

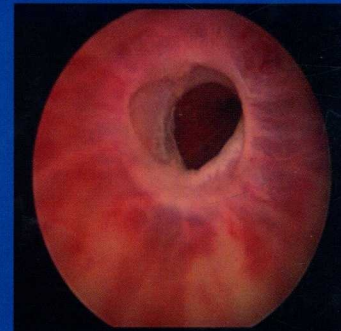
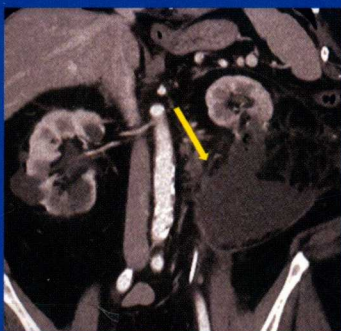


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VERSION**
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Details inside.

TANEJA'S COMPLICATIONS of UROLOGIC SURGERY

Diagnosis, Prevention, and Management

FIFTH
EDITION



Samir S. Taneja
Ojas Shah

Taneja's Complications of Urologic Surgery

Diagnosis, Prevention, and Management

FIFTH EDITION

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Taneja's Complications of Urologic Surgery

Preface

Surgery is never perfect, but that should not stop a surgeon's pursuit of perfection.

In many ways, this is the nature of a surgical career – continually refining one's approach and technique through observation, trial and error, and experience. In doing so, excellent outcomes can be achieved with any operation, and when complications arise, early recognition and proper management can allow expeditious recovery.

Optimizing surgical outcomes can be viewed as a lifelong exercise for the surgeon, but for the individual patient, only one outcome matters. Although it is easy for the busy surgeon to consider any operation as routine, it is essential to view each procedure, no matter how routine, as important and carrying potentially life-altering results for the patient. The balance between confidence and neglect is narrow for surgeons, and humility serves the surgeon well in recognizing that no matter how good or experienced the surgeon is, complications are inevitable. Even the operation that appears to go well, in an otherwise healthy patient, can result in complication.

When planning an operation, consideration of unique host factors predisposing the patient to complication is essential. With increasing experience, the surgeon will recognize those cases in which surgery is ill advised. Too often, early in a surgeon's career, complications arise through poor patient selection or preparation, or inadequate attention to risk factors in planning the procedure. Patients with underlying cardiopulmonary compromise, diabetes, coagulopathy, or morbid obesity should be considered at highest risk of complications delaying or preventing recovery. In particular, obese patients carry both the risk of complications due to underlying medical disease and those related to the increased technical difficulty of the procedure. Likewise, re-operative procedures can carry unique technical challenges and risks. When starting out, recognition of these challenges, and consideration of referral to a surgeon experienced with those types of patients, can save a great deal of anguish for surgeon and patient.

While caution is essential, surgeons must also be willing to take on challenging cases when patients are in absolute need of care. Careful preoperative assessment, operative planning, consultation when appropriate, and adherence to fundamental surgical principles allow the best opportunity for a good outcome. When confronted with a complication, the surgeon must refrain from efforts to minimize the problem and use a judicious approach to determine the right course.

First and foremost, complications take a tremendous emotional and physical toll on our patients, and surgeons must remember this when confronted with a complication. For the patient, the process of surgery is one in which control is given completely to the surgeon. The uncertainty of outcome, the loss of control, and the fear of mortality are tremendously stressful for the patient even in the setting of an uncomplicated surgery. When complications arise,

these stresses are magnified and patients and their families are often confused, depressed, or angry. Demonstration of sincere empathy and sympathy are critically important. Careful, calm, and comprehensive communication are essential to enable them to understand the nature of the complication, its probable causes and outcomes, and concerns going forward. Specific benchmarks for improvement can allow the patient and family a structured process to mentally cope with the situation. Patients with complications often fear the surgeon will abandon them, and reassurance can go a long way toward maintaining a good relationship.

Physical concerns in the setting of complications relate to the patient's ability to tolerate the stresses and the relative risk of prolonged hospitalization. In patients with preexisting comorbid conditions, careful attention to management of underlying disease processes, particularly those influencing recovery, will help in avoiding secondary complications. Maintaining nutrition, preventing infection, and carefully monitoring fluids and electrolytes are fundamental surgical principles that directly affect recovery from most procedures, but that can easily be forgotten in the heat of stressful complication. Although not all patients recover from complications, the surgeon's primary goal must be to optimize the patient's condition to maximize the patient's odds of recovery.

The balance between action and inaction is a difficult one for surgeons. An underlying desire to make a complication go away often leads to a hasty decision to act quickly through reoperation or intervention. Although sometimes indicated, quick decisions to intervene often result in worsening of the problem or development of secondary complications. At the time of complication, careful diagnostic evaluation to fully understand its nature and extent are critically important before any action is taken. Although stressful for both the patient and the surgeon, sometimes waiting it out is the best course of action.

Over the years, *Complications of Urologic Surgery: Diagnosis, Prevention, and Management* has become a text popular among those in training and those in practice, largely due to its ability to provide information relevant to day-to-day practice. It has been translated in multiple languages, creating access for urologists around the world. In this fifth edition of the text, we have expanded the title to include "Diagnosis", recognizing that the early identification of complications is as important as their management. We have additionally made the content more contemporary, by removing references to operations rarely performed in modern practice, and adding a number of chapters dedicated to complications unique to the emerging standard of minimally invasive surgery and specific procedures commonly employing laparoscopy or robotic-assisted laparoscopy. Recognizing that robotic-assisted surgery is growing in utilization, but remains underutilized, due to cost, around the world, we have retained detailed discussion of

the conventional procedures commonly performed in urologic practice, expanding upon the diversity of authors to allow a broad perspective to approach. Finally, for trainees, we have added a new study guide with questions and case presentations to test knowledge and inspire questions in mastering the content of the text. It is our sincere hope

that the text will remain a popular, frequently utilized source of information for practicing urologists around the globe.

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*We would like to dedicate this book to the many who
have so greatly influenced our lives and careers.*

*To our parents, Vidya Sagar and Sudesh Taneja, and
Dinker and Aruna Shah, for setting an example and
encouraging us to relentlessly pursue excellence in
our education and professional life.*

*To our mentors, Jean deKernion, Robert Smith, Richard
Ehrlich, Dean Assimos, and Herbert Lepor, for teaching
us the science and craft of surgery and supporting
us in failure or success.*

*To our families, Uma, Sorab, and Sabina Taneja, and
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love and support in allowing us to pursue the
distractions of our academic life.*

*And, most importantly, to our many patients whose
care has taught us so much, whose needs have inspired
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has motivated us to carry on each day.*

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Complications of Continent Cutaneous Diversion

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