

Unnecessary operations

We surgeons have for ages been accused of being overly quick with our knives. "When in doubt, cut it out" was a cliché commonly heard defensively, some years ago, at a clinicopathological conferences when cases with negative exploration came up for discussion. It is also true that senior surgical residents in a pyramidal training programme have been bypassed for a chief residency or other promotion, just because they were not aggressive enough. Granted, that with the present day level of sophistication of diagnostic methodology and safety of surgical and anesthetic techniques, the most reluctant surgeon is not necessarily the best surgeon. Masterly observation that used to be the hallmark of the astute surgeon, is fast becoming obsolete. But surgeons should never operate in the absence of genuine indications; they should never create work where none exists.

Advertising

Nor should they stoop to advertising | availability of their services. Wall sized sign boards, press interviews with thinly veiled bloated claims of superior competence and television appearances with equally pompous tales of personal triumph should all be shunned and never be allowed to become the norm.

Who should the patient turn to for guidance as regards surgery ?

Very often the first doctor that a patient sees is a surgeon, whom he visits after an injury or other acute surgical problem. The family practitioner system is, in Pakistan, still at an early stage of development, and there are insufficient number of established family doctors to cover the entire population. In such a setting, the patient may never see another doctor again, and may wish to adopt the surgeon as his family practitioner. This is a role that surgeons should not be tempted to play. There are enough young doctors who can be guided to look after family health. Surgeons should confine themselves to surgical work.

Which surgeon ?

There are no hard and fast boundaries between specialities. The best man suited to do a job should do it. Let his own conscience be the judge. But the specialist, by virtue of concentrating his practice to a smaller field, achieves and maintains a higher level of manual dexterity and competence. Surgical referrals therefore should not always be from physicians or general practitioners; there is no reason why surgeons should not refer to one another.

Let each surgeon pickout his field of interest. But concentrate on that speciality, improve his skills and struggle for excellence in that field. Such devotion and dedication will never go unrecognised by patients and peers.

Khalid Durrani

EDITORIAL

OF SURGERY SURGICAL PEDLARS AND SURGEONS

Pseudosurgeons

Many years ago, when I was training as a house surgeon, I learnt that a not too brilliant classmate with only a few weeks' unofficial exposure to the emergency room experience had developed a roaring surgical practice. He was famous for removing an appendix in ten minutes under local anesthesia and that too without any assistance. The clever surgeon kept a genuine gangrenous appendix in a specimen bottle (obtained under some pretext from one of the surgical units) to exhibit to the patient and his grateful relatives. This pseudo-surgeon was exposed when one of his victims, developed appendicitis and needed an emergency laparotomy, some months after a skillful pseudoappendectomy by him.

All who heard the story were shocked and ostracised him and wished that he be struck off the medical register.

Who should look after your postoperative patients ?

A couple of weeks ago, I went to have my car airconditioner serviced at an old acquaintance's garage. The proprietor's wife greeted me at the gate. She had been lured into having a face-lift done by a qualified roving plastic surgeon who had been on a whirlwind visit to the city (to the country, as a matter of fact, as I learnt later), and whose visit had been greatly publicised in advance. His peripatetic schedule was not notified to the patient who was unaware of the fact that she would not be looked after post-operatively by her surgeon. The surgeon's public relation efforts had been so effective that he had been kept extremely busy during his short visit. In fact, so busy, that he had had this unfortunate lady starve an extra six hours as he was operating in another hospital. The surgery had then been done in a hurry and major hematomas had developed under the flaps, and the facial nerve branches traumatised during surgery. The super surgeon had left the country the next day and the complications had not been adequately taken care of. Diplomacy demanded that I reassure the patient that the complications she had developed although serious in nature, were not unheard of and remedies existed for their amelioration. I avoided allusion to the dictum that the surgeon supervise his own postoperative care.

Conservative Surgeons

A few years ago, I was called in consultation by a very respectable surgeon in a very respectable hospital, to see a very important (and naturally very rich as well) patient, with a small palm sized deep burn in the flank. He had been languishing in the hospital, for ten weeks on conservative therapy (meaning therapy, just dressings), and was rather impatient to get out of this dull place. I was appreciative of the respectable surgeons predicament. Professional courtesy however demanded that I assure the patient when he was checking out of the hospital just one week later, (having been duly skin grafted the day after the above consultation), that he had been very well looked after, and that sometimes prolonged conservative treatment was the best preparation for small skin grafts !

Not all surgical conditions require an operation on the first visit. But the surgeon will know best when to switch over from a conservative to an operative therapy. There are legitimate situations for a surgeon to be involved in during the period of observation. What is expected of a surgeon in such circumstances, is to know when to introduce an operation, and when to hold back with a scalpel. Needless to say that the patient's best interest comes before anything else.