Indexing Title: JGGuerra's Medical Anecdotal Report (05-08)

Title: Difference in Management Process

Date of Observation: August, 2005

Narration

- Few weeks ago, the Department of OB-GYN sponsored an Interactive session with a foreigner guest speaker regarding a case report on cornual pregnancy. It just so happened that our department played an important role on the said case.

Narration

- It was actually a case of a 25-year-old female, pregnant at 20 weeks age of gestation, who presented with right lower quadrant abdominal pain which eventually became generalized. On PE, there were direct tenderness and muscle guarding on RLQ, signs of anemia and intrauterine pregnancy by ultrasound.

Narration

- The patient was then referred to surgery. Initial evaluation pointed out to acute appendicitis. The patient was then transferred to our service and booked for appendectomy. Upon opening to a RLQ transverse incision, we noted massive hemoperitoneum and a normal appendix and ileocecal area.

Narration

- We then decided to covert to midline laparotomy incision to look for the pathology. On opening up, we noted multiple points of rupture on the uterus. Realizing that it was a OB case, we then referred the patient to their service.

Narration

- After the OB resident presented the case, there were several questions raised. Questions on the primary clinical diagnosis, OB clearance gave by the their department and question on the initial type of incision made. With our patient management process as guide, our surgery residents had an easy way of dealing with such questions.

Narration

- Using pattern recognition and prevalence for acute appendicitis, our clinical diagnosis was well justified, without requesting for paraclinical procedures. By benefit, cost, risk parameters, our incision type was also justified. We were lucky enough to have our mentor around who discussed different points of arguments.

Narration

- However, the speaker was not convinced on the type of incision and kept on emphasizing and justifying a midline laparotomy incision as incision of choice for pregnant patients.

Insights (Discovery, Stimulus, Reinforcements / Physical, Psychosocial, Ethical)

- All in all, the interactive session, should I say is a success. The OB-GYN Department was able to bring a qualified foreigner speaker to discuss his expertise, the different health clusters of the city of Manila, as well as medical interns and clerks.

Insights

- As for the department of surgery, we, residents are very lucky to be guided by our patient management process in dealing with vast majority of medical and surgical cases. It is by far, the most cost-effective way in handling such cases.

Insights

- It is but normal to encounter medical practitioners and educators who disagree to our process. The best way to deal with them is explain our process coupled with evidence based medicine. The session is one way of informing the medical world that there exist a Patient Management Process.

Insights

- At the end of the session, I thought that, we as physicians, whether in surgical or medical field, have different way of assessing and managing our patients. However, whatever the process is, we should make sure that it will benefit them.

Insights

- Still, our endpoint is healing, alleviating their illness and providing the best medical service with the least possible cost – and the patient management process will give us such endpoint.