Editorial

Complications

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“The play was a great success,” Oscar Wilde famously said, “but the audience was a disaster.” As surgeons, we may be tempted to utter something in that vein, such as, “The operation was perfect, but the patient was a failure.” Of course, we do not have the luxury of such a dismissive philosophy: if our patients have problems, these problems are our problems too.

The notion that patients’ complications are worthy of surgeons’ attention is a fairly young idea. For most of the history of surgery, operators did not pay particularly close attention to how their patients fared with treatment. In 1927, Ernest Avery Codman introduced what was then a radical idea, his “end result” system for assessing patients and recording their outcomes [2]. Codman’s proposal was so out of step with the attitude of his colleagues at the Massachusetts General Hospital that he was forced to leave.

Happily, the pendulum has swung in the opposite direction today. An Institute of Medicine report, “To Err is Human”, brought heightened focus on the issue of medical errors [3]. In the field of orthopaedics, the American

Academy of Orthopaedic Surgeons is dedicated to reducing surgical errors through programs like “Sign Your Site” [1].

It is in that spirit that *Clinical Orthopaedics and Related Research*® introduces a new series, “Complications: Prevention, Detection, and Remedy”. In this issue, we inaugurate the series with an article regarding the complications associated with meniscal repair. This will follow in coming months with other articles on sports medicine operations of the knee, and we later hope to expand to other domains and anatomic regions.

One may wonder about the functional utility of articles like these. It is not likely that a surgeon dealing with a problem intraoperatively would consult these manuscripts (or any secondary source) while in surgery. Likewise, if a particular postoperative complication is encountered, a surgeon is apt to seek more exhaustive coverage of the specific topic than we offer here. By such thinking, these manuscripts provide either too much information (for those not seeking any) or too little (for those in need of detailed data). We suggest another point of view; namely, that periodic review of these manuscripts, and the contemplation they aim to invoke, can be a welcome adjunct to preparation for surgery and residency training in general. The aim of these manuscripts is to instill in the reader a state of mindfulness.

On the surface, a focus on complications might seem to be unduly negativistic. Not quite. Concentrating on the possibility of complications is indispensable for peak performance and personal growth. In that sense, cognizance of the negative is an essentially positive attribute. In his best-selling book, Stephen Covey outlined the seven habits of highly effective people [4]. The ultimate successful habit, he says, is one of renewal and continued self-improvement [4]. By engaging on seemingly small details, for example, the correct orientation of an anterior cruciate ligament graft, we not only improve our patient’s chance for a

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successful outcome, we improve ourselves as surgeons and as people.

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