

CASE EXAMPLE 3

I was assisting my consultant for a Whipple's procedure for cancer of the pancreas. A trial dissection revealed that the cancer was irresectable and we planned to do a 'triple bypass'. On hearing the change in plan a number of people (other surgeons, nurses from other theatres etc) started coming into theatre to speak to us, our nurses, our anaesthetist to see if they could either move some cases from other theatre or if the emergency cases could start earlier than scheduled. Even we had a patient who possibly needed surgery but was supposed to have a scan first. In order to ensure that the theatre time was used by us and nobody else, my consultant and I frantically gave instructions to find our SHO. There was a tremendous amount of confusion and distraction throughout the procedure.

After the op when I sat down to write the notes I realised that we had done only 3 anastomosis and had forgotten to do the third one. I ran into theatre and got there just in time as the anaesthetist has nearly woken up the patient. We opened the abdomen and completed the operation.

Message- multiple distractions. shortage of operating time on other lists because of which other surgeons wanted to use the freed time on our list. Difficulty in getting emergency patients operated due to lack of facilities.