



## DR. WITHERSPOON

CHIEF OF STAFF

by J. M. MacDavid M.D.

### Call Your Doctor

A woman underwent an extensive surgical exploration for a nerve problem in her forearm. Upon leaving the surgery center, she was given an instruction sheet advising her to call her doctor if she had a high fever, bleeding, or excessive pain.

The next day, she was in agonizing pain. The pain pills did not help. She removed the dressings and noted that her hand was quite swollen.

She called her doctor, frantically complaining of pain. According to the record, he told her things were fine and advised her to come to his office next week. She called again later that same day, terribly distressed, complaining of unrelenting pain, rocking back and forth clutching her hand. She was again reassured.

Hours went by. The intense pain gradually receded.

During the following weeks, she noted she was unable to move portions of her hand and fingers. This did not improve with time. At follow-up appointments, her doctor seemed unconcerned.

Finally, she obtained a second opinion from another surgeon who advised her she had suffered permanent damage from a compartment syndrome.

She underwent another operation consisting of selective tendon transfers to restore function



### Dr. Witherspoon says:

Not again! Another missed compartment syndrome. Once again, we relearn a lesson we learned long ago.

This is a famous extremity complication no doctor has any business being unaware of (best way to put it).

Since obviously, as evidenced by the above, all of us are not, I shall briefly cover the basics.

Trauma causes swelling. In addition to motor vehicle accidents, falls, brick-bat fights, etc., surgery is yet another form of trauma to the body which can, indeed, cause swelling.

Occasionally, swelling in a post-operative or injured limb reaches a point such that the intense pressure stops blood flow. Without its blood supply, the muscle will die. Muscles are bound by an enveloping fascia in groups called compartments, so we call this a compartment syndrome.

Tissue deprived of its blood supply becomes very painful (except the brain which cannot feel anything happening to it). The pain from a compartment syndrome is agonizing. It's one of the most painful conditions in all of clinical medicine.

For most patients who hurt after extremity surgery, just removing the dressings will afford relief.

The classic signs of compartment syndrome are pain with the slightest movement and an intense, firm swelling. Muscle tissue deprived of its blood supply is agonizingly painful at rest but if you stretch it, they'll go



through the roof. Gently move the toe or finger up and down. The response may be ear-splitting. "Pain out of proportion," we call it. The limb is usually very tense, almost rock-solid. It is a striking clinical presentation and those who have dealt with it never forget it.

The treatment is immediate decompression. Take 'em straight to the OR. Cut the fascia or, in a post-op patient, as in this case, open the wound and leave it open.

The prognosis for recovery if released within six hours is good. Six to twelve is fair and, if neglected over twelve hours, poor. As time is critical, you must move on this quickly. It is always a medical emergency. Bump the routine stuff and take 'em straight back.

### Lessons learned?

First and foremost, we must doggedly remain in the habit of taking our patient's complaints seriously, no matter when or where. With these after-hours calls, it's tempting to gaffe it off and deal with it tomorrow but you just can't do that. If the substance of these two telephone calls as portrayed here is accurate, I'm sure the possibility of compartment syndrome would have come to mind had the doctor simply given her a bit more consideration.

You must always carefully think about what you're hearing from your patients, even under the most nettling of circumstances. That is the mark of a true professional and if you don't have the patience within you to do so, get another job! Those who are dismissive of their patient's complaints risk having angry, injured patients, depositions with lawyers and an invite to that long table in the admin conference room.

Secondly, beware of that blasted telephone. Study after study has demonstrated the danged thing breeds complications in medicine. Med schools have taught courses on telephone medicine and how to stay out of trouble. Every time you answer a call, drop the casual attitude, listen carefully and make sure you're getting the big picture.

Next, if you're doing surgery, you most certainly should be aware of the potential complications of each procedure you do. This is a famous one and should be quickly recognizable by all who operate on limbs. Again, assuming the phone calls as portrayed are accurate, compartment syndrome should have promptly come to mind. Very much so.

“Pain out of proportion.” That’s the key. Sure, it hurts after an operation. But ice, elevation, and the pain medication should ease it off. If none of that works, the list of bad things that might be going on is impressive: infection, fixation failure, nerve or vascular injury, compartment syndrome, just to name a few. Don’t just blast ‘em with narcotics to shut ‘em up. Get an evaluation.

Have a low threshold for sending patients to the emergency room. From chest pain to extremity injury, I have reviewed cases that likely would have had positive outcomes had the doctors simply ordered their patients to the ER.

Final point. Our patients should expect to be made *reasonably comfortable* after an operation. Common sense tells you, don’t just leave a patient hanging out like that in agony and narcotics are not the answer. This patient needed a prompt evaluation.

Sometimes we need to put ourselves in our patient’s shoes. Walk around awhile. See how it feels.

