FOREIGN BODIES AS OPERATIVE ERRORS

By N. K. APTE (Bombay)

AFTER reading "Surgical errors and safeguards" by Max Thorck one finds that the Ear, Nose and Throat Surgeon is also faced with the problem of an unsuspected foreign body left unintentionally at the previous operation. This accident occurs more frequently than is generally supposed but is not discussed openly as it is embarrassing to the patient and surgeon concerned.

It may seem ridiculous but it is possible to overlook a small gauze swab or other foreign body in the nasopharynx, mastoid cavity or an air sinus, as is true in an abdominal cavity. The problem of shifting of the foreign body once located does not present to the E.N.T. surgeon in most of the cases.

The following record of 20 cases is of patients seen by me at second operation during the last 10 years. The previous operations had been at free or private hospitals. The gauze swab was found to be the cause of disability in the majority of cases.

Unfortunately spontaneous elimination of the foreign body is rare. The ill effects due to the foreign body are mostly temporary but may prove fatal in some cases. Legally it may amount to unintentional negligence in court. A surgeon is not justified in putting the blame on his assistant, nurse or the anæsthetist. He has a moral responsibility towards the patient. It is unfortunate that the patient has to suffer for no fault of his and he ultimately loses confidence in treatment advised.

TABLE I.

SITE OF FOREIGN BODY

(1) Ear	4
(2) Nose	5
(3) Air sinus	5
(4) Pharynx	5
(5) Trachea	1
Total	20

TABLE II.

TYPES OF DISABILITY—(PROBLEMS)

(1) Fatal	1
(2) Temporary	19
(a) Acute and chronic infection	12
(b) Persistent sinus	2
(c) Neuralgic pain	2
(d) Encapsulation	1
(e) An attempt to arouse sympathy	2
Total	20

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TABLE III.

DURATION OF DISABILITY

(1) Fatal	1
(2) Few hours	1
(3) Few days	1
(4) Two weeks	2
(5) 2-6 months	10
(6) 6 months- 1 year	5
Total	20

TABLE IV

RESULT

(1) Fatal	1
(2) Temporary disability	18
(3) Spontaneous expulsion	1
Total	20

TABLE V.

(1) Previous operation at private Hospital	7
(2) Previous operation at General Hospitals	13
Total	20 cases

Looking into the record of the twenty cases the causes of leaving a foreign body are:

1. Undue hasty technique, especially last operations on a long list.

2. A great meticulous care is taken in finer steps of operation, e.g. tympanoplastics, operation for malignancy etc., while the gauze strip used to check troublesome bleeding is inadvertently forgotten.

3. Poor record of the type of drainage and its time of removal, in the case history by the new house surgeon or surgical registrar.

4. A hurried postoperative examination of the patient by the Surgeon. Many of the foreign bodies could have been detected early had it not been for the surgeon to label the patient as neurotic, when he repeatedly insists for a re-examination.

Thorck has said: "No surgeon however skillful should consider himself beyond the possibility of an error; one should benefit from one's or others failures and disappointment."

Summary

A record of 20 cases is given with particular reference to site and type of foreign body detected at the second operation. The duration and the result of the disability is also mentioned.

The possible causes for the mishap have been given.

A little conscientious post-operative observation of the patient may avoid much embarrassment to the operator and misery to the patient.

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CASE HISTORIES OF 20 CASES

Site of Foreign Body	No. of Cases	Previous Operation	Signs and Symptoms	Duration of Disability	Type of Foreign Body
Ear	4	1 Mastoid operation	Post auricular swelling otorrhœa	4 months	Encapsulated gauze piece
		2 Tympanoplasties	Repeated granulation in spite of cautery, otorrhœa	4-6 months	Sponge pieces
		1 Radical Mastoid operation	Foul smelling otorrhœa in a medical student	11 months	Roller gauze
Nose	5	Antral puncture	1 Repeated epistaxis treated by packing	7 months	Wooden sticks used for anæsthesia (local)
			4 Ozena mistaken for chronic sinusitis	2-6 months	Cotton plug, gauze piece
Para-nasal air sinus (maxillary)	5	Caldwell Luc's operation	1 Oroantral fistula	About one year	Roller gauze
			1 Synechia between lateral wall of nose and septum and headache in a medical student	11 months	Roller gauze
			2 Epistaxis repeatedly since operation	2-3 weeks	Roller gauze
			1 Fistula on cheek—diagnosed? Chronic Osteomyelitis? Cancer max. sinus	4 months	Roller gauze
Pharynx	5	Naso-Pharynx			
		2 T. and A. operation	Child treated for Nasal diphtheria and hospitalized at Infectious Hospital for six weeks each time twice	8 months	Gauze
		2 T. and A. operation	Frontal headache since operation, low fever	2 months	Gauze coughed out
		Oro-Pharynx			
		2 T. and A. operation	Severe pain in left ear post-operative	6 days	Gauze in tonsillar fossa under sutured pillars
		2 T. and A. operation	Neuralgic pain—side of neck (IX N) and Trismus—treated by Irgapyrin and vitamin B 12, etc.	2 months	Silk ligature at lower pole
		Laryngo-Pharynx Repair of cleft palate	Reported cyanosed by the Nurse when the patient reached the ward	Fatal	Roller gauze packed around endotracheal tube forgotten
Trachea	1	T. and A. operation	Patient partially anoxic and hence not fully under anæsthesia during the operation	Nil	Partially avulsed Inf. Turb. blocking the endotracheal tube detected by the anæsthetist at extubation after operation when cleaning the tube

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