

# Revisiting Pearls That Epitomize the Principles of Surgery

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Every surgical internship starts with: “Learn from your mistakes, but more importantly, learn from other’s mistakes.” Many pearls follow. Later in our career, this wisdom surfaces with a fleeting wisp of nostalgia, and a profound appreciation for this generously given and gratefully inherited wisdom. Our decisions may reflect the moment, but the principles remain inviolate. Surgical pearls have guided us as surgeons and have helped us earn the deep respect of our patients.

We begin to truly appreciate their value midway through our training. With hard work and attention to detail, you begin your PGY-3 year. Once you have helped your interns achieve independence, you are finally able to focus on mastering the complexities of surgery. Now you have the time to solicit critique of your operative skills and discuss complex surgical strategy with your attending. More importantly, you begin to appreciate the nuances of surgical decision-making. Your mentor brings color and texture to your journey, as you absorb the intricacies of the surgical arts.

In unguarded moments, you recognize that your quest is guided by brilliant yet fallible people, trusting you with both their expertise and insight. You learn that great wisdom is often revealed in moments of exhausted candor, when professional armor is set aside, leaving two scholars to share a common challenge. It is often in these quiet moments, when timeless pearls are best shared. Others have been hard learned in the shadow of uncertainty, driven by rapid technological innovation, and accompanied by inevitable mistakes.

Hopefully, these pearls will resonate with the reader who certainly will, in time, add to their list.

## PRIMARY PRINCIPLE: THE PRIVILEGE OF YOUR PATIENT’S TRUST

Make certain each decision and action are demonstrably best for your patient, and only secondarily for yourself, or the institution you represent.

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Doctor means teacher. Your patients and their family are your primary students. Always teach your patient and their family before you operate. Encourage questions and respond to them in a private setting. Do not hurry this discussion. Your patient has already searched the web and begins with social media driven conclusions. Patients depend on your guidance. Always request, never command. What you say is less important than how the patient responds.

To the patient, there is no “simple procedure.” Patient confusion is the nidus of avoidable stress. If you cannot explain it to an eighth grader, then you do not really know it yourself. Be clear. Be patient. Recognize when you should admit that you do not know but will *find out* before your next meeting.

The only way to know your patient’s goals and expectations is to ask them. Do not assume. The one thing patients value more than their life is their dignity. It is your *patient’s* spiritual perspective that should guide decisions, not yours. Discover how your patient defines themselves (raison d’etre). Remember that they are a person that needs your help, not a procedure, a career step, or a gaggle of relative value units. Every patient is an expert at something. Find out what that is before you recommend surgery. Discover your *patient’s* unique quality metric. You will often be surprised. Explain and advise based on surgical literature. Share your personal opinion only when you have command of the literature and are seasoned with experience.

Master surgeons know how and when to operate, but more importantly, know when *not* to operate. Would you advise this procedure for your loved one? A 1% surgical risk is suffered by the patient, 100% of the time. Can you look the widow in the eye, and still justify your recommendation? Your responsibility is to extend *meaningful* life, not a tumultuous death. Never lie to a patient. Earn your patients respect, not their love.

After surgery, talk with the family in person. Review the pathology report and laboratory test results before meeting

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with them. To your patient, every symptom or biopsy is cancer, unless you explicitly rule it out. Accept thanks. Graciously accept your patient's gratitude, but always on behalf of your *entire* surgical team. Let your patients know how much you value and respect the contributions of the nurses and trainees, who are your patient's advocates when you are not there.

Except to your mother, your credentials and honors are of fleeting concern. Many of your patients are equally accomplished in their field. Your patient asks only kindness and expertise.

No one argues with someone holding a knife. Discuss societal controversies after discharge.

### LEARNING AND THE TRADITION OF TEACHING

Being a surgeon is one of the greatest privileges any person can be granted. It is a temporary gift. Protect our surgical traditions with respect and dignity. Bequeath it carefully. Our students are hungry for guidance they cannot Google. Teach by example. There is great value in *Co*-munication, little in *Uni*-munication.

Continue to expand your professional knowledge. Find the balance between scientific proof and common sense. They are equally important. Truth does not always win every discussion. Know the perimeter of your competence. It will change. Know the history of surgery. It will keep you from repeating the same silly mistakes. Continuing medical education is a self-directed opportunity, not a burden. Twice a year, go to both a medical and surgical grand rounds at the medical school. Join the conversation. Attend at least one major meeting or review course yearly. Networking is a secondary but equally important goal of attending meetings. Every decade, participate in at least one clinical study that will be published. Study and contribute to the literature until you snap off your gloves for the last time. Know when that time has come.

Our most important constant is our own humility. If you are not continuously humbled and grateful for the opportunity to be a surgeon, you have no full understanding of what you are doing. Intelligence is only one of a dozen skills needed to practice excellent surgery. Others include unceasing compassion and empathy.

Whether you are a new attending or the Chair of Surgery, find a mentor. Even experts need a respected coach. Valuable mentors need not always be your friend. Recognize that being asked to mentor is both an honor and a coveted responsibility. Take it seriously. Do not over-extend. When you mentor a colleague, always remember to determine what you can learn from them.

Participate in at least one committee at every hospital that grants you surgical privileges. Be supportive, not insistent.

If you disagree with a new protocol, join the committee that championed it. Few problems are solved complaining in the locker room. Go to the Chair with solutions, not just the problem. With great reluctance, most Chairs of Surgery have voluntarily reduced their time in the operating room (OR), to dedicate their efforts toward making things easier for their surgeons. If you disagree with their decisions, offer to help them craft the next ones.

As a leader, always learn from those you lead. Even if you hold a prestigious chair at the World's Greatest Medical Center, spend 24 hours of continuous call, with that exhausted rural surgeon that refers cases to your institution. You will be impressed at what they can accomplish, with few resources and little support. Never forget the sacrifice and challenges of your own residency. That is precisely what your residents are experiencing today. Help them master the explosion of medical knowledge that threatens to overwhelm them. Let your residents know that the privilege of being a surgeon is worth the hard work and sacrifice. Take 24-hour call for your Chief Resident on *their* most cherished holiday.

### THE OPERATING THEATER

Anesthetic is a necessary poison. Use it wisely. Do not stop working as you teach. Demonstrate a steady command of surgical fluidity. Surgery is a team sport. Remember that the operating theater can be intimidating to your students. Be welcoming and supportive of *every* member on your team. Include introductions in your time-out. Learn their names. You are the quarterback, but sometimes you do not get to call the play. If your team is not asking questions, you have discouraged communication. Remember to *ask* for their input.

Demonstrate to your team that the most important person in the OR is the *patient*, followed by the anesthesiologist. Assist them. Until the patient is asleep, every word spoken in the OR should demonstrably benefit the patient. Let your patient know you are there and, if possible, hold their hand until they are asleep. The OR belongs to your anesthesiologist until they give you the handoff. Do not fumble the handoff. Plan a "stop everything" *time-out*, just before the incision and *again* when you remove your gloves. A well-executed time-out saves lives, limbs, and reputation.

Master flow. An expertly run surgical theater is never stationary. There is always something to do. There are no observers in the OR. Speed is the dividend of mastery. Speed without mastery is misery. Work safely, then swiftly. Recognize when to conduct the surgical symphony with the tempo of a calming adagio, an expected allegro, or a skillful presto. The pace of every procedure

will change with each step. Surgery is the ultimate performance art. That is why it is called the operating theater, not an improv.

Operative excellence is earned well before the incision. Frequent the simulation laboratory *with* your students. Performance is proportional to preparation. Practice innovative procedures with your team, before you step in the OR. When making intraoperative decisions remember: Foolish perfection is the enemy of the good (Voltaire). Let Mother Nature help perfect your efforts. Use both *silicon*-based and *carbon*-based algorithms when making decisions.

The temperament of the surgeon predicts the temperature of the operating theater. Keep a cool head. If you do not, no one else can. Find your level of stress tolerance. Do not exceed it. Act like you have risen to this challenge before. If you have, invite a junior colleague to assist, so they can gain from your experience. Whether this is your first case after fellowship, or your last one before retirement, do not perform an operation that makes you feel “uncomfortable.” Get help or refer the patient.

Your postoperative team is critical to operative success. Postanesthesia care unit (PACU), ICU, floor, and ancillary teams are central to a steady postoperative trajectory. Let them know that you respect their contributions.

Help the orderlies get your patient safely off the OR table. Someone from the surgical team should always accompany the patient to PACU. Occasionally, wheel your patient to the PACU yourself. Spend an hour with an orderly. You would be surprised how important they are to the care and safety of your patient. Treat them with respect. Once in a while, pick up a mop and help turn over the room. Go to central supply and learn how to properly clean every one of your instruments. Know where and how they store each item you use in surgery and the emergency room. Clean up your own trays in the emergency room. Sharps are your responsibility alone. Do not ask anyone to do something you have not done yourself...recently.

After surgery, change out of your scrubs. Everyone knows you are a surgeon.

## CHANGE

As surgery evolves, know what should change and what should be preserved. Senior surgeons may surprise you with their wisdom, rookies with their energy. Treasure the insights of a few well-seasoned surgeons. Conversely, those surgeons that look the “age of your grandchildren,” are often blisteringly smart. Know when to invite either into your OR. It takes wisdom to ask for help *before* you

need it. When you finally believe that you have mastered surgery, and are now performing cases expertly and precisely, you are ten years behind. There is a reason we call it “practice.”

Perceive the shifting tectonic plates supporting our profession. Responsibility to your patient is not defined by the tort statutes or political imperatives. Always remember that you work for your patient, not for the institution, the government, the insurance company, or for compensation. Remember that the primary loyalty of that indispensable drug or manufacturer’s representative is to their company, not your patient. The patient is your responsibility.

Keeping pace with change means not only identifying the problems, but also proposing a solution. Refrain from continually redefining the problem.

Recognize and relish the changing seasons of your surgical career.

## THE SURGEON AND THE COMMUNITY

Your public behavior dictates the success of your practice. Patients have a long memory. Always demonstrate professional dignity in public. Identify and master your personal weaknesses. It takes insight and maturity to call in a *personal* consult if you cannot do it alone.

If there is a dominant industry or unfamiliar cultural customs in your community, spend a day shadowing a few patients. If there is a dominant second language, learn it.

Twice a year, ask a few trusted patients to collect every medical bill associated with your procedure. Study the charges carefully. You will be surprised. When someone complains about medicine at the neighborhood barbecue, listen very closely before you rebut. Do not defend, advocate. Put on street clothes and spend a full hour in the surgical waiting room. That is how long many patients wait. Take notes. Watch their faces. Do not be that clueless surgeon that lacks empathy until you have surgery.

Do one thing for your community that does not directly help your own family. Strive to earn a “Top Citizen” distinction just as much as a “Top Doc” plaque. If you are half as good as you think you are, you do not need to advertise. Patients may treat you like God, but you only do his work.

## BALANCE

Spend time with nonmedical people. Learn to be good at something other than surgery. Define your “sense of self” as being more than an excellent surgeon. Know when and how to recalibrate your compass. Know when to stop talking. Just because no one argues with you, does not mean you are always right. Brilliance in surgery rarely translates

