

Comment on: Feedback of the patients and/or relatives witnessing a squint surgery of their ward in operation theatre

Dear Editor,

We read with great interest the article titled "Feedback of patients and/or relatives witnessing squint surgery of their ward in the operation theatre"^[1] by Kothari. We congratulate him for the same.

We agree with the author that presence of attendees in the Operation Room (OR) would increase the transparency of the procedure and surgery explained, increase the confidence in the treating doctor, and would also increase awareness about squint surgery as reported by 82, 86, and 98% of the attendees, respectively.^[1] We would further like to add a few points which may be helpful for one to decide whether he/she wants to allow attendees in the OR.

1. Type of surgery performed has not been specified. We feel that a primary surgery where recti or oblique are operated may be displayed to the attendees. In surgeries where there is more of tissue dissection and possibility of bloody field of surgery, like transposition procedures, anchoring of the globe, and re-surgeries, the attendees may experience more of anxiety and the parents may not be offered to witness the surgery.
2. How the attendees witnessed the surgery needs a clear mention, whether there was a TV monitor display or the attendees were close to the operating area. Coming close to the operation table may need a close watch on the attendee as their actions may compromise the OR sterility. If they watched the surgery on monitor then, it is something akin to watching the surgery in the waiting area.
3. In anesthesia related problems requiring major resuscitation, the attendees were requested to leave the operation theater.^[1] We feel that if a person has been asked to leave the OR, he/she would have a higher anxiety level. In the present study, of the three attendees who experienced severe anxiety, it is not specified how many were asked to leave the OR. In such a case, it may be recommended to call the attendee once the anesthesia is done and ask him/her to leave as soon as the surgery is over. We also feel that anesthetist's routine maneuver of checking the responsiveness to painful stimulus may also offend the feelings of attendees. Hence, if one decides to show the surgery to attendees, the anesthetist's opinion must be taken and if the anesthetist is not comfortable with the attendee's presence in a particular case, it should be honored.
4. Besides the technical disadvantages mentioned nicely in Table 3, there can be some legal implications, which have been missed in the articles. The attendee present in the OR for all practical purposes officially becomes a "live witness" to everything that has been done in the OR. In such case, there is a theoretical possibility that in spite of explaining the procedure, a layman may not understand the procedure which may be a genuine routine or is done in the best interest of the patient. A misunderstood attendee may misinterpret and correlate his/her dissatisfaction to the actions taken in the OR (more so in cases of complications which may cause drop in vision or anesthesia related complications) and one may incite or complicate a legal suit.

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Reference

1. Kothari M. Feed back of the parents and / or relatives witnessing a squint surgery of their ward in the operation theatre. Indian J Ophthalmol 2011;59:385-7.

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