

PATIENT INFORMATION: COMPLICATIONS OF SURGERY

As in anything we do, including medicine, complications can occur. Most of you have heard of allergic reactions to medicines, bleeding during or after surgery, infection occurring after surgical procedures and others. This pamphlet will give you a brief rundown of things that occasionally happen and that we do our best to avoid but which you should be made aware of. Should you have further questions, please do not hesitate to let me know and I will try and answer them for you.

Complications can be broken down into three groups:

1. General Complications

General complications can occur with any kind of surgery where tissue is cut or displaced, including bleeding which sometimes is severe enough that a blood transfusion is required.

Complications can also include infection which can occur when operating in an area that is prone to infection such as the vagina or the bowel. Antibiotic treatment prevents some of this but not all of it and, therefore, abscesses in the wound or abdomen are not unheard of. Because a patient is immobile for a time during and after surgery, pressure may occur on a nerve or a muscle, which can

sometimes produce numbness and tingling or even weakness of a muscle.

The commonest one is for the ulnar nerve (this nerve goes to the little finger) to be affected. This happens even when people lie on their back for a while with their elbows on the bed. That is partly why it is important to move around after surgery. Moving will also cut down on the incidence of clots forming in the leg or pelvic veins. These may break loose and go to the heart and then the lungs or very occasionally the brain. They can be life threatening and are prevented to a great extent by moving around as soon as possible after surgery.

2. Anaesthetic Complications

These vary from the most severe which includes death as a result of heart stoppage to lesser ones such as heart beat irregularities, chipped teeth as a result of difficult intubations and infiltration of tissues by anaesthetic agents or other drugs. Death is very rare and the other complications are uncommon but are more likely to occur in someone who already has pre-existing heart disease or loose teeth or a short neck or a mouth that does not open very wide.

**For health advice or general health information from a Registered Nurse,
call Telehealth Ontario: 1-866-797-0000**

3. Complications Specific to Abdominal and Pelvic Surgery

These include damage to bowel, bladder, rectum, ureters (tube that leads from the kidney to the bladder) and other organs in the area. They are not generally life threatening but can produce problems for people in the future if left unattended. When doing bladder repairs it is not uncommon to be unable to void for a matter of 2 to 3 days to sometimes as long as a month or two. This occurs because the surgery has tightened up structures that have been weakened and occasionally the bladder and tubes going to and from it do not start functioning immediately. If tissues are sufficiently weak, the problems that have been there may also recur just as a hernia can recur if the tissue being repaired is so weak that it will not hold things in place. Incisions in the abdomen may also develop hernias especially if there has been infection in the wound.

Although most of these problems will not affect you, it is important that you are aware of them. If you feel so concerned about the possible complications that you would prefer not to have the surgery, please advise me and we will certainly be happy to cancel it. Obviously anytime one does anything, they have to assess the benefit that they gain against the risk that they take in order to get the result they want. If you are going to drive to Winnipeg, you will

have to make sure that the risk of hopping into your car and driving there is worth taking for the benefit you will gain when you arrive in Winnipeg. The chances of having an accident on the way there are slim but possible. The same is true of surgery.

Should you have any more specific questions, I will try and answer them for you. To ensure that you have read this, I would appreciate it if you would date and sign the appropriate portion of this pamphlet and return it to me so I can leave it on your chart.

I have read and understood the information in the attached brochure.

DATE: _____

NAME: _____
Please print

SIGNATURE: _____

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