TRANSFERRING SURGICAL STRESS

Aishwin Saravana Kumar R¹, Ramalingam P², D. N. Renganathan³, D. J. Balaji⁴, Rohan Krishna J⁵

¹Associate Professor, Department of General Surgery, Karpagam Faculty of Medical Sciences and Research, Coimbatore.

²Associate Professor, Department of General Surgery, Karpagam Faculty of Medical Sciences and Research, Coimbatore.

³Professor, Department of General Surgery, Karpagam Faculty of Medical Sciences and Research, Coimbatore.

⁴Postgraduate Student, Department of General Surgery, Coimbatore Medical College (GS).

⁵Senior Resident, Department of General Surgery, Karpagam Faculty of Medical Sciences and Research, Coimbatore.

ABSTRACT

BACKGROUND

There is a routine practice of getting informed written consent in patients undergoing any medical procedure, especially surgical procedure. In case of high-risk surgery, we routinely get an informed high-risk written consent. We get consent from both the patient and the patient's close and reliable relatives. Patients routinely agree and give consent to all medical procedures, but actually most of the patients are unaware of the condition of patient or the disease severity and its complications from which he or she is suffering from at the time of giving consent. When something grave happens to the patient, the entire blame is on the doctor that the patient's relatives were unaware of the condition of the patient and there is lot of stress to the doctor who is treating a high-risk patient and declaring death. In order to modify this, in this study we took one of the patient's close and reliable attender inside the operating room to visualise the pathology in person and explained them in detail the condition of the patient. We suggest that by this method, the stress to the doctors regarding risks to the patient is reduced and they need not explain each and every one about the condition of the patient. We will continue to take attenders inside operating room and explain the condition in high-risk cases.

KEYWORDS

Consent, Stress, Relatives.

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BACKGROUND

There is lot of stress to the surgeon when he or she is operating a high-risk case on the outcome of the patient. More than that there is more stress when explaining poor outcome to the patient's relatives or attenders. Most often the patient's relatives just sign the informed written consent without knowing the full details of the surgery, condition of patient, nature of disease and the complications that might happen.^(1,2,3) When any complications occur, the surgeon has to answer lot of questions from the patient's attenders and invariably has a lot of stress. In order to prevent this, in this study we took the patient's attenders (Responsible, close relatives) inside the operating room and explained them in detail the condition of the patient, visualise the pathology of the patient in person. We suggest that by this method the stress to the doctors regarding risks to the patient is reduced and they need not explain each and every one about the condition of the patient.

MATERIALS AND METHODS

Study Area

Coimbatore Medical College Hospital [CMCH], Coimbatore.

Study Population

Patients undergoing emergency surgery at CMCH.

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Corresponding Author:

Dr. Aishwin Saravana Kumar R,

Associate Professor,

Department of General Surgery,

Karpagam Faculty of Medical Sciences and Research,
Coimbatore.

E-mail: drrengs@gmail.com

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Study Period

3 months from October 2016 to December 2016.

Sample Size

20 patients undergoing emergency surgery at CMCH.

Methodology

The patients presenting to the emergency department (Casualty) in Department of General Surgery were examined clinically and all investigations were done to arrive at the diagnosis. Emergency surgery planned and informed written high-risk consent was also obtained from the patient and the attenders or the relatives.⁽⁴⁻⁵⁾ During the surgery in the operating room, the relative or the attender will be explained about the sterile precautions in the operating room and appropriate OT dress will be given and will be allowed inside the operating room accompanied by two junior doctors. The surgeon will explain the disease condition, which the patient's relative visualise in person. We will show the attender the various pathology like bowel perforation or gangrenous bowel segment etc. We explain about the type of surgical procedure and also adverse outcomes that may occur during or after surgery.

In our study, we have so far introduced 20 patient's attenders inside the operating room as mentioned above and explained to them in detail about the various proceedings of the surgical procedure and the attenders have gotten a chance to visualise the real condition of the patient's disease.

Out of 20 patient attenders, one of the patient's attender had a vasovagal attack and was escorted out of the operating room immediately and was treated appropriately without any complications.

All the patient's attenders were very much satisfied with our treatment and our effectiveness in explaining the appropriate condition of the patient and they had no problems in understanding the situation when we explained the

complications which occurred during the post-operative period and were not finding faults with our treatment since they had already visualised the current status of the patient in the operating room.

RESULTS

From October 2016, we have so far taken 20 patient's attenders inside the operating room. Out of 20 patients, 5 patients had expired due to various surgical and medical complications during the post-operative period. In spite of the demise of the patient, the patient's attenders were very much satisfied about our treatment approach, especially taking them inside the operating room and explaining the condition and did not produce any problems legally or non-legally within the hospital and had developed a special attachment to the hospital which had made them feel the experience which doctors undergo in a day-to-day practice.^(6,7,8)

DISCUSSION

There is a routine practice of getting informed written consent in patients undergoing any medical procedure, especially surgical procedure in case of high-risk surgery we routinely get an informed high-risk written consent. We get consent from both the patient and the patient's relatives. Patients routinely agree and give consent to all medical procedures, but actually most of the patients are unaware of the condition of the patient nor the disease severity from which he or she is suffering from at the time of giving consent. When something grave happens to the patient, the entire blame is on the doctor, that the patient's relatives were unaware of the condition of the patient and there is lot of stress to the doctor who is treating a high-risk patient.

We would like to introduce to the developing new methodology for reducing the stress of the operating doctor and to increase the patient-doctor relationship without any hassles. We have found that from our study that by this method the surgical stress between the doctor and patient's attenders is reduced to a great extent about the prognosis of the patient's condition.⁽⁹⁻¹⁰⁾

(In our experience we had come across a patient of Carcinoma Stomach, which was identified to be operable pre-operatively by investigations and we proceeded with surgery, but intraoperative we found that the carcinoma stomach was infiltrating into the pancreas so we were not able to proceed with a definitive procedure. Immediately,⁽¹¹⁻¹²⁾ we brought the patient's attender inside the operating room, explained and showed him the reason for inoperability and explained that we will proceed with a palliative procedure which was better for the patient's outcome and was agreed by the attender.)

CONCLUSION

From our study, it is found that rather than just getting an informed written consent the real visualisation of the patient's condition gives better acceptance by the patient's attenders regarding the disease of the patient.

By this methodology the mental stress of the surgeons in dealing with the patient's attenders is reduced by a great extent, which in turn results in a better doctor-patient relationship and provides the patient's attenders with a grief support system which helps them cope better in regards to any complications that might arise in the post-operative period.

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