

Mishaps and Errors in Surgery: A New Chapter (Review)

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ABSTRACT

Health providers either a physician or specialized surgeon make mistakes. They may do errors in procedure, interpretation, ignorance or indeed, seldom, and recklessness. Although in every event, a patient may suffer each time whenever a mistake happens. Despite of that event, every point an error transpires, a case may feel. One fails to uphold one profession's rudimentary oath: "First, do no harm." At the cessation be forced to decide to gather all the errors and mistakes made by a dental surgeon or a medical professional and aimed to script it. In this reader, surgeons, health providers and medical professionals can obtain a panel of delegates and article proceeding with the approach of studying from errors moreover should not execute it again and again.

Key words: Complication, error, mistakes, surgery

INTRODUCTION

Most of the patients believe in the expertise of our doctors and hospitals. Medical error is a particularly serious problem, and efforts should be made to reduce it. Sometimes favorable post-surgical consequences can see in surgery due to effects of any oversight treatment plan. Apologies are crucial in managing the relationship with the patient, and it can be established on belief and mutual admiration. Several surgical or medical errors are generated by people other than doctors, the indicated are acknowledged as quacks.^[1]

ERRORS

A medication error^[2] is "a failure in the treatment process that leads to, or has the potential to lead to or

harm to the patient." Effective communication and teamwork are essential for the delivery of high quality and safe patient care. Inadvertently communication failures greatly harms to patients.^[3]

The aforementioned errors can be classified according to severity of damage made by surgeons to patients are as follows:

- Errors done by operating surgeon:
 - Misdiagnosis together with incomplete knowledge
 - Incomplete documentation and communication with patients
 - Post-surgical complications
 - Suggesting un-necessary surgery, test and procedures
 - Unethical practice and consent form not taken.
- Errors done by operation theatre (OT) technician and operating assistant:
 - Incomplete documentation and post-operative care
 - Maintenance of sterilization and asepsis
 - Lack of knowledge.
- Errors by patients:
 - Taking medicine from un-authorized and non-degree person

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- Not follow proper command and prescribed instructions
 - Incomplete, incorrect or suppressing acquired facts.
4. Miscellaneous:
- Errors by anesthetist
 - Improper diet and nutrition
 - Improper follow-up.

Operative Errors are Not Uncommon

Each operating procedure may involve some measure of risk or dilemma, and even then, some indicated risks can compound the errors. About many time complications occur in surgery, and these are just reported mistakes and not to be taken precaution by the surgeons for better treatment in the future.^[4] Errors during surgical methods can involve anesthetist errors, wrong-diagnosis, un-ethical practice, incorrect or improper incisions, nerve injury and (the classic) leaving materials such as towel, surgical sponges inside a patient immediately upon closing an incision.

Errors done by surgeons

- a. Misdiagnosis together with incomplete knowledge. Patients are misdiagnosed too many times and most don't understand in order that they are at peril of misdiagnosis moreover, receiving the wrong diagnosis can be devastating. Sometimes patients have symptoms that persist, or doctor prescribes treatment but it does not seem to work. If so, the patient has not been correctly diagnosed, or that surgeon has failed to notice some important diagnosis. While it seems like missed diagnosis, and faulty diagnosis would be uncommon, but can be found that they are more common than anybody can think. Early recognition of the problem in patients is important for post-operative risk management.
- b. Incomplete documentation and communications with patients. Incomplete documentation for post-operative care and medication at discharge by operating surgeon is common particular. Unfortunately, incomplete information with patients of any kind by surgeons reduces the confidence and affinity toward the surgeon. The completion of incomplete information will immediately release the negative emotions by patients. The conclusion of inadequate information will instantly clear the negative emotions that any operating surgeon/medical professionals have about that patient.

- c. Post-surgical complications. All surgical procedure comes with a risk of complications. They range from simple fatigue to potential fatal blood loss. The greatest rate of post-operative complications is between one, three and 5 days after surgery. Individuals may experience complications and discomfort differently. Any post-surgical complications rest on facts as age, overall medical and past surgical history, Extent of the disease, surgery and tolerance (immunity) for a specific medication, procedure or therapies. Complications may include shock, hemorrhage, wound infection deep vein thrombosis and pulmonary complications, etc.
- d. Suggesting un-necessary surgery, test and procedure. Unnecessary surgeries are often related to wrong diagnosis or conclusion without peculiar attention of other possibilities or perils. The reason operative surgeon asks their own patients to undergo too many tests or recommend to many treatments because they are afraid of missing a serious diagnosis and can lead to something bad to patients. During pre-surgical evaluation to other alternatives physicians frequently order a battery of tests. While recommending un-necessary surgeries is not an act of medical malpractice in and of itself, there is an always serious risk in any surgical procedure.
- e. Unethical practice and consent form not taken. Surgeons have been equated to god as they are the preserver of health and save lives. Over centuries, the medical fraternity has maintained the moral and ethical standard. Though in the current times, unfortunately, there has been a definite deterioration in ethical conduct of some of medical as well as surgical treatments. Materialistic influences have created profoundly self-seeking mentality, and even though involving in trained pursuits at occasions they forget the understanding of the moral and noble values of humans in their profession. There have been historical cases of un-ethical research that have been contributed to how a dental professional work with participants was today. The doctor especially in private practitioners is warned by their council to exercise strict restraint while dealing with business representatives. They should not accept benefaction, conference registration and any material by which doctors are made to prescribe the brand medicine. Medical practitioners have developed into a profession in which patients are not treated as patients. They are supported to be a client or customer-or better still-cows are waiting for milked.

Quackery is a medical practice and opinion based on understanding and practice in ignorance of scientific findings. Quacks are fake health specialists who have neither any medical or surgical degree nor claim to have learned the art of working as a compounder with any city surgeon or pharmacist. Quacks are dangerous as they misdiagnose, prescribe steroid, mix their own remedies and buy cheap, out of dated antibiotics and sell these to their patients. Surgeons often conduct the diagnosis, surgeries, medication without obtaining informed consent of patients. A surgeon is bound to inform the patient about procedure, side effects, etc. related to treatment of the patient before obtaining his/her consent for same. The patient's consent should be specific, informed and voluntary.

Mistakes done by OT technician and attendants

- a. Incomplete documentation and post-operative care. The primary purpose of documentation of patient care is communication amongst health team members. The content of the documentation consists of information about the patient's conditions, responses to illness, and the care that is provided.^[5] The ultimate goal is the promotion of quality of care. However information, assessment and documentation post-operative care and complication by nurses are often a problematic by hospitalized patients. The nurses and hospital; staff are responsible for the evaluation analysis, planning, implementation and evaluation of patients nursing care.^[6]
- b. Maintenance of sterilization and asepsis. Preventing operational site infection in the operating room is the prime purpose of the operational unit, and all surgeries implemented in the operative theater by the operative unit are responsible for promoting this goal. The goal is to achieve proper asepsis, which involves an environment that is independent of toxic microorganisms. Every healthcare setting has its own set of techniques for managing asepsis. The result of aseptic procedure and sterilization depends on either all methods are completely understood. It is the duty of the surgical unit members to generate a healthy surgical moral, adhering to the systems of asepsis and amending any unsuited manner observed in the operating room.
- c. Lack of knowledge. An operating surgeon also appoints a designated surgical technologist/operative technician, should

be a qualified specially trained person whose job is essential for people undergoing the surgery. The purposes of operative technician may differ among countries and also depends between medical amenities within a country. Surgical technician's courses are thoroughgoing specialized education about assisting in surgery, usually persisting from about 1-2 years, either at community or professional colleges.

Errors by patients

- a. Taking medicine from un-authorized and non-degree person and
- b. Not follow proper command and the prescribed remedy. Patients should not buy or take medicine from any un-authorized or non-degree person. All medicines have risks and benefits. Not Ever take medicines without discussing the surgeon in consequence of it may be injurious to health. Maxillofacial or dental Surgeon has weighed up the risks of using each medicine against the advantages they look forward to it will produce for patients. Medicines are over there to fight the diseases and promote good health, but if misused than one's health is considerably impaired. Surgeon or physician can make aware that this medicine can because addiction so the health care provider may prescribe the proper medication along with how to take it and for how much time. Doctor may additionally help to take the suitable medicine that what one is taking on his own.
- c. Incomplete, incorrect or suppressing acquired facts. The doctor-patient relationship is fundamental to the tradition of healthcare and is necessary for the distribution of high-quality health concern in the investigation and medication including surgery for cure of that disease. The surgeon-patient relation is usually one of the pillars of modern medical ethics. The patient must have faith in the ability of their surgeon and must trust in him or her. The patient should have the freedom for self-determination, to make autonomous decisions about the surgery and the operating surgeon.

Miscellaneous

- a. Errors by anesthetist: Intravenous medicines have rescued the lives of millions of patients. However, in consequence of errors the enormous number of doses and various medications delivered via Intravenous route may sometimes denote a notable health attention enigma.

Modern safety management of anesthetic complications pattern has changed with the advent of safe anesthesia drugs, devices and by monitoring the sound quality equipments, but the application of poly-pharmacy; difficult operation circumstances and involvement of multilevel medical and paramedical staff exposes these areas to potentially life-threatening error at some point of the surgery.^[7] Anesthesiologists are those who are exclusively liable for saving life of the patients, drug administration, and conclude the surgery without any peril.

During anesthesia most drug errors are totally or partially attributed to human that error is an inherent part of human psychology and activity; hence, the occurrence of the error can only be reduced and cannot be eliminated.^[8]

Anesthesiologists have a tremendous responsibility for not only keeping a patient completely sedated during surgery, but for managing their vital signs and proper oxygenation.

b. Improper diet and nutrition.

Consuming adequate calories and protein is required for highest successful healing and rehabilitation process after major surgery. However, the intensity of operative surgery may deject the hunger, alter the taste of food or give it arduous to eat and digest food-sometimes for an elongated duration. In fact, some people may lose consequential body mass after an influential surgery, in consequence of inadequate appetite. Inadequate nourishment can lead to dehydration and may lengthen or diminish recuperation. If eating difficulties persist, individuals should check with their surgeons for alternative.

c. Improper follows-up.

Once a course of treatment for illness, injury or astringent trauma of the craniofacial region scheduled, must the surgeons follow-up customarily to keep up-to-date about the patients after completion of the surgery. Sometimes, medical staff is said to change previously prescribed medication, but it is not suitable decisions regarding continuation, cessation or modification of the treatment plan. If the surgeons offer a surgery and then spend it to go on without routine follow-up, this is medical negligence. If the operative procedure engenders any side-effects or other injuries to the patient, the surgeon may be held answerable. Surgeons are well-accommodated in rendering treatment

suggestions predicated on precise evaluation, not plaintiff's subjective claims or descriptions of the history of care. Unfortunately, in the health profession mistakes could result in serious consequences for the patient and can lead to the surgeon answerable.^[9]

CONCLUSION

Medical science has made tremendous progress in recent times with advanced treatment available for all ailments. Today surgeries in hospitals are very prevalent, but the common man who has consummate faith in his or her medical professionals or oral health care provider keep the patients in dark about the authentic requisite of surgeries. Reducing the number of medical and dental errors and ameliorating the replication to errors should be number one goal. Many works remain to be made, and there are yet many things to be learned, but the consequential problem is those systems, process amendments and recommendations are presently occurring into place. All that discussed in this program proves a call to action to make health care harmless for the patients.

REFERENCES

1. Schwartz B. Errors in dentistry: A call for apology. *J Am Coll Dent* 2005;72:26-32.
2. Aronson JK. Medication errors: Definitions and classification. *Br J Clin Pharmacol* 2009;67:599-604.
3. Leonard M, Graham S, Bonacum D. The human factor: The critical importance of effective teamwork and communication in providing safe care. *Qual Saf Health Care* 2004;13 Suppl 1:i85-90.
4. Mathew J. State of Punjab and another (2005) SCCL.COM 456. Criminal Appeal No. 144-145, 2004. Cited in: Bhullar DS, Gargi J. Medical negligence-majesty of law-doctors. *J Indian Assoc Forensic Med* 2005; 27:195-200.
5. Harkreader H, Hogan M. *Fundamentals of Nursing: Caring and Clinical Judgment*. 2nd ed. USA: Saunders Company; 2004.
6. Abdalrahima MS, Majalib SA, Bergbom I. Documentation of postoperative pain by nurses in surgical wards. *Acute Pain* 2008;10:73-81.
7. Kothari D, Gupta S, Sharma C, Kothari S. Medication error in anaesthesia and critical care: A cause for concern. *Indian J Anaesth* 2010;54:187-92.
8. Bates DW, Boyle DL, Vander Vliet MB, Schneider J, Leape L. Relationship between medication errors and adverse drug events. *J Gen Intern Med* 1995;10:199-205.
9. Reason J. *Managing the Risks of Organizational Accidents*. England: Ashgate Publishing Limited; 1997.

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