Preface

Managing Intraoperative Events in Thoracic Surgery

Shanda H. Blackmon, MD, MPH, FACS
Editor

Intraoperative events are best managed when they are avoided or prevented. Unfortunately, some events happen despite the best preoperative preparation. Like airline pilots, surgeons should practice, read about, and rehearse managing intraoperative crises. Team training for these events will result in a better outcome and less morbidity for the patient. As a surgeon, I believe being transparent about outcomes and events leads to better teaching for residents and enhanced learning for everyone involved. Recording every case will allow a surgeon to go back into the event and sometimes identify the critical error and how to best manage or prevent it in the future. Reviewing other surgeons' events can perhaps avoid the event in the future.

Most surgeons remember intraoperative events like they were yesterday, even when they took place years ago. Most of my memories of being a resident in training are punctuated by my mentors constantly reminding me that attention to detail and keeping things simple is the best way to avoid disaster. Dr Garrett Walsh will always be famous for striking fear into the hearts of decades of thoracic surgeons passing through MD Anderson Cancer Center as he would begin to tell the story of a simple intraoperative mistake or event that was not properly managed and then led to another event that eventually sent the patient into a rapid downward spiral death spin. One of my favorite mentors, Dr Bill Putnam, used to always say "fail early." I believe seeing others fail and learning about how they failed and making note of how not to fail in the same manner lead to better outcomes. Our specialty is unique because it is one of the only specialties that still holds open morbidity and mortality conferences. There is nothing more valuable to residents than hearing their surgeon admit to error and state how they may have done things differently.

I hope this issue will live in the operating room instead of the office. Each article was carefully selected based on filling gaps in managing critical events. From complex management of pulmonary artery hemorrhage to intraoperative aspiration, airway crises, and pulmonary embolus, each author has reflected on personal experience as well as reviewed the literature to succinctly deliver management recommendations.

I still remember being in the operating room with Dr Ara Vaporciyan as we encountered a potentially dangerous portion of the surgery. He would lean into the field and remind me how gently one should handle the pulmonary artery or how important it was to place the intercostal muscle over the bronchial stump. After the warning, he would smile and say "Ask me how I know…."

Shanda H. Blackmon, MD, MPH, FACS
Mayo Clinic
200 First Street, Southwest
Rochester, MN 55905, USA

E-mail address:
blackmon.shanda@mayo.edu

Thorac Surg Clin 25 (2015) ix
http://dx.doi.org/10.1016/j.thorsurg.2015.05.001
1547-4127/15/$ – see front matter © 2015 Published by Elsevier Inc.