Comment & Controversy

MAJOR VASCULAR INJURY DURING LAPAROSCOPY: PEARLS TO COPE
BY MAGDY MILAD, MD, MS (APRIL)

Scalpel size may also determine vascular injury rate

I suspect the culprit in some vascular injuries is the scalpel used to make the subumbilical skin incision. I have performed laparoscopy since 1973 and am fortunate to have had no vascular injuries. Since we started doing operative laparoscopy and using an assistant, I have noticed that many of my colleagues use a #11 blade for the skin incision, and while my preference is a #15 blade, I am often given a #11. As was noted in the article, in thin women the distance from the skin to the aorta (or right common iliac) where it crosses the vertebrae is not great, and it would be easy for the tip of a #11 blade to nick the vessel—especially while stretching the skin to make the incision.

It would be interesting if there were data collected on the scalpel blade used in laparoscopic surgeries, but I doubt that information is available.

Charles W. Marlowe, MD
Omaha, Neb

›› Dr. Milad responds

Effect of scalpel size isn't clear

Dr. Marlowe brings up an excellent point. In this case, a #15 blade was used for the procedure.

DO YOU FIGHT—OR SETTLE—THAT LAWSUIT?
BY JEFFREY SEGAL, MD (APRIL)

We need cheaper malpractice insurance, not tort reform

Dr. Segal neither answers the question posed in the title of his article nor addresses what really is the common denominator when a doctor is sued: An entire industry has arisen from medical malpractice litigation. Doctors unwittingly finance it because we are scared to death not to. Lawyers and malpractice carriers create that fear.

April 2008

A doctor's lawyer is paid by the carrier, and the doctor pays his or her carrier a substantial portion of gross income. Malpractice insurance is a physician's largest overhead—the largest overhead in health care, as a matter of fact. In return, doctors are required to attend risk-management seminars taught by lawyers. And make no mistake, it is still at the doctor's expense even when a discount is given. Premiums go up every year no matter what.

Dr. Segal's article speaks of consent-to-settle clauses and hammer clauses—which actually work to the benefit of lawyers and insurance companies—but never recommends that a doctor inform the carrier early

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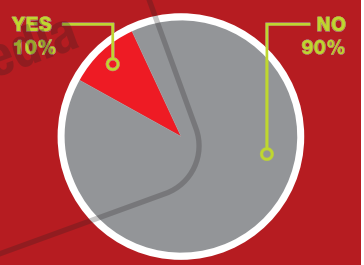
Instant Poll Results

JULY 2007

Have you been drilled recently to prepare for massive obstetric hemorrhage?

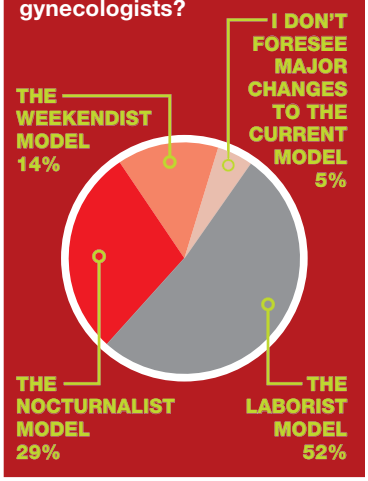
The Joint Commission recommends that labor and delivery services practice responding to common obstetric emergencies by using simulation training. Has your obstetric service had a simulation drill for massive obstetric hemorrhage during the past year?



SEPTEMBER 2007

Can you prognosticate the future of the specialty?

Gazing into the future, which of the following "-ist" models do you think ObGyn practices are most likely to heavily rely on to boost the career satisfaction of practicing obstetrician-gynecologists?



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