clarify the expected complications, but to be sure of the patient's response to bad outcome. We have to learn how to read eyes and brains rather than planning a procedure depending on hearing the patient's reply.

Searching for any odd intention in the patient's brain is very vital. Surgeons should be pretty sure that there is no trace of compensation neurosis.

In emergency condition the selection is out of order.

Despite all the years of my surgical experience, I cannot deny falling in the trap of wrong patient selection many times. It seems, it is not that easy art to learn and here I am to say confidently; Complications can be avoided to great extents only by applying the policy of high index of patient selection; it will keep you away from nightmares because it is one of the golden rules in surgical practice.