

SUMMARY AND CONCLUSION

In this essay a trial to review the different aetiological factors resulting in iatrogenic complications following surgical procedures is settled. This review included iatrogenic complications following head, neck, breast and gastero-intestinal surgery, in addition to iatrogenic complications in anaesthesia and adverse reactions to some drugs used in surgery.

If we start with head and neck surgery, some iatrogenic complications appear as necrosis of skin flaps, haemorrhage, carotid artery belowout, air embolism, oedema of the face, pneumothorox, esophageal injury, injury to carotid vessels, injury to large lymphatic ducts, facial nerve injury, vagus nerve injury, accessory nerve injury and injury to recurrent laryngeal or suppperior laryngeal nerve. While in breast surgery, the examples of iatrogenic complications are, extension of skin incision into the hollow of the axilla, button-holes in the skin flap, local recurrence, unilateral pneumothorax, bleeding from perforating vessels, oedema of the arm, inadequate drainage of breast abscess, injury of intercostobrachial, long thoracic and thoracodorsal nerve. Also, some iatrogenic complications

appear in biliary tract surgery as bile leakage, sub-capsular haematoma of the liver, choledochoduodenal fistula, pancreatitis, jaundice and hepatic artery injury or ligation.

With respect to splenic surgery, the examples of iatrogenic complications are, haemorrhage, gastric fistula, pancreatic injury, and trauma to the left cupula of the diaphragm. Also, gastero-intestinal surgery have a great numbers of iatrogenic complications as esophageal stricture or perforation, chylothorax, fecal fistula peritonitis, injury of the bowel during dissection of adhesion, infarction of intestine by application of non-crushing clamps in straight manner, anastomotic leakage, exposure of mucosa at anastomotic line, occlusion of anastomotic site, perforation of the colon during colonoscopy, duodenal stump leakage, necrosis of stomach wall and ulcer recurrence.

During anaesthesia some iatrogenic complications may appear as injury to lips, mucosa of the pharynx, tongue during intubation, misplacement of endotracheal tube, inadequate anaesthesia, interchange of syring, bacterial meningitis and epidural abscess after spinal anaesthesia. Also, headache, difficulty in hearing and vision may occur after spinal anaesthesia, while

interavenous injection of local anaesthetic agents may lead to serious systemic effects. Also, many adverse reactions of the drugs may appear such as gastero-intestinal haemorrhage, gastric ulceration, perforation of peptic ulcer, pancreatic necrosis, paralytic ileus, interavascular clotting, haemolytic anaemia, aplastic anaemia, megaloblastic anaemia and granulocytopenia.

Since the advances in diagnostic and therapeutic tools over the last 30 years have lead definetly to a significant decrease in both morbidity and mortality, however still the iatrogenic complications need the skill and care of the surgeon rather than the use of special instruments or methods. We can conclude that, the surgeon is a controlled wise decision rather than a sole techniqual experience. So, good assesement of pre-operative preparation, proper choosing of the type of surgical intervention, study all the anatomic details and post-operative observations are essential in all surgical procedures. All of these with the gained experience of the surgeon are mandatory to avoid iatrogenic complications, for the sake of good results.