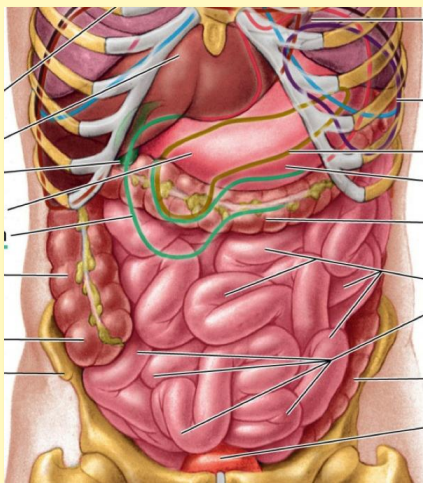


## **Your favourite colorectal surgeon (AKA: see you in Court)**



**AvMA, Bristol, 9<sup>th</sup> March 2017**

## **Province of colorectal surgeon**

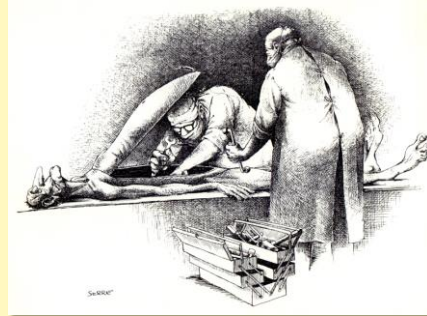


- Colon
- Rectum
- Small intestine
- Anal canal
- Abdominal wall

## COLORECTAL SURGERY

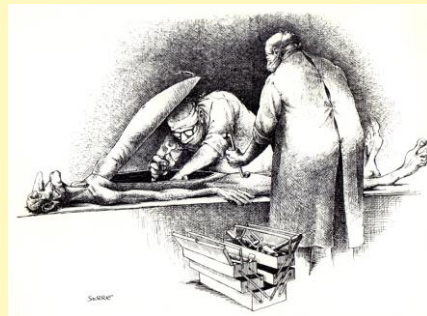
### *Medicolegal issues*

- Iatrogenic bowel injuries
- Delay in tumour diagnosis
- Iatrogenic anal injuries
- Obstetric anal injuries



## Iatrogenic bowel injuries

- **IATROGENIC BOWEL INJURIES**
- Delay in tumour diagnosis
- Iatrogenic anal injuries
- Obstetric anal injuries



## Iatrogenic bowel injuries



- Open
- Laparoscopic

## Iatrogenic bowel injuries



- Uncommon (virgin)
- More in re-operations
- 
- 
-

## Iatrogenic bowel injuries



- Uncommon (virgin)
- More in re-operations
- May be seen and mended
- Pre-closure, must be sought
- 

## Iatrogenic bowel injuries

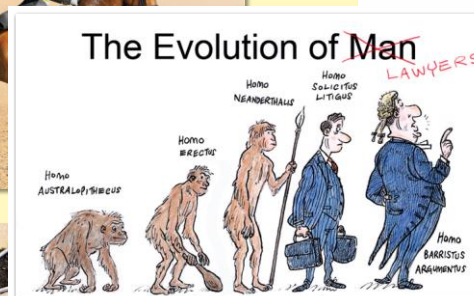
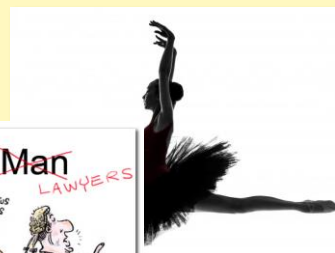
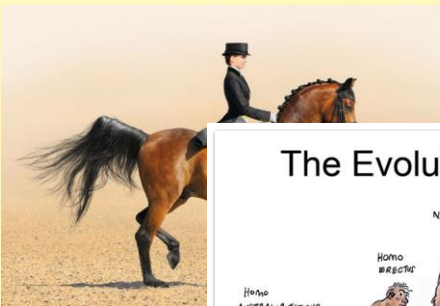


- Uncommon (virgin)
- More in re-operations
- May be seen and mended
- Pre-closure, must be sought
- Worst nightmare

## Epitome of perfection

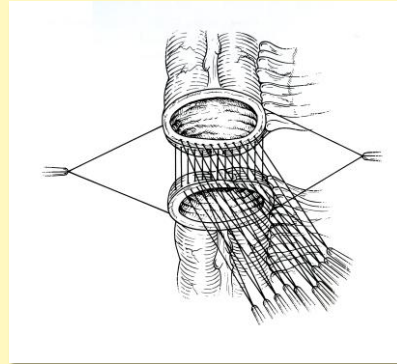


## Epitome of perfection





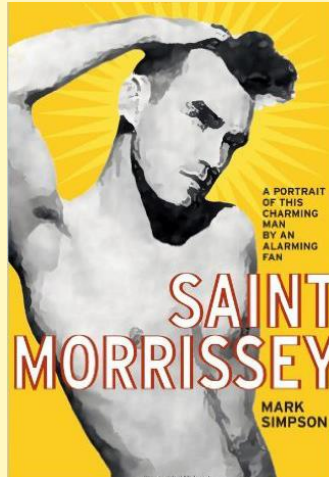
## Perfection every time - or else . . . *The anastomosis*



## CHILL - self awareness and vigilance



## BEWARE THE CHILLED **CHARMER**

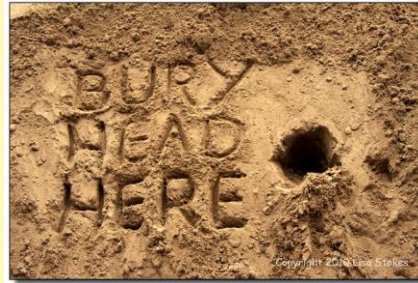
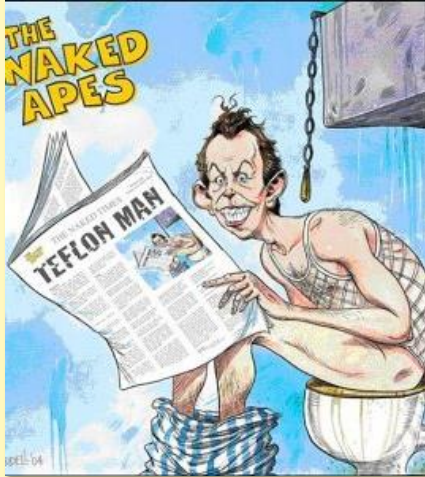


## Dangerous tendencies



## Monitoring progress

### *The extremes of confidence*



## The extremes

### *Accident black spot*





**KEYHOLE SURGERY: Psst, lads!**  
***The patient's DOWN THERE!!***

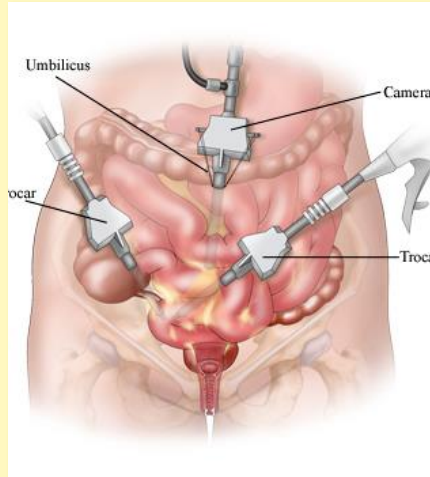
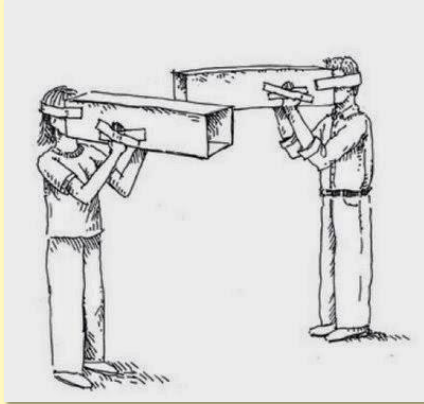


**Open surgery**  
***Poetry in motion***



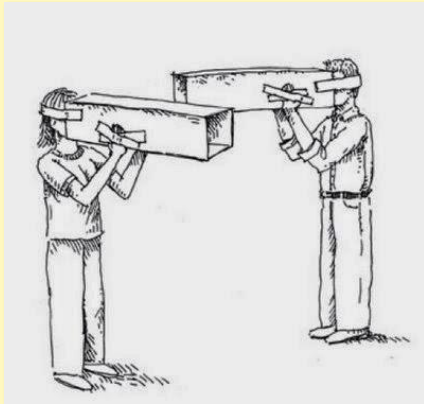
## Constraints of laparoscopy

### *Tunnel vision*



## Constraints of laparoscopy

### *Tunnel vision*



## Keyhole surgery *Restricted vision*



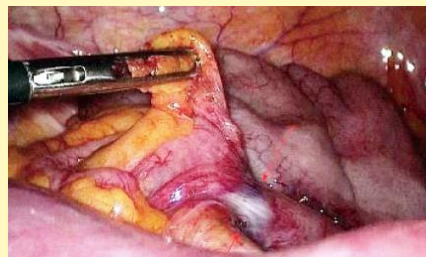
## Keeping control



## Off-the-ball foul

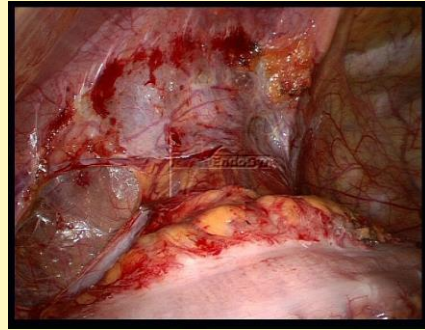
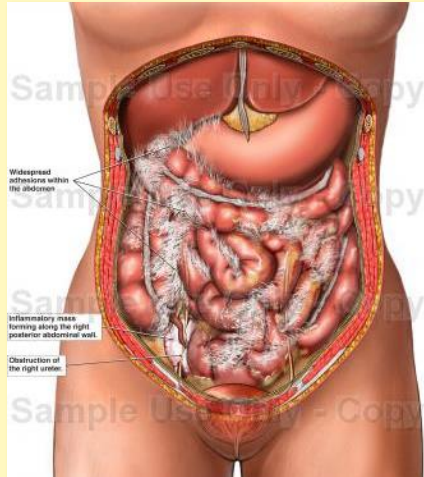


## Off-the-ball foul





## Abdominal surgery – open or closed *Dissecting adhesions*



## Adhesions - and none





## **Safety and peace of mind** *The watch word - prevention*

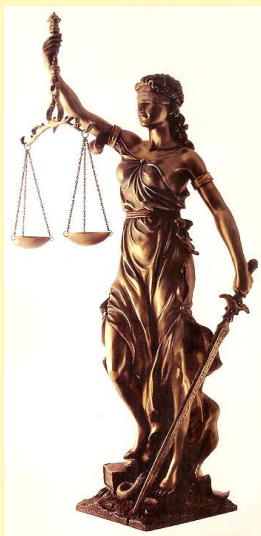


Prevention is better than cure.

(Desiderius Erasmus)

izquotes.com

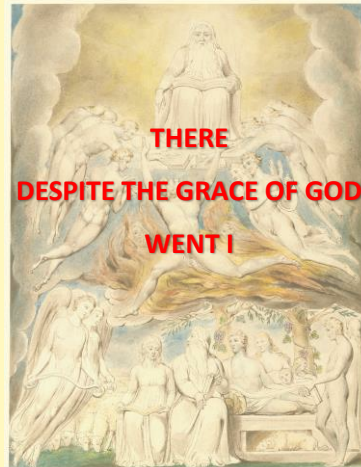
## **Imaginary sign above my desk**



THERE BUT FOR  
THE GRACE OF  
GOD GO I

- Proverb

## Imaginary sign above my desk



## Been there, done that . . .

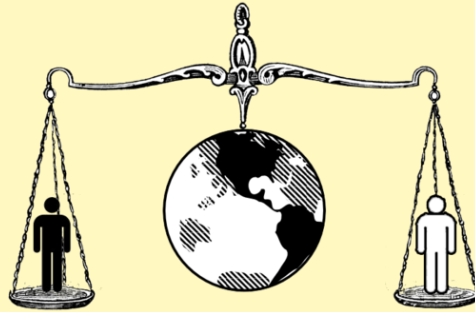
Who are these people and  
why are they calling me

**DAD?**

T-TEST.CO.UK

## Confronting reality

WE'RE ALL HUMAN



## Confronting reality



The price of peace is eternal  
vigilance

— *George C. Marshall* —

AZ QUOTES

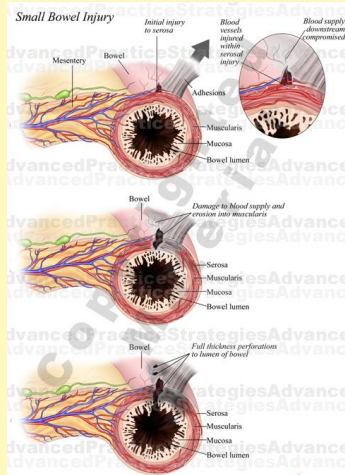
## **Bowel injury – clinical scenarios**

- **Leaking anastomosis (commonest)**
- **The missed enterotomy**
- **Delayed leak from dissection injury**
- **Injury to blood supply**

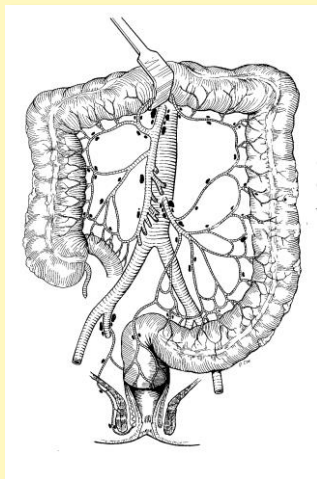
## **Bowel injury – clinical scenarios**

- **Leaking anastomosis (commonest)**
- **The missed enterotomy**
- **Delayed leak from dissection injury**
- **Injury to blood supply**

## Delayed leak



## Damaged blood supply





## Postoperative timetable

### *Likely dates for complications*



- Missed enterotomy (d1)
- Ischaemic bowel (d1-2)
- Partial thickness (d2-5)
- Anastomotic leak (d3-7)

## Postoperative timetable

### *Likely dates for complications*

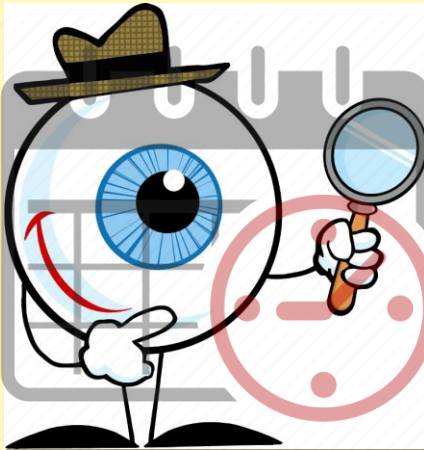


- Missed enterotomy (d1)
- Ischaemic bowel (d1-2)
- Partial thickness (d2-5)
- Anastomotic leak (d3-7)

**Q: WHEN TO BE VIGILANT?**  
**A: EVERY DAY**

## Postoperative timetable

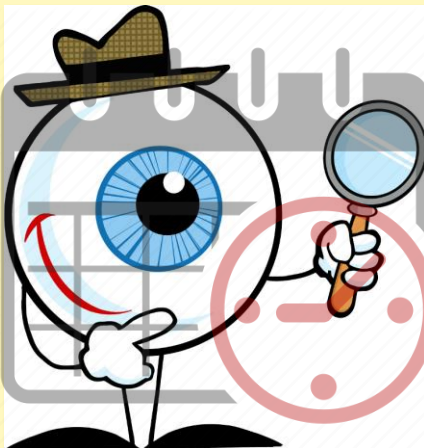
### *Trawling for clues*



- Joint ward rounds
- Nursing observations
- Patient symptoms
- Clinical exam x1-2/d
- Consultant visits (RECORD!)
- Routine bloods
- WBC and CRP
- Low threshold to scan

## Postoperative timetable

### *Management*



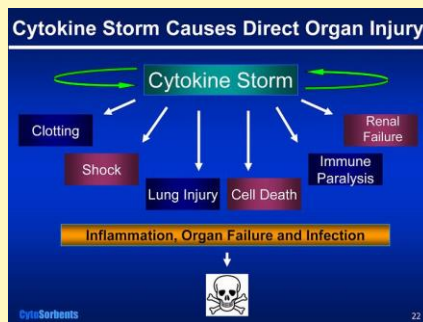
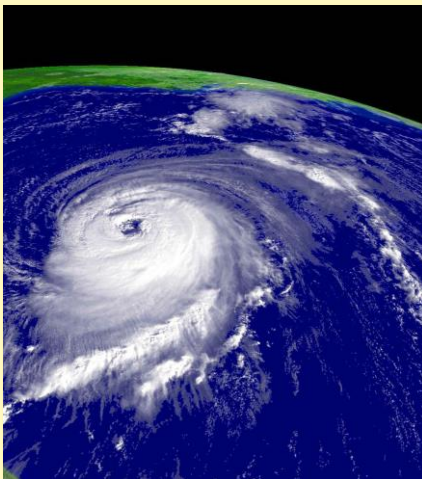
- Careful handover
- Anything unexpected
- Decide what next
- Update plan

## Consequences of a leak

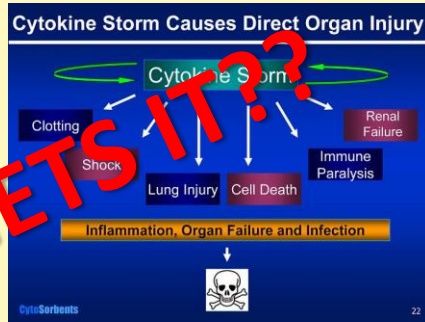


- Localised - ? just monitor
- Early diagnosis - surgery
- Delayed diagnosis - sepsis
- Cytokine storm

## CYTOKINE STORM



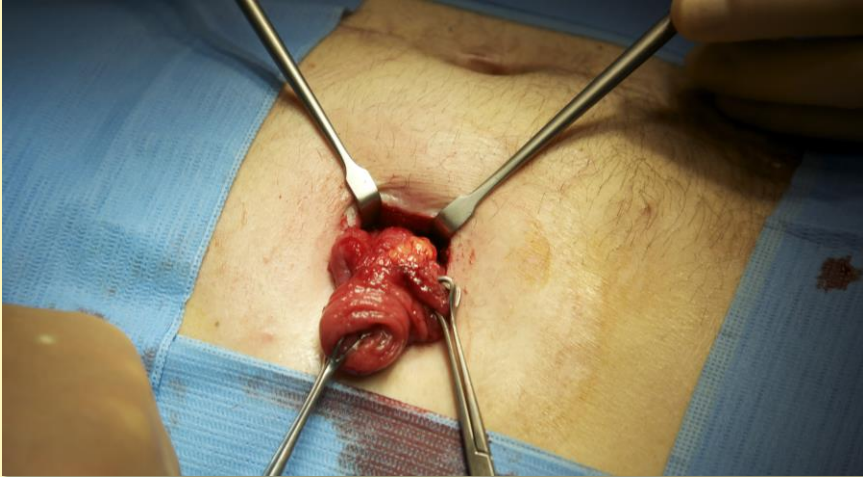
## CYTOKINE STORM



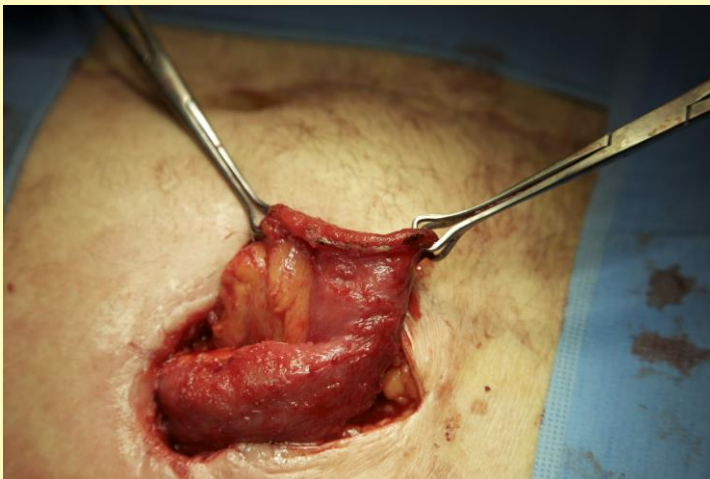
## Small but DANGEROUS



## Small but DANGEROUS



## Small but DANGEROUS

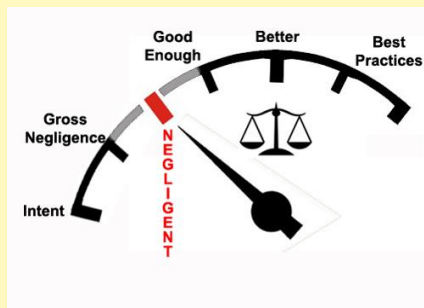




## Small but DANGEROUS



## When is a leak 'negligent'?



- Leak *per se*? NO
- Lap missed injury? YES
- 'Late' diagnosis? YES

## Outcomes of late diagnosis



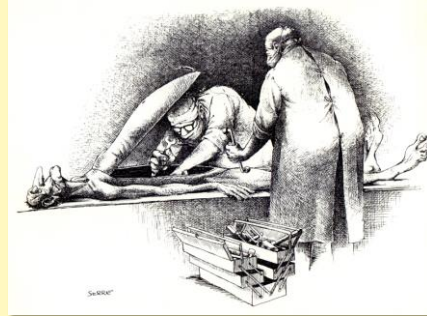
A surgeon is caught at least once in lifetime  
in this tragedy !!



## COLORECTAL SURGERY

### *Medicolegal issues*

- Iatrogenic bowel injuries
- **TUMOUR DIAGNOSIS - DELAY**
- Iatrogenic anal injuries
- Obstetric anal injuries



## Bowel cancer - some facts

- 41,000 per year in UK
- 1: 16 get it
- Mean age 70
- 65% five year survival
- 95% 5YS in diagnosed early



## Bowel cancer - some facts

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- **10% early with symptoms**
- **50% early if screened**

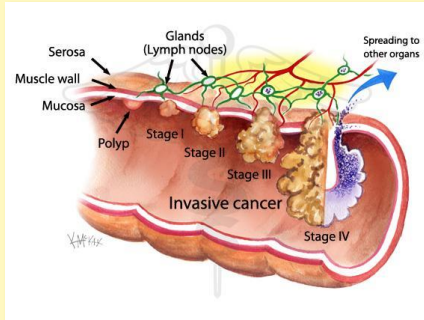


## Bowel cancer - some facts

- 41,000 per year in UK
- 1: 16 get it
- Mean age 70
- 65% five year survival
- 95% 5YS in diagnosed early
- 10% early with symptoms
- 50% early if screened
- **30% present as emergency**



## Pathogenesis and staging



## Time scale - fast?

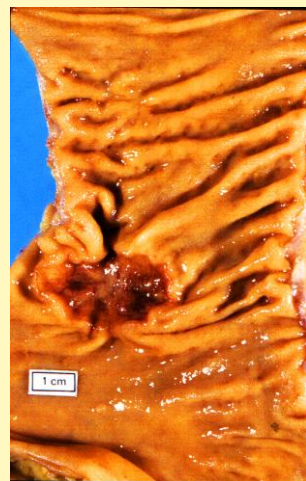
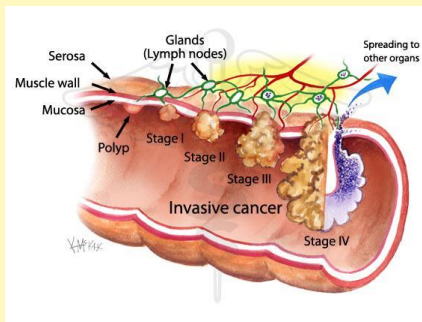




## Time scale - SLOW



## Time scale



**Who injects the 'delay'?**

**DOCTORS?**



**Who injects the 'delay'?**

**PATIENT?**

**DOCTORS?**



## Patient perceptions

**SYMPTOM OVERLAP**  
**HOPING IT'S NOTHING**

## Who injects the 'delay'?

**PATIENT?**

**DOCTORS?**



## GP referral guidelines

**NICE**  
National Institute for  
Health and Care Excellence

## GP referral guidelines

Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer if:

they are aged 40 and over with **unexplained** weight loss and abdominal pain or  
they are aged 50 and over with unexplained rectal bleeding or  
they are aged 60 and over with:

- **iron-deficiency anaemia** or
  - changes in their bowel habit, or
- tests show occult blood in their faeces (see below for who should be offered a test for occult blood in faeces).

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults with a rectal or abdominal mass.

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults aged under 50 with rectal bleeding and any of the following unexplained

symptoms or findings:

abdominal pain  
change in bowel habit  
weight loss

iron-deficiency anaemia.

Offer testing for occult blood in faeces to assess for colorectal cancer in adults without rectal bleeding who:

are aged 50 and over with unexplained:

- abdominal pain or
- weight loss or

are aged under 60 with:

- changes in their bowel habit or
- iron-deficiency anaemia, or

are aged 60 and over and have anaemia even in the absence of iron deficiency.

## GP referral guidelines



## GP referral guidelines

Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer if:

- they are aged 40 and over with **unexplained** weight loss and abdominal pain
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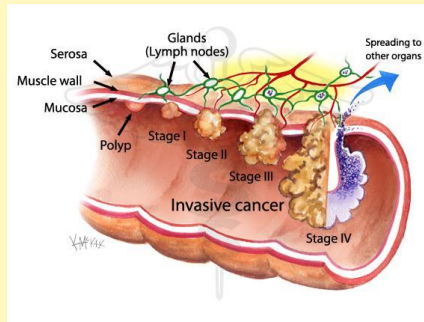
- abdominal pain
- change in bowel habit
- weight loss

iron-deficiency anaemia.

**RED FLAG SYMPTOMS**



## What delay makes a difference?



## What delay makes a difference?

### *Lawyers' 'fishing expedition'*

- A delay in diagnosing bowel cancer
- A delay in carrying out digital rectal examination (DRE)
- Failure to carry out sigmoidoscopy & colonoscopy
- Failure to carry out CT, MRI scan, ultrasound scan and X rays
- A delay in carrying out relevant blood tests
- Misdiagnosis of classic symptoms
- Failure to treat bowel cancer
- Failure in providing the correct surgery
- Failure of GP to refer patient to hospital when required
- And other types of misdiagnosis and delays in treatment of bowel cancer errors

## **What can you win?**

- **Eight month delay due to poor management**

## **What can you win?**

- **Eight month delay due to poor management**
- **Three year delay due to poor management**

## What can you win?

- Eight month delay due to poor management
- Three year delay due to poor management
- Tumour segment left in:
  - *Defied MDT to re-operate*
  - *Re-presented with obstruction one year later*

## COLORECTAL SURGERY

### *Medicolegal issues*

- Iatrogenic bowel injuries
- Delay in tumour diagnosis
- **IATROGENIC ANAL INJURIES**
- Obstetric anal injuries



**Done by a doctor?**



## **‘DOMESTIC VIOLENCE’**



## **Iatrogenic anal injuries - causes**

- **Sphincterotomy**
- **Anal stretch**
- **Fistula surgery**
- **Haemorrhoidectomy**
- **Tumour excision**



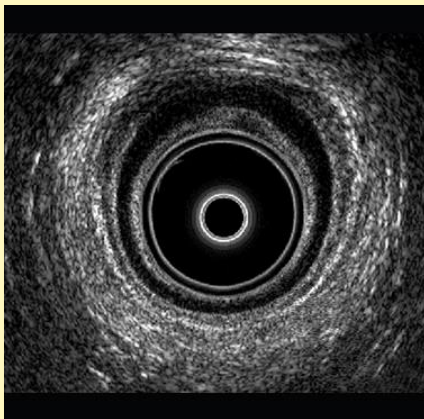
## Iatrogenic anal injuries - causes

- Sphincterotomy
- Anal stretch
- Fistula surgery
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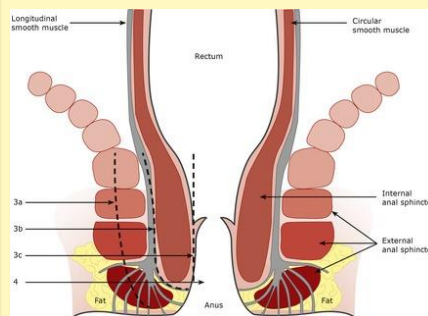


## Anal canal - anatomy

**Transverse**

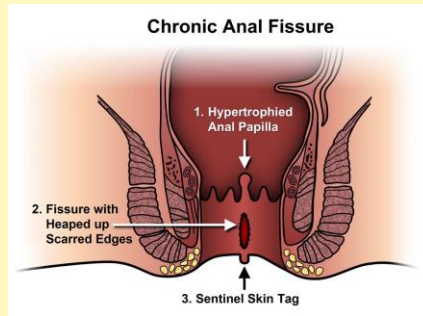


**Longitudinal**



## ANAL FISSURE

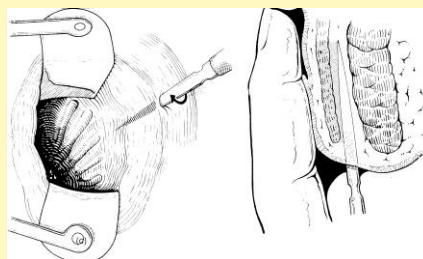
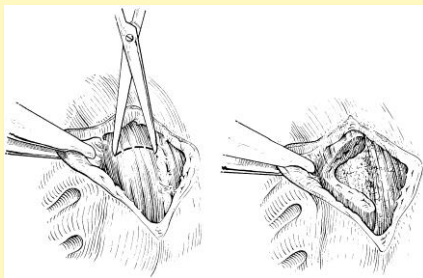
- ?Cause
- Pain++ ± bleeding
- Treatment:
  - *Non-surgical*
  - *sphincterotomy*



## Sphincterotomy

**OPEN**

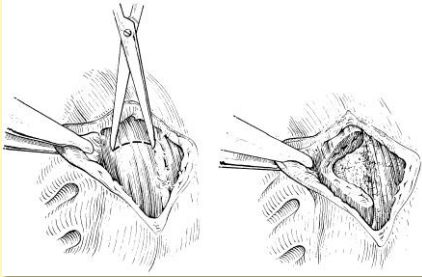
**CLOSED**



## Sphincterotomy

### INCONTINENCE

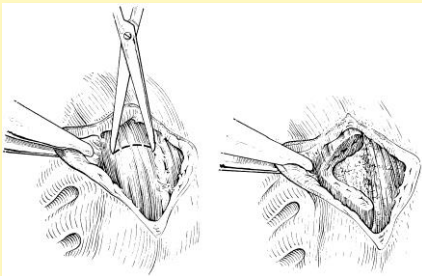
- 2-15%
- Variable degree, persistence
- 2<sup>nd</sup> line in women
- ?1<sup>st</sup> line in men
- FULLY INFORMED CONSENT



## Sphincterotomy

### Surgical errors

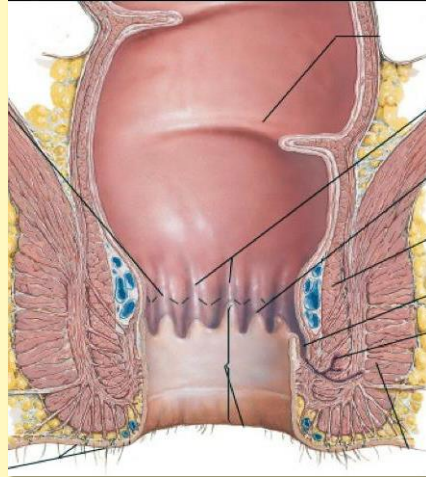
- Cut too long
- EAS injured



Exclude if incontinent+

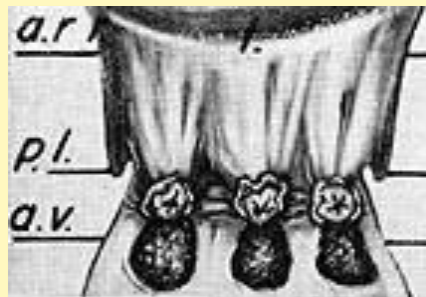
## HAEMORRHOIDS

- Non-surgical
- Standard L&E
- Stapled
- Arterial ligation



## Haemorrhoids

- Non-surgical
- **Standard L&E**
- Stapled
- Arterial ligation



## Ligation and excision *Tried and trusted*

IF IT LOOKS LIKE A  
**CLOVER** YOU'RE  
TROUBLES ARE OVER.

IF IT LOOKS LIKE A  
**DAHLIA** THE OPERATION'S  
A FAILURE.



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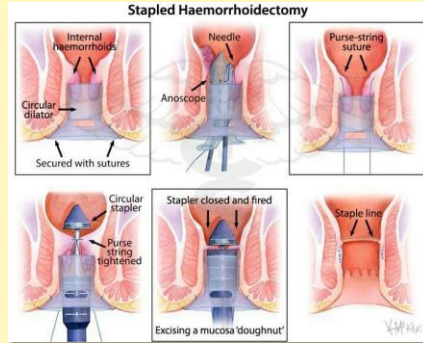


**SPHINCTERS AND BRIDGES!**



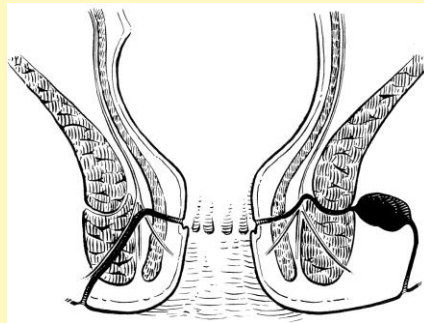
## Stapled haemorrhoidectomy *Flavour of the decade*

- **BIG SELL**
- **Avoids sphincters**
- **Rectal leak/sepsis**
- **Pain**

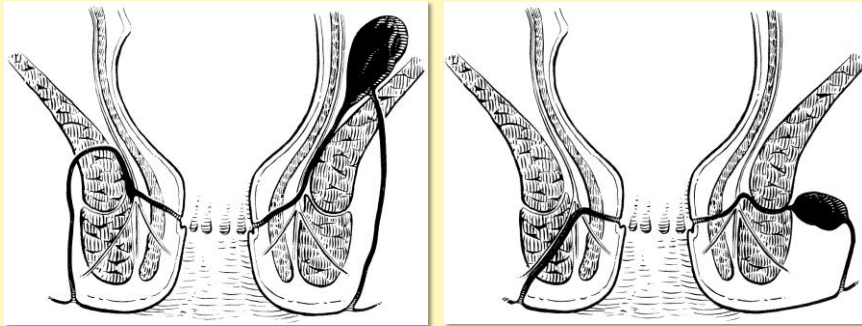


## FISTULA IN ANO

- **Septic origin**
- **Discharge**
- **Abscess**
- **Chronicity**

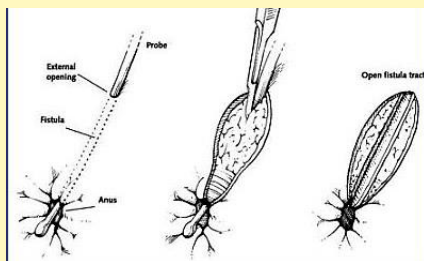
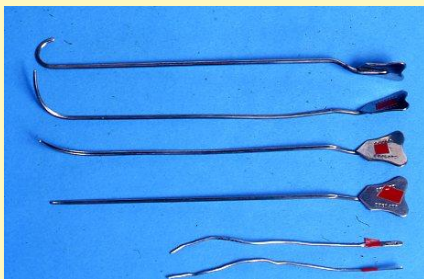


## Fistula in ano – bad news, and OK

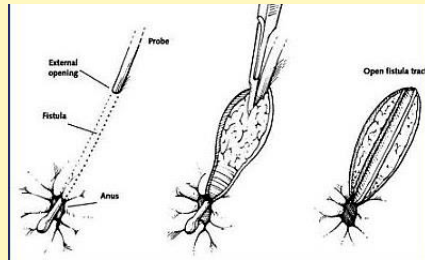
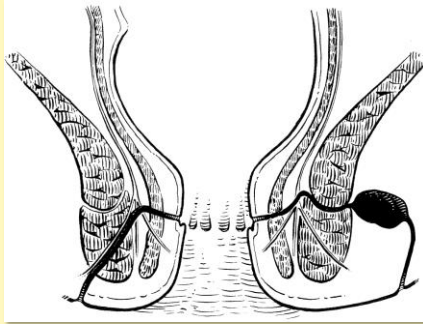


**INTERNAL AND EXTERNAL OPENINGS**

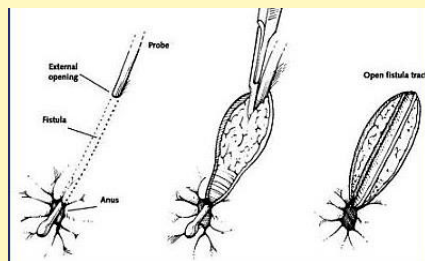
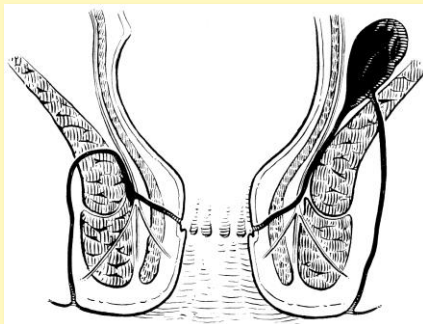
## Fistula probes



## Fistula 'lay open'



## Fistula 'lay open'



## Fistula surgery **THE DANGER**

**“The unskilled surgeon  
with a fistula probe is  
more dangerous than a  
monkey with a pistol.”**

*Henry Thompson*



## **AVOIDABLE DISASTER**



## ANAL CANCER

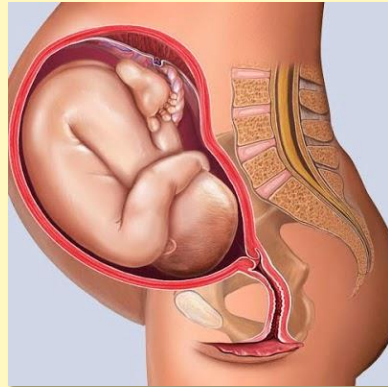




## COLORECTAL SURGERY

### *Medicolegal issues*

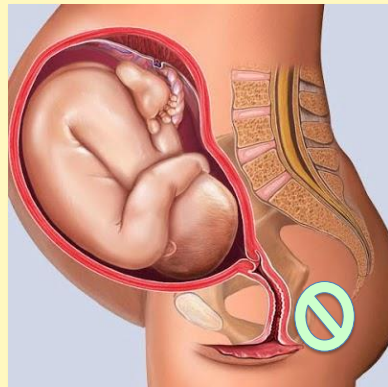
- Iatrogenic bowel injuries
- Delay in tumour diagnosis
- Iatrogenic anal injuries
- **OBSTETRIC ANAL INJURIES**



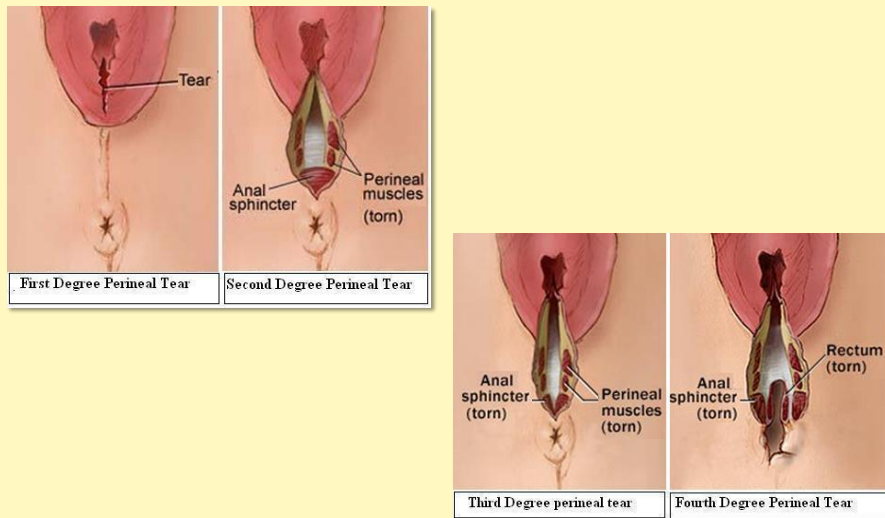
## COLORECTAL SURGERY

### *Medicolegal issues*

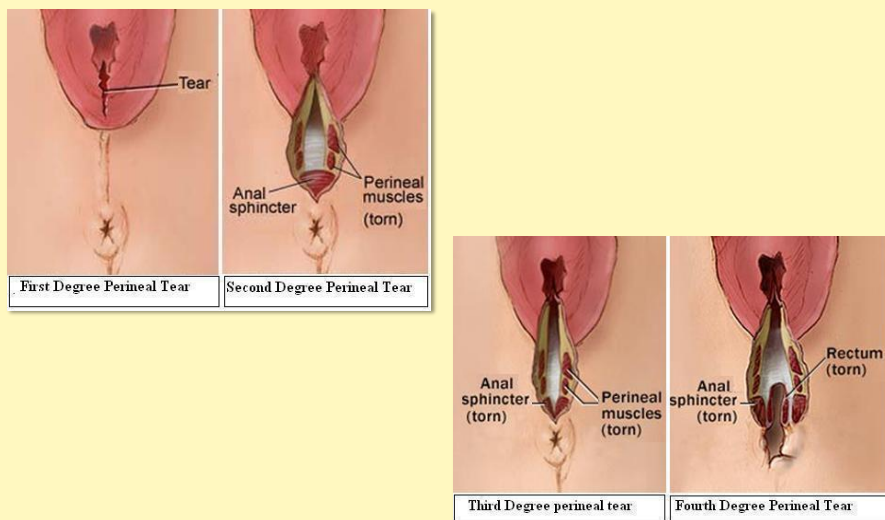
- Iatrogenic bowel injuries
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- **OBSTETRIC ANAL INJURIES**



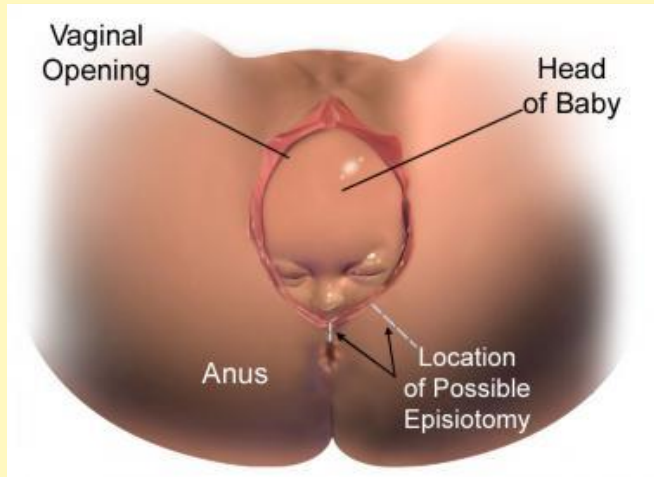
## Perineal tears



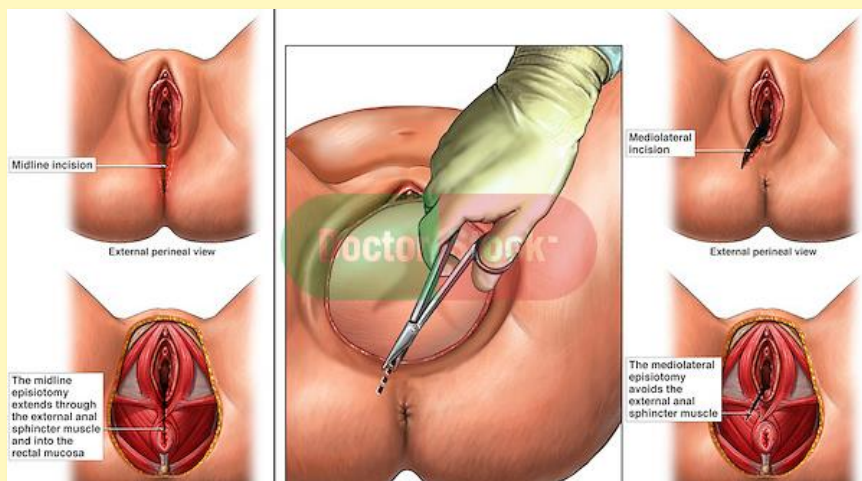
## Perineal tears - who repairs?



**It's coming . . .**

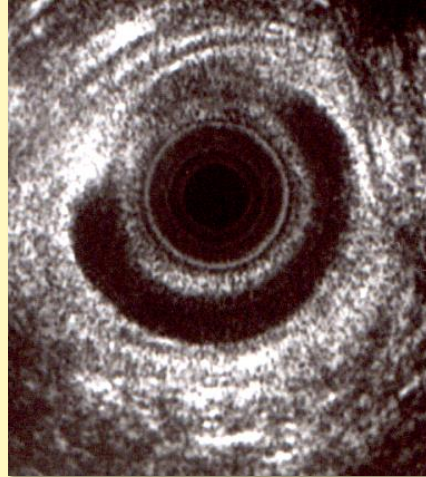


## Perineal tears - AVOIDANCE



## 3/4° injury - management

- Clinical examination
- Ultrasound scan
- Physiology
- ?Non surgical care
- Surgery



## 4° tear – ‘cloacal injury’



## 4° tear – ‘cloacal injury’



## Medicolegal issues

- Who conducted delivery?
- Avoidable tear?
- Episiotomy type?
- Sphincter injury detected?
- Who repaired?
- OK management?
- Incontinence non-negligent?







## **Your favourite colorectal surgeon (AKA: see you in Court)**



**AvMA, Bristol, 9<sup>th</sup> March 2017**