

Reply from the author[☆]

Respuesta del autor

Dear Editor:

We wish to thank you for your interest in reading our work and your effort to limit, insofar as possible, circumstances which may lead to unwanted "errors" in our practice.

Occasionally, the automatism with which we perform surgical activity at our centres causes us to relax the thoroughness of our controls and this leads to an increased risk of making mistakes during surgery. Within the total of all these errors we have described several different situations; patient errors (operating on the wrong patient), surgical procedure errors (when the surgical technique used is not that which had been planned), site errors (when the surgical site is incorrect) and side errors (mistaking the side to be operated in symmetrical locations).^{1,2} In addition, we can also make other mistakes, which should also be taken into account despite being minor. These include not conducting additional, previously established, surgical procedures, for example, operating a *hallux valgus* and forgetting to correct an associated hammer toe, as the patient had been informed.

Side errors (wrong side) are only a part of all the possible location errors (wrong site) which we can make. However, they are very specific for symmetrical anatomical locations and/or surgical techniques, such as knee surgery, hip surgery or *hallux valgus* surgery. In these cases, side errors are the only possible site mistakes in which we can incur.

It is true that most publications and all established protocols for patient safety (AAOS, WHO, JCAHO, National Health System) refer to "wrong site" mistakes as those including all acts conducted on incorrect locations or sites, such as operating at a different level in spinal surgery or on a different finger in hand surgery. Nevertheless, it is also true that various authors distinguish the overall concept of "site error" from the more specific and simple concept of "side error", in terms of anaesthetic practice,³⁻⁶ traumatology and orthopaedic surgery practice,⁷⁻⁹ spinal neurosurgery^{10,11} and all the specialties dealing with symmetrical organs,^{12,13} indicating the need to mark the side to be intervened.^{14,15} Some publications even have a higher incidence of side errors than site errors.¹⁶ On the other hand, we must not forget that the first reference to this problem was due to a side error, in which a patient underwent amputation of the wrong leg.¹⁷

Our work was specifically based on assessing the possible risks of conducting a very specific surgery (*hallux valgus* surgery) on the wrong side, which of course would be the wrong foot. This was the reason why we selected the title

"wrong-side surgery".

Leaving these linguistic matters aside, the most important issue is to increase awareness among all surgeons, especially the youngest, of the need to employ all our resources and part of our time on performing a check of all the crucial points before conducting any surgical technique.

References

1. Seiden SC, Barach P. Wrong-side, wrong-site, wrong-procedure, and wrong-patient adverse events: are they preventable. *Arch Surg.* 2006;141:931-9.
2. Bernstein M. Wrong-side surgery: systems for prevention. *Can J Surg.* 2003;46:144-6.
3. Greensmith JE, Murray WB. Complications of regional anaesthesia. *Curr Opin Anaesthesiol.* 2006;19:531-7.
4. Rupp SM. Unintentional wrong-sided peripheral nerve block. *Reg Anesth Pain Med.* 2008;33:95-7.
5. Al-Nasser B. Unintentional side error for continuous sciatic nerve block at the popliteal fossa. *Acta Anaesthesiol Belg.* 2011;62:213-5.
6. Malinovsky JM. Wrong side iliofascial block in a patient with hip fracture. *Ann Fr Anesth Reanim.* 2010;29:796-8.
7. Cowell HR. Wrong-site surgery. *J Bone Joint Surg.* 1998;80A:463.
8. Femur operation on the wrong side. *Lakartidningen.* 1976;73:1327.
9. Hip surgery on the wrong side. *Vardfacket.* 1977;1:68.
10. Irace C, Corona C. How to avoid wrong-level and wrong-side errors in lumbar microdiscectomy. *J Neurosurg Spine.* 2010;12:660-5.
11. Mitchell P, Nicholson CL, Jenkins A. Side errors in neurosurgery. *Acta Neurochir (Wien).* 2006;148:1289-92.
12. White MM, Gupta M, Utman SA, Dhillon B. Importance of side marking in ophthalmic surgery. *Surgeon.* 2009;7:82-5.
13. Ureter surgery of the wrong side. *Tidskr Sver Sjukskot.* 1975;42:62.
14. Lubicky JP, Cowell HR. Wrong-site surgery. Correspondence. *J Bone Joint Surg Am.* 1998;80:1398.
15. DiGiovanni CW, Kang L, Manuel J. Patient compliance in avoiding wrong-site surgery. *J Bone Joint Surg Am.* 2003;85:815-9.
16. Clarke JR, Johnston J, Finley MD. Getting surgery right. *Ann Surg.* 2007;246:395-405.
17. Carney BL. Evolution of wrong site surgery. Prevention strategies. *AORN J.* 2006;83:1115-8, 1121-2.

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