The art of the urgent intraoperative consultation

The art of the urgent intraoperative consultation, as requested by a colleague in need, is something rarely discussed, but often contemplated. These requests can occur during times of genuine surgical indecision, within the absolute urgency of a potentially catastrophic emergency, or somewhere in between. Despite our ethical oath to arrive with availability and intention, the nuances and style of entering this potentially stressed environment deserve consideration. When delivering this service, we must consider the surgeon, anesthesiologist, nurses and extended operating room staff both as individuals and as a team. Each component may or may not require different supports.

Urgency

The consultant must assess the urgency of the consultation request and respond accordingly. The more urgent the surgical challenge, the faster we need to hussle. It is clearly hard to leave your own clinic, operating room, or home, but it is important we remember that we will all end up in an intraoperative quagmire from time to time needing help. What goes around, comes around.

Situational awareness

Upon entering the operating room, a rapid assessment of the emotional and physical state of the room is critical. Are the operating room staff anxious? Are they calm and talking normally? What is the demeanour of the surgeon and anesthesiologist? Are there blood products on the ground? Is there a fixed retractor in place? Are there any instruments or tools that are not immediately available that might be helpful? Urgently and quietly assess and treat.

Social awareness

Is this a request from a surgeon you know well, and/or have operated with before? Is it another surgical service or hospital with whom you have little in common? The latter can be challenging and requires extra attention. Rapidly developing an operational rapport with a relatively unknown surgeon benefits from early verbal support and inviting comments. Recognizing a surgeon's emotional investment and respecting their command position is essential.

Emotion

After rapidly assessing the emotional tone of the operating room environment, remember that, as the consultant, one of your primary deliverables is emotional support and stability. This requires intention and thought. It is never the time for judgment or criticism. There will be an endless amount of time to debrief and granularly analyze the pre- and intraoperative events at a later, less charged, date. Remember that physical/technical flailing by the consultant can easily increase chaos and anxiety among others scrubbed at the table. Move and speak with care and caution. Be efficient and intentional.

Content

Does the scenario include life-threatening hemorrhage? Is the surgeon struggling with a critical decision in a complex case? Do you have time to review preoperative imaging? Do you need to scrub in to lend a hand and improve exposure, or is this a scenario where you've been called because of your special skill set and/or comfort with the target anatomy?[1] An immediate evaluation of the specific content request, and rapid response regarding how best to address and support those related goals is critical.

Humility

Sometimes, even as the perceived "helper," we don't have all of the answers to the intraoperative questions or technical scenarios. Although uncommon, asking for a third opinion when the decision is unclear elucidates maturity, thoughtfulness and humility — not weakness and indecision. Working the problem in a progressive and defined manner, while articulating the same, is a style that is rarely met with resistance from the requesting surgeon.

Support

The anxiety and/or confusion associated with a difficult intraoperative scenario doesn't always conclude with the case. Be supportive and available to debrief regarding any and all elements of the event, at a time when the

requesting surgeon is ready. Some of us take longer than others to process highly intense events. Be physically, mentally and emotionally available for your colleague. Debriefing with other members of the operative team may also be helpful at a less stressful time.

Although caring for patients is a privilege beyond compare, supporting and helping our fellow surgeons in a time of intraoperative need is also an honour that is unmatched. Being prepared to engage in an intraoperative consultation by considering each of the tenets discussed above will be helpful to both the surgeon and the consultant. Enjoy these times of critical intraoperative battles with friends.

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Reference

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