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(CASE REPORT)

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The need to properly mark the site for surgery before patients are put under anesthesia: Case report of a patient with an un-identified site under anesthesia

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Abstract

The need to properly identify patients that are booked for surgical interventions is absolutely important. All efforts must be made to prevent any mistakes in the operating room that could be due to operating on the wrong part of the body, for an example must be guided against. Such errors may include giving wrongly labeled blood to the wrong patient, or administering wrong medication to the wrong patient. These actions may be life threatening at worst, or may end up in the law court for unwarranted carelessness and injuries. This short case report was of a patient who was booked for supra-abdominal hernia repair, but who was already under aesthesis when the surgeons discovered that they could not locate the hernia orifice anymore. This was because the patient could not bear down under pressure for the abdominal protrusion to be evident.

Keywords: Patients; Identity; Operation site; Mistakes

1. Introduction

Adequately preparing a patient for surgery is very important for achieving a successful operation. This case demonstrates the need to properly mark the site for surgery before patients are put under anesthesia.

2. Case report

In a busy missionary hospital, an elderly gentleman presented in the surgical out-patient clinic with a history of three painless midline protrusion located above the umbilicus. The three protrusions were said not to be associated with pains whenever they come out and were said to go back with ease. They reportedly came out especially whenever the man coughed or sneezed or even laughed at which point the man noted that the masses protruded. But then on relaxing after the causative activities, the masses were said to have returned back spontaneously without any untoward incidences. This had been on for several years, with only slight increment in sizes over the period. He was not a known hypertension, nor diabetic mellitus patient. He never had tuberculosis, nor thyroid gland disease. He therefore was not on any medication for a prolonged period of time; he denied any history of chronic constipation, passed urine without straining, ate well and generally kept physically fit. He was a business man, had workers in his private shop that did the manual work for him. He never lifted heavy load in his shop and mostly gave out verbal instructions to his workers. He said that he had been told that the masses were abdominal hernia but that he did not accept that diagnosis because he knew that hernia only came out at the groins and no other place.

So these masses that came out above the umbilicus can “never” be called hernia. This was the reason that he came to our facility because he felt that we were bigger and possibly more knowledgeable than the one man owned private clinic that he had gone to in the past. There he was told that the only way to treat the swellings was by surgical operation. He

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out rightly rejected this mode of treatment instead opting for medical management. He met and got some really expensive herbal medicines that he was assured would clear the openings in his abdomen. He reported that he had taken several packets of these well packaged herbal preparation but yet the masses kept protruding whenever he did anything strenuous. These failings compelled him to come and see us in our facility which was a missionary hospital in south-south Nigeria.

Our examination revealed a fairly well kept elderly man, who was not pale, nor dehydrated. Systemic review was essentially normal except for the three circular, reducible, midline placed masses located at the supra-abdominal region, the largest of these opening measured about three centimeters by three centimeters and admitted the tip of the examiners little finger. There was no other abdominal masses noted and no shifting dullness demonstrated. The working diagnosis of supra-abdominal hernias was made and the problem was adequately explained to him and the mode of management was fully explained to him. He at this point appreciated the knowledge of the private doctor that he had consulted previously.

He agreed for the line of management as we explained to him. Baseline investigations such as ECG = Normal; FBC = Normal; FBS = Normal, urinalysis and microscopy and a CXR and were essentially normal. He was booked for herniorrhapy a week later and was admitted into the male surgical ward the evening before the operation. The anaesthetic team reviewed him that night and found him suitable for general anesthesia.

On the day of surgery, after cleaning and draping the patient, general anesthetic was administered and the surgeon ready for surgery only to discover that they could only identify the largest of the hernia orifices but could not accurately identify the two other orifices.

What do we do? The man was deeply unconscious and will not obey orders to bear down or to strain so that the hernia masses could protrude.

The aneasthetist then irritated his larynx (pharynx) and by this process, he coughed a couple of times and then hernia masses protruded and we were just able to mark them with coloured markers. The operation was then successfully conducted and all the orifices closed as per protocol.

All of these challenges would have been prevented and patient not exposed to prolonged aneathestia if we had marked the hernia orifices before general anesthesia was administered.

3. Discussion

The goals of all physicians are aimed at improving the wellbeing of our patients. It will be a calamity of inestimable proportions if for instance a surgeon goes and does a nephrectomy for the healthy kidney while leaving in-situ a diseased one. May we never see nor hear of such!!

It may also not be palatable if a wrong part of the body is amputated for instance instead of a diseased part.

Do these happen? Probably not, but apparently if they do happen, it will be a rarity and or are not reported as they occur.

The term wrong site surgery encloses all surgical operations carried out on the wrong body part, wrong side of the body, wrong patient or even on a wrong level of the correct part of the body scheduled for the operation[1,2].

It had been reported that probably over a wrong site surgeries occurs every week in the USA[3]. One accepted technique to reduce such occurrences is site-marking where the surgical site is marked with arrows painted over the patient's body with an indelible pen[4].

To this effect, the National Patient safety goals were formulated and the 2019 safety goals include:

- Improving patient identification
- Cultivating communications among caregivers
- Ensuring the safety of medication use
- Reducing harms caused by the use of alarm system
- Avoiding healthcare – induced infections
- Identifying safety risks in patients

- Preventing mistakes in surgery [5].

The protocol was further enhanced in 2021 National Patient safety goals for hospital which was essentially the same and advised that the correct surgery should be carried out on the right patient and then must be on the right part of the right patient.

Furthermore, they advised that surgeons should mark the point for the operation on the patient's body and cross-check this before operations are carried out[6].

4. Conclusion

It is important as the health care provider to adequately prepare patients before surgical procedure and take note of operation site(s) to avoid mistakes. Every health care personnel should learn to adequately prepare both themselves and the patient for procedures to prevent wrong site surgery and to achieve the best outcome.

Compliance with ethical standards

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Disclosure of conflict of interest

There are no conflicts of interest.

Statement of Informed consent

Informed consent was taken from the patient.

References

[1] Hanchanale V, Rao AR, H. Motiwala H, Karim OM. Wrong site surgery! How can we stop it? Urology Annals. ncbi.nlm.nih.gov/pmc/articles/pmc39633451.

[2] Mulloy DF, Hughes RG. Wrong-site surgery: A preventable medical error. Patient safety and quality: An evidence based handbook for Nurses. ncbi.nlm.nih.gov/books/NBK26781.

[3] Cobb TK. Wrong site surgery – where are we and what is the next step? Hand (NY) 2012; 7(2): 229-232.

[4] ncbi.nlm.nih.gov/pmc/articles/pmc/3351519/

[5] Sheedy C, Richard S. Patient identification errors in the operating room. Making healthcare safer III: A Critical analysis of existing and emerging patient safety care.2020

[6] ncbi.nlm.nih.gov/books/NBK555511/.

[7] 2019 Patient safety goals. Jefferson. Thomas Jefferson University online. online.jefferson.edu/health-services/patients-safety-goals/

[8] Patients safety goals to be aware of in 2021

[9] online.tamiu.edu/articles/msn/patient-safety-goals-2021 .aspx