
Prevention and Treatment of Complications in Proctological Surgery

Mario Pescatori

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Foreword

It is always a compliment and an honor to be asked to write a Foreword to a book. I am especially pleased to do so for “Prevention and Treatment of Complications in Proctological Surgery,” by Professor Mario Pescatori.

The book’s content is arranged in an orderly and comprehensive manner. I especially enjoyed the fact that in each of the chapters the author included his own experience in the management of complications. Moreover, the fact that this book has a single author has resulted in a uniformity of style besides allowing the relevant aspects of some of the cases to be referred to in multiple chapters.

The chapters on hemorrhoids were particularly interesting since this is the first textbook that discusses in great detail the complications of the PPH procedure. Every colon and rectal surgeon in the world will profit by reading this excellent chapter.

Fistula surgery is undergoing a transformation, with the increasing use of sphincter-saving techniques. The chapter on fistula includes a brief description of the new operation which involves ligating the fistula tract in the intersphincteric space. This is the only new textbook that I know of that has included this technique in the management of this condition.

As might be expected in a book of this nature, some of its recommendations will be considered controversial, but this does not detract from the book. Lastly, the references are very up to date.

Best of all, the book epitomizes Professor Pescatori’s lifetime career in the demanding field of colorectal surgery. The progress made during his many years in practice is reflected in the text of this book.

Minneapolis, August 2011

Stanley M. Goldberg

Preface

According to the literature, one out of every four patients undergoing surgery for colorectal disease develops complications, some of which are fatal. This is especially hard to accept when a benign, minor pathology is involved. A colleague of mine lost the first patient that he operated on, due to complications following a simple hemorrhoidectomy. His despair can easily be imagined.

Morbidity and mortality conferences are of the utmost importance for the surgical staff. Experience in the management of complications is not well described in the literature. As a young surgeon, I found *Complications in Surgery*, by Artz and Hardy, to be particularly helpful but to the best of my knowledge nothing similar has been published recently, at least nothing specifically addressing complications in coloproctological surgery. Thus, after working as a surgeon for many years, including the past 30 in coloproctology, I would like to fill this gap, at least in part, by sharing my experience in the prevention and management of surgical complications. To narrow the scope of this volume, I have not included abdominal procedures or pediatric operations.

The most important (and self-evident) recommendation an experienced surgeon can make is that operations should be performed only when they are necessary. Good surgeons are good doctors who also know how to operate. They are “good” because they cure many patients, not because they operate on many patients. Moreover, it is fairly often the patients themselves who obstinately insist on surgery and see it as a miracle cure. For many of them, it is easier to expect that surgery will provide a rapid solution rather than to modify ingrained poor eating habits or confront psychosomatic problems. However, both of these are often the cause of immunosuppression, which physically weakens the patient, making him or her more susceptible to surgical complications.

The following remark, made by Sir Alan Parks early in the 1980s regarding ileo-anal reservoirs, has made a lasting impression on my professional career, “In order to perform these operations well it is essential to know how to deal with the complications.” What he meant was that some operations are frequently associated with complications, and a good surgeon knows how to handle them. When I assisted (so to speak) the famous surgeon in performing a posterior plication of the pelvic floor to treat fecal incontinence, I was lucky in a certain sense. I saw him accidentally open the patient’s rectum but I also saw how he sutured it. Since then, each time I perform a post-anal repair, I remember his scissors moving quickly on the posterior mesorectum and I slow down, to avoid the same complication; but if it ever occurred, I would know what to do in order to correct the problem. Surgeons must always be ready to fix a mistake, since mistakes can happen regardless

of the surgeon's degree of experience. However, just like the athlete who has suffered a setback in a competition, the important thing is to recover lost ground.

More recently, Steve Wexner noted that surgical success in treating rectovaginal fistulae can be defined as the ability to cure the patient with a second or third operation, since disease persists after the first procedure in 50% of patients. Accordingly, this book also addresses re-operations.

Of equal importance to the surgical procedure itself is the pre- and postoperative evaluation. The aim of a particular operation must be well defined, which implies the ability to recognize the real causes of a patient's symptoms; otherwise a hidden concomitant pathology, like the submerged part of an iceberg, will sink the surgical ship. As I have emphasized in this volume, this is especially true of patients with obstructed defecation.

What dangers lie in wait during surgery? What can the surgeon do before, during, and after an operation to prevent complications? When faced with a complication, whether early or late, how can we treat it? These are among the many issues discussed in the book you are about to read, which I have chosen to write in a colloquial and practical rather than an academic style. The text and the case reports are accompanied by numerous photographs and illustrations. To encourage the reader's interactive involvement, I have described several procedures step by step, including not only what to do but also what not to do. Each chapter ends with a section called "Unforgettable Complications," which also discusses, where relevant, the medical-legal issues.

While it is certainly the case that one learns best from one's own mistakes, it is my sincere hope that the reader is able to profit from my many years of experience, as reflected in a reduced number of failures and improved surgical results.

Rome, August 2011

Mario Pescatori

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Mario Pescatori

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