International Journal of Medical Science and Clinical Research
Online-ISSN: 2664-7761; Print ISSN: 2664-7753
Received: 05-09-2020; Accepted: 20-09-2020; Published: 19-10-2020
www.journalofmedical.com
Volume 2; Issue 4; 2020; Page No. 17-19

Combined surgical procedures where the second procedure is done for normal or asymptomatic condition: An ethical dilemma

Amit Kumar C Jain[1*], Gopal S[2]
[1] Professor, Department of Surgery, Raja Rajeswari Medical College, Bengaluru, Karnataka, India
[2] Associate Professor, Department of Surgery, Raja Rajeswari Medical College, Bengaluru, Karnataka, India

Abstract
Background: Combining surgical procedures are common in clinical practice but they are often done for symptomatic patients. The aim of this study was to identify surgical procedure where in an asymptomatic structure was removed.
Methods and Materials: We conducted a retrospective analysis at Raja Rajeswari Medical College, Bengaluru, India. The study period was from October 2016 to September 2017.
Results: We identified 16 cases were this irrational combine procedures occurred. Majority of the patients were females (68.8%) and most were admitted in OBG department (62.5%). Gallbladder was the commonest asymptomatic structure that was removed in 63.55% of the cases followed by appendix. Surgery team "C" did 50% of all these cases.
Conclusion: In today's era of evidence-based surgery and litigation, deviation from normal protocol's can land the surgeon in medicolegal situation in case a complication arises or if the patient's files suit for doing surgeries that has no rationale. We are of an opinion that it's better to avoid removing asymptomatic structures.

Keywords: surgery, irrational, incidental, ethics, dilemma

Introduction

Combining surgical procedures are quite common both in emergency cases and in elective scenarios in symptomatic patients. Well known situation where combining of procedures are common is trauma cases wherein such combination is common due to multiple injuries at different sites. Penetrating injuries may involve combination of surgeons, vascular surgeons and orthopedicians based on site and extent of penetrating injuries [1]. In some scenarios, like abdominal injury with pelvic trauma and vascular involvement, many experts may be involved like general surgeon may be involved at repairing intestines, orthopedician may be involved in fixing the fracture whereas vascular surgeons may be involved in repair of vessels [2]. Such combined procedures are accepted.

There is however some situation, wherein, a surgeon, who is operating for a primary symptomatic case, performs simultaneously another procedure in same sitting when the patient is asymptomatic for that condition and such incidentally performed procedure have for years raised controversies.

In this study, we aimed to audit and analyze the surgeries wherein asymptomatic structure was removed.

Methods and Materials

Following IEC approval (RRMCH-IEC/166/2016-17) at Raja Rajeswari medical college, we reviewed records of past 1 year (November 2016 to October 2017) and identified cases from operating register and subsequently case files were reviewed to find those cases which we considered were irrationally combined wherein asymptomatic structures were removed. The age, sex, type of surgery, department and operating surgeon data were recorded. The team and surgeon anonymity were maintained and the general surgical team was coded by us from A to F. Data were analyzed through simple means and percentage and Microsoft excel and word documents were used to generate graphs and tables.

Results

A total of 16 cases were included in the study. The average age was 39.8 years. 11 patients (68.8%) were females (Figure 1) and 5 were males (31.3%).

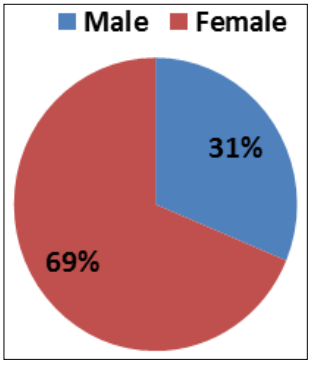

Fig 1: showing sex distribution

10 patients (62.5%) were admitted in gynecology department (OBG) and 6 patients (37.5%) were of surgery department who underwent the combined procedure (Figure 2).

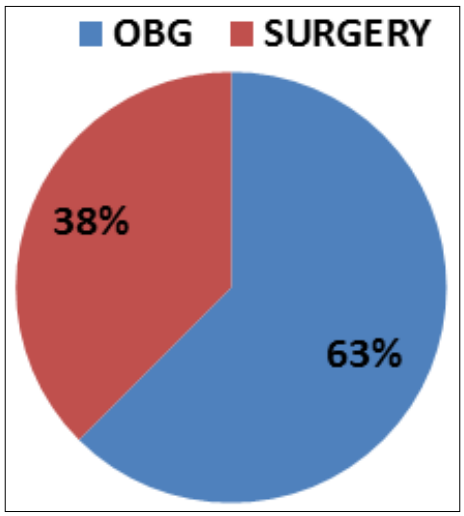

Fig 2: showing distribution of cases according to department

The commonest primary surgery that was done for symptoms was hysterectomy (37.5%) followed by laparoscopic cholecystectomy (Figure 3) which accounted for 25% of all the cases (Table 1).

Table 1: shows the primary surgeries that were done

Sl No	Primary surgery	Number	Percentage
1	Hysterectomy/myomectomy	6	37.5%
2	Ovarian Cystectomy	3	18.75%
3	Sterilization	1	6.25%
4	Laparoscopic Cholecystectomy	4	25%
5	Laparoscopic Appendicectomy	1	6.25%
6	Laparoscopic Inguinal hernia surgery	1	6.25%
	Total	16	100%

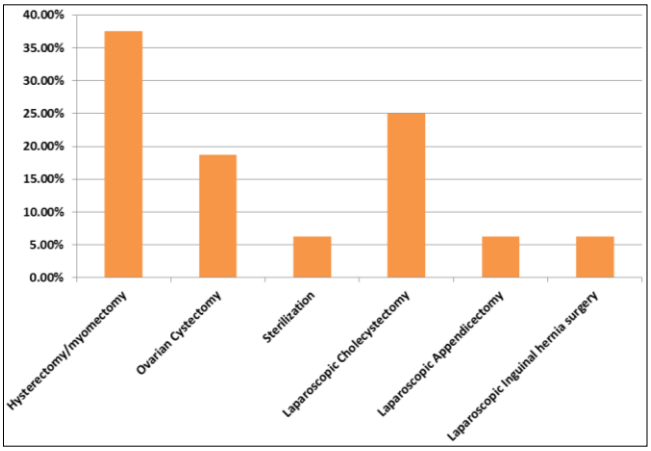

Fig 3: showing distribution of surgeries done for symptomatic cases

10 asymptomatic gall bladder (62.5%) and 6 asymptomatic appendix (37.5%) were removed (Figure 4).8 gallbladder surgeries were done with gynecological surgeries, one was done in appendicitis patient and one in laparoscopic inguinal hernia surgery. In 4 cases where patient was undergoing laparoscopic cholecystectomy, incidental appendicectomy was performed and the other 2 incidental appendicectomy was done with gynecological procedure.

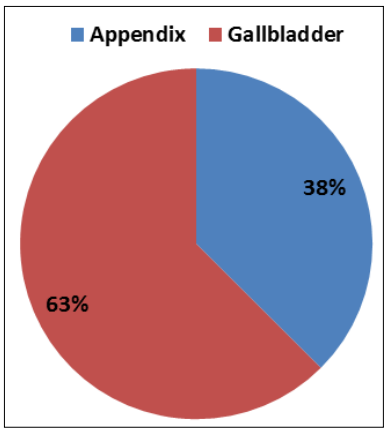

Fig 4: showing the asymptomatic structures removed during the primary surgery

We noticed that the surgery team C had performed more than 50% of the cases (Figure 5) where in asymptomatic structure was removed. In 11 surgeries (68.8%), the primary surgeon was a junior staff (Assistant professor and below) and in 5 cases (31.25%) the primary surgeon was a senior staff (Professor and Associate Professor). There was one intraoperative complication (6.25%) where there was damage to urinary bladder that was repaired during same time.

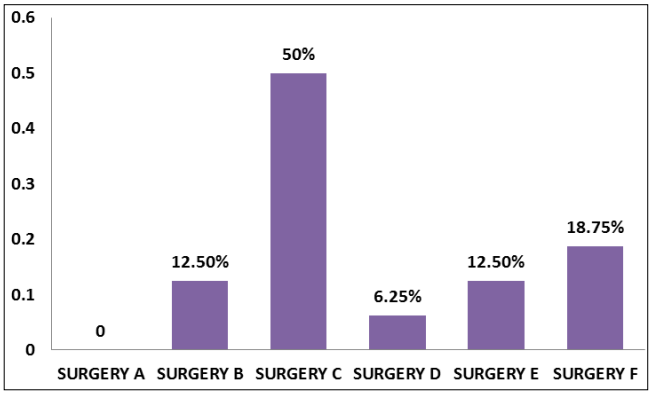

Fig 5: showing distribution of cases among different surgical team (Coded)

Discussion

Although combine surgeries in certain scenario, wherein there can be concomitant symptomatic pathology, is accepted and sometimes it is a modality of choice [3]. For example, combining umbilical hernia repair with laparoscopic cholecystectomy is known as they present technical problems while operating [4]. Supporters of these suggest benefits of such combinations like decrease hospital stay, single admission, less cost, early return to work, etc [3].

The issues we would like bring to notice is the removal of normal appendix and asymptomatic gallstones. Incidental appendicectomy and cholecystectomy for asymptomatic gallstones have for years generated controversies and discussions with both having the supporters and opposers [5, 6].There are however, various recent studies which suggest that asymptomatic gallstones should have a wait and watch policy and need no intervention except in high risk group [6, 7].

Although, the advantages and disadvantages on incidental appendicectomy have been there for years, the recent few studies have noticed new problems and repercussions. In a very recent study by Alcoholado *et al*, they noticed that there was profound microbial dysbiosis on long term after incidental appendicectomy [8]. In a cohort population study by Lee *et al* [9], it was observed that appendicectomy was associated with increased risk of diabetes. When we look into these new outcomes, then it's quite obvious that incidental surgeries pose an ethical dilemma among young surgeons whether to do or not.

Conclusion

With growing new evidences and increasing legal litigations in most parts of the world including India, we suggest that it's better to avoid operating on asymptomatic condition that has less likelihood of it turning into symptomatic in future, while operating on primary symptomatic condition. Further, the development of possible future new diseases like diabetes that can occur after appendicectomy, we believe it's better not to do incidental appendicectomy.

References

1. Wahlgren CM, Riddez L. Penetrating Vascular Trauma of the Upper and Lower Limbs. Curr Trauma Rep. 2016; 2:11-20.
2. Gilbert F, Schneemann C, Scholz CJ, *et al*. Clinical implications of fracture-associated vascular damage in extremity and pelvic trauma. BMC Musculoskeletal Disord. 2018; 19(1):404.
3. Resutra R, Mahajan N, Gupta R. Pairing surgery with Laparoscopic Cholecystectomy in a single sitting. Int Surg J. 2019; 6:3991-5.
4. Kamer E, Unalp HR, Derici H, Tansug T, Onal MA. Laparoscopic cholecystectomy accompanied by simultaneous umbilical hernia repair: A retrospective study. J Postgrad Med. 2007; 53:176-180.
5. Ahmad M, Ahmad M. Benefits of incidental appendectomy at the time of total abdominal hysterectomy. Professional Med J Oct. 2012; 19(5):647-651
6. Murshid KR. Asymtomatic gallstones: Should we operate? Saudi J Gastroenterol. 2007; 13:57-69.
7. J Shah. Asymptomatic Gallstones: What We Should Do? The Internet Journal of Surgery, 2008, 9(1).
8. Alcoholado LS, Garcia JC, Repiso CG, *et al*. Incidental Prophylactic Appendectomy Is Associated with a Profound Microbial Dysbiosis in the Long-Term. Microorganisms, 2020, 8:609.
9. Lee YM, Kor CT, Zhou D, Lai HC, Chang CC, *et al*. Impact of age at appendectomy on development of type 2 diabetes: A population-based cohort study. PLOS ONE. 2018; 13(10):e0205502.