

August Case of the Month – ANZASM response

25 November 2024

A Case of the Month recently published by ANZASM has attracted considerable feedback. This is most welcome and exactly why we publish these. Some of the key goals of ANZASM are to stimulate engagement, discussion and reflection among surgeons.

The case in question (see [here](#)) involved an 85-year-old man with significant comorbidities undergoing a laparoscopic bilateral inguinal hernia repair at a private hospital. Postoperatively, he collapsed after complaining of chest pain and could not be resuscitated. Surgeons have correctly identified to ANZASM the significance of an unexpected postoperative drop in haemoglobin levels just prior to the collapse of a patient (presumably indicating the contribution of an occult haemorrhage to death), along with the described hyperkalaemia, acute renal failure, and cardiovascular and fluid balance issues.

Further review has confirmed that although the haemoglobin was low, it was taken from a blood gas sample (hence concerns around accuracy). There was no prodromal period of hypotension, which might be expected if he had had a bleed lasting 24 hours or more. There was also no apparent bruising and/or swelling, et cetera, which might also indicate a bleed. No postmortem was conducted to confirm whether a bleed had occurred or not. There seemed to be a lack of preoperative awareness regarding the hyperkalaemia, and there are concerns around the quality of any preoperative assessment for this patient. These issues should clearly have been considered when making the decision to operate, and it is not clear that this occurred.

This case indicates how easy it is to underestimate the risks of apparently simple routine procedures in high-risk patients—a scenario that is becoming increasingly common. When things go well, the elderly can be candidates for nearly all surgical procedures. However, small postoperative issues can rapidly cascade into disaster. As we often see with ANZASM cases, poor outcomes arise from the interaction of decision-making, case selection, communication, and response to deviations from expected postoperative progress.

Keep reading our cases. Keep discussing them with colleagues. Keep reflecting on your own surgical practice, and certainly keep giving us feedback on the cases that we publish.

About the Royal Australasian College of Surgeons (RACS)

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and Aotearoa New Zealand. The College is a not-for-profit organisation that represents more than 8500 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head and Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery. www.surgeons.org