

Journal of Orthopaedic Complications – an Ode to Brave Academics

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Bravery is something an academician is rarely blamed of. As surgeons we do take risks, being a clinician and treating trauma and injury requires a great risk taking ability. We are brave surgeons and brave clinicians for sure, but being brave in academics is a rare quality. Especially when a part of being brave means to admit your complications to your peers and to the world. Probably the reason why less complications are published is because we believe complications are mistakes. I think complications are a part of the natural history of any medical process. They are inevitable and form an integral part of all our careers. In fact we learn more from our complications than from our success. Probably this belief that complications are mistakes is the main reason why we see very few articles on complications. Complications are basically of two types, one that is inherent to the disease process or the patient and one that is part of the learning curve of the surgeon. The first kind of complications are most of the time unavoidable as they are part of the disease pathology or are due to comorbidities of the patients. For example a diabetic patient has increase chances of infection in any orthopaedic surgery. We can try to reduce this risk but still this risk will be higher than the other. Another example will be inherent risk of avascular necrosis in a case of hip fracture dislocation. We can do a good reconstruction but the risk of AVN is still

high in these cases. Risk of intraoperative fractures in osteoporotic patients is another such example. Such inherent complications should be recognised early and patients should be educated about them. The second kind of complication happens when the surgeon is on the learning curve of his career. These complications are integral part of learning curve and over a period of time these decrease to a great extent. One of the reasons why these complications reduce is because the surgeon learns immensely from each complication and is able to prevent similar complications in future. In fact, complications are major milestones on the learning curve of every surgeon and each complications marks major improvement in the learning curve. Understanding about both these types of complications will increase, when we come forth and publish these complications and share our learning points. It will help us educate our patients better and also reduce the learning curve of budding surgeons. Journal of Orthopaedic Complications (JOC) is an attempt to do something novel. I believe it is first of its kind journal that focusses only on complications in any faculty of medicine. Complications are major milestones in a clinicians careers and I am sure all of us distinctly remember our complications. Occurrence of a complication changes us a lot, both as a surgeon and also as a person, irrespective of whether the complication is of inherent

nature of the disease or due to learning curve. As a surgeon we become more vigilant and cautious. Complications make us think, they jolt our brains with a sudden

impact. We analyse our complications in much more details, than the successful cases. We read more about them, we try to find ways to prevent them in future and also on how to manage them more successfully. No other case in our lives has this kind of impact on us. Treating a complication is a life time experience both personally and professionally. Dealing with the patient is often difficult and being in such situation we truly realise the emotional impact of our work on lives of patients and society overall. Complications also make us realise our shortcomings and are a humbling experiences for most of us. We realise that the disease process and pathophysiological aspect of the body are much stronger determinants of our results than our interventions. Our respect for the basic premises like biomechanics and disease patho-physiology increases immensely. Such experiences help us grow in character and become better and more emphatic doctors. Treating a complication professionally is a challenge as every complication requires a tailor made care protocol depending on the severity and extent. Many disease inherent complications make us think tangentially to come up with novel solutions like use of bisphosphonates in avascular necrosis of the femur. Many intraoperative complications demand certain improvisations and techniques which are not described normally. Customised postoperative care and prolonged management may be needed to achieve satisfactory results in these cases. I believe every complication contains many important learning points. Treatment of one case of complication offers pointers on how to avoid them and also how to manage them. All these tips, tricks and

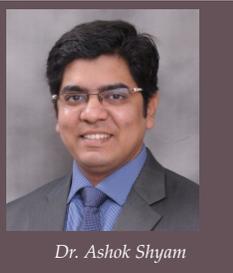
improvisations have great academic value which should be shared and JOC is the right platform to

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share them with the world. Many of these complications will be standalone and JOC will be publishing more case reports than original articles. We have planned to start symposium and short review articles which will update readers by compiling various forms of evidences to bring practical information about complications. All these formats will help readers to learn from the complication of others and avoid them in their patients.

We as a faculty do realise the importance of such learning and this shows in the number of surgeons who have willingly joined our editorial board. I believe it takes courage to have your name associated with a journal which talks about complications. But more than the editorial board I believe our authors are most courageous. To admit a complication is a true test of character of a surgeon. The best amongst us are those who have realised and accepted complications and learnt from them. I believe complications are never a conscious act on part of any clinician. It is never an act which is deliberate. 'Do no harm' is the first dictum of patient care that we learn from Hippocratic Oath. We all wish the very best for all our patients. And unfortunately, if a case gets complicated a shadow of stress

engulfs us. Not because of guilt, but because of our sense of responsibility and empathy towards our patients. I believe we as clinicians undergo as much mental agony as the patient who develops complications. Most of us would exceed our professional and personal duties when treating a complicated patient. Our effort to make him whole again is much more intense. And this is irrespective of whether the complication is inherent to the disease process or part of the learning curve. We can't completely avoid complications but we can reduce their incidence and severity to a very large scale by publishing our experiences. It will also help many to effectively prevent and also manage their complicated cases. Also once few of us start publishing our complications, other too will find courage to publish their complications. It surely is a matter of being brave and the entire editorial board salutes the authors who have published their article in the inaugural issue. In an ideal world if all of us publish our complications along with our methods of dealing with them, the body of literature that would build will be one of the most relevant one as far as patient care is concerned. It will shed much needed light on the disease process that cause complications and will also provide

solutions to reduce them on the learning curve. Role of journals is not only to publish complied evidence and case series but main aim of a clinical Journal is to impact and improve patient care directly. At JOC we believe we can build such literature and we urge every one of our colleagues to publish their cases, so that many can be enriched by their experience.

Scientific literature is known to be bland, but when we are dealing with sensitive topic like complications, the presentation should also be appropriate. The editorial board is working on laying down better guidelines where every aspect of the case can be well presented including patient perspective, surgeons perspective and related events. The readers should be able to identify with the author, the patient and the complication. If not literally an 'ode', every article should be leaning on being more descriptive along with being analytical. We aim to create a journal that has a heart and soul and not just written words. I believe together we have an opportunity to create something that will not only make us better surgeons but also help us become better human beings.

Conflict of Interest: Nil
Source of Support: None

How to Cite this Article

Shyam AK. Journal of Orthopaedic Complications – an Ode to Brave Academics. Journal of Orthopaedic Complications Jan-April 2016; 1(1):1-2.