

an economic crisis that were the main factors leading to this change. The economic crisis has abated somewhat, yet the need for technology is ever present and extends into all areas of surgery so that we may all benefit. Those who foster genuine change in the system need to see a reward for their efforts. This reward can take on many forms — service recognition awards, purchase of operative technology, transfer of a share of “saved” (ac-

tually costs avoided) resources to other areas needed within the same surgical portfolio (e.g., better support for general ambulatory care).

The final chapter has not yet been written in the area of “inpatient today — outpatient tomorrow.” I believe that we need to study more accurately the outcomes from both patient and economic perspectives to realize the true impact of many of these convergences in surgical practice. Surgeons

must realize that the traditional “surgical bed” is no longer the cherished unit it once was. Access to the operating room, advanced technology and ambulatory care (preadmission clinics, etc.) are the future for successful outcomes as we realistically “do more with less.” It will mean the collaborative efforts of surgeons, health care administrators, anesthetists, family physicians, epidemiologists and many others. I say “bring it on!”

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ITEM 2

Avoidance of premature debridement in frostbite is essential. Surgical debridement or early amputation prior to clear demarcation and mummification greatly increases the risk of infection and will result in increased tissue loss. Demarcation of nonviable tissue may take two to three months and early, active physiotherapy and functional splinting should be underway both before and as an adjunct to eventual operation.

For patients who develop vasospastic syndromes as a sequel to frostbite, late regional sympathectomy has been proposed to treat chronic symptoms. In addition, late distal sympathectomy at the level of the digital arteries may be useful for relief of debilitating vasospastic states with pain, cold sensitivity, and trophic changes.

Systemic anticoagulation is not useful in frostbite injury. The intrinsic muscles of the hand may be particularly sensitive to severe frostbite; varying degrees of fibrosis of the muscle bellies have been attributed to local ischemia. In extreme cases, late release of fibrosed muscles and joint contractures may be required but this is not considered until a rigorous rehabilitation program is completed.

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References

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