The Chirurgeon's Burden

NEWSLETTER FOR AN TIR CHIRURGEONS

ISSUE #3 – July, 2004 Editor: Lianna Stewart, GdS

Management of Concussion in Sports Grades of Concussion

Grade 1:

- Transient confusion (inattention, inability to maintain a coherent stream of thought and carry out goal-directed movements)
- No loss of consciousness
- Concussion symptoms or mental status abnormalities on examination resolve in less than 15 minutes

Grade 2:

- Transient confusion
- No loss of consciousness
- Concussion symptoms or mental status abnormalities (including amnesia) on examination last more than 15 minutes

Grade 3:

- Any loss of consciousness
  - Brief (seconds)
  - Prolonged (minutes)

Recommendations:

Grade 1:

- Remove from contest
- Examine immediately and at 5-minute intervals for the development of mental status abnormalities or post-concussive symptoms at rest and with exertion
- May return to contest if mental status abnormalities or post- concussive symptoms clear within 15 minutes

Grade 2:

- Remove from contest and disallow return that day
- Examine on-site frequently for signs of evolving intracranial pathology
- A trained person should reexamine the athlete the following day
- A physician should perform a neurologic examination to clear the athlete for return to play after 1 full asymptomatic week at rest and with exertion

Grade 3:

- Transport the athlete from the field to the nearest emergency department by ambulance if still unconscious or if worrisome signs are detected (with cervical spine immobilization, if indicated)
- A thorough neurological evaluation should be performed emergently, including appropriate neuroimaging procedures when indicated. Hospital admission is indicated if any signs of pathology are detected, or if the mental status of the athlete remains abnormal.

When to Return to Play :

Grade of Concussion:	Return to Play Only After Being Asymptomatic with Normal Neurological Assessment at Rest and with Exercise:
Grade 1 Concussion:	15 Minutes or less

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Multiple Grade 1 Concussions:	1 week
Grade 2 Concussion:	1 week
Multiple Grade 2 Concussions:	2 weeks
Grade 3 Brief Loss of Consciousness (seconds):	1 week
Grade 3 - Prolonged Loss of Consciousness (minutes)	2 weeks
Multiple Grade 3 Concussions	1 month or longer, based on decision of evaluating physician

Features of Concussion Frequently Observed:

- Vacant stare (befuddled facial expression)
- Delayed verbal and motor responses (slow to answer questions or follow instructions)
- Confusion and inability to focus attention (easily distracted and unable to follow through with normal activities)
- Disorientation (walking in the wrong direction; unaware of time, date and place)
- Slurred or incoherent speech (making disjointed or incomprehensible statements)
- Gross observable in-coordination (stumbling, inability to walk tandem/straight line)
- Emotions out of proportion to circumstances (distraught, crying for no apparent reason)
- Memory deficits (exhibited by the athlete repeatedly asking the same question that has already been answered, or inability to memorize and recall 3 of 3 words or 3 of 3 objects in 5 minutes)
- Any period of loss of consciousness (paralytic coma, unresponsiveness to arousal)

Mental Status Testing Orientation:

- Time, place, person, and situation (circumstances of injury).
- Concentration: Digits backward (i.e., 3-1-7, 4-6-8-2, 5-3-0-7-4).
- Months of the year in reverse order.
- Memory: Names of teams in prior contest.
- Recall of 3 words and 3 objects at 0 and 5 minutes.
- Recent newsworthy events.
- Details of the contest (plays, moves, strategies, etc.)
  Exertional Provocative Tests
  - 40 yard sprint
  - 5 push-ups
  - 5 sit-ups
  - 5 knee-bends
- Neurological Tests
  - Strength
  - Coordination and Agility
  - Sensation: Any appearance of associated symptoms is abnormal, e.g., headaches, dizziness, nausea, unsteadiness, photophobia, blurred or double vision, emotional lability, or mental status changes.

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Hospital Humor

Gallbladder Surgery

An old fellow came into the hospital truly on death's door due to an infected gallbladder. The surgeon who removed the gallbladder was adamant that his patients be up and walking in the hall the day after surgery, to help prevent blood clots forming in the leg veins. The nurses walked the patient in the hall as ordered, and after the third day the nurse told how he complained bitterly each time they did. The surgeon told them to keep walking him. After a week, the patient was ready to go. His family came to pick him up and thanked the surgeon profusely for what he had done for their father. The surgeon was pleased and appreciated the thanks, but told them that it was really a simple operation and he had just been lucky to get him in time. "But doctor, you don't understand," they said, "Dad hasn't walked in over six years!"

Here is my OWN Darwin story:

by Dame Arwen Lioncourt, OP

Ok, so there I was at May Crown in 1990 near Selma, Oregon. You all remember that May Drown don't you? It rained so hard Saturday night that I stayed up all night in the Dun Cow tending wet, cold, and in a few cases hypothermic, people. The constables were dredging the ditches looking for drowning drunks.....

Yeah, well, Friday night was REALLY nice. So, I was in the open grassy field, trying to impress the people at the bardic with my juggling prowess. Well, I had three tennis balls, so I soaked HALF of each ball in white gas. I was supposed to light all three balls and juggle them for NO MORE than 30 seconds. See, after 30 seconds, the flame starts to burn the fuzz, which makes the temperature go up high enough to melt the plastic stuff that holds the ball together, and then the melted stuff gets on your hands, and um, well, it keeps burning and then you have to cut it out of your skin..... Smart jugglers only light ONE ball. I KNEW I was BETTER than those smart jugglers, so I lit THREE.....

So, I doused the balls and lit them. They were blazing in the dark. VERY COOL. The crowd oohed and ahhed.... I got cocky. I lost track of time. The fuzz started to burn. The plastic started to melt. OUCH!!!! My hands were burning!!!! SO, I did what any normal person would do; I dropped the damn things! Remember the grassy field?????? Yeah well, southern Oregon had experienced one of its DRIEST springs on record, so the grass was tinder dry. I started three little fires, which each grew into bigger fires..... The crowd thought it was all part of the act and were laughing as I tried to stamp out the flames. I didn't have any water with me. I called for help. Most of them STILL thought this was part of the act until they realized that the whole field was going up in flames..... My great performance ended in a near conflagration of the entire encampment..... Thank God the king didn't find out.....

Needless to say I haven't done THAT trick since.

On the Proper Use of Gloves

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Universal precautions training has been required for all levels of medical care providers for almost 20 years. When I started in the medical profession as an EMT in the late 70s, it was still considered a “badge of honor” to return from an ambulance run covered with blood. It meant you had been on a trauma case, and working hard to save life and limb. Today, that type of exposure would have you running to the infection control section of the hospital for extensive lab work, and possibly starting anti-viral medication if there are any significant breaks in the skin.

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Despite this emphasis on personal protection and concern with blood and body fluid contact, I still see the improper use of gloves by everyone from first-aiders to infectious disease and public health specialists. Improper glove use puts both the care provider and their patients at risk for acquiring any one of the many blood-borne illnesses. I learned proper glove techniques while working with radioactive materials. The principles used to keep from spreading radiation also apply to the spread of infectious agents.

Consider the following scenario: You are working as Chirurgeon at a heavy list. You have just returned from making a run to water on the populace, and sit down in the shade to sip some sekanjabin. A young runner comes running up and says, "Good Chirurgeon, your assistance is required in the kitchen!" You grab your quick-go kit, and follow the youth to the feast prep area. You find one of the cooks holding a towel on her left hand. Being the well-prepared Chirurgeon, you pull your rubber gloves out of your pack. While gloving up, you ask all the "what happened" questions, and find out that she was slicing a leek for the soup, and managed to cut her left hand on the palm just below the index finger. You remove the towel, which has a fair amount of blood on it. The wound is only oozing a small amount of blood since the kitchen staff did a wonderful job of applying pressure and elevating the hand. You compliment them on their first aid as you examine the wound. You apply mild traction to the wound margins, and it pulls open easily and starts bleeding again. You can see the subcutaneous fat. Yes, this one is indeed deep enough to require a trip to the ER for stitches. You reach into your pack, moving aside the blood pressure cuff to get to the 4X4s at the bottom. You have the patient apply pressure to the wound. You check for sensation, capillary refill, and movement of the involved hand and are relieved to find all is well. You pull out your pen, and record these observations on the Chirurgeon incident form. You finish by wrapping the hand with a roll of kling. While arrangements are being made for transportation, you complete recording all the information for the incident form. You gather up all the used materials, including the bloody 4x4s and materials. You carefully remove your gloves, place all the contaminated materials in a plastic bag, tie it up, and place it in the trash.

Do you think the blood and body fluids protection used in this scenario was adequate? Gloves were appropriate for the situation, but they were actually used too much! Not something you'd think you'd ever hear from a public health doc, but indeed, this is the most common error I see in glove usage – keeping them on when they should be removed. It this case scenario, our intrepid Chirurgeon was being very diligent about paperwork, and kept good track of procedures and treatments as they were done. However, the mistake made was writing while wearing gloves. What happened then to that pen? Perhaps it was tucked it back into the tunic, but then later a friend wanted to pass on a reference on the humoral theory of medicine. While chatting, out comes the pen, and eventually it ends up in the mouth. What about the clipboard? Later in the event, our chirurgeon picks it up to record that the good Lady Cook has returned from the ER with stitches, bandage, and brand new tetanus shot. But wasn't that clipboard handled with contaminated gloves? Fortunately, our cook carries no blood-borne pestilence, but our hero has non-the-less been exposed to the risk of acquiring disease. If symptoms should occur perhaps even months later, there would be no suspicion that it could be due to Chirurgeon activities because gloves had always been worn.

To wear gloves properly, they should be donned prior to touching a patient when there is a risk of contacting blood or body fluids. This means anyone who is bleeding, excessively drooling, vomiting, or is soiled with urine or feces. (A sweaty fighter does not pose a hazard from the perspiration alone.) It is prudent to put the gloves on even if there is no visible contamination, because you may well discover a "surprise" during examination and treatment. The gloves should remain on during contact with that person, but you should not touch anything else while wearing these gloves. After the gloves have been in contact with the patient, they are considered contaminated, and anything they touch is contaminated. Do you really want to use your pencil after you have been writing with contaminated gloves on? My pen somehow sooner-or-later always finds its way to my mouth. Or what about the person you just took care of that (unbeknownst to you) works in a nursing home and is colonized with methicillin-resistant Staph aureus? If you touch them and then reach into your kit to get more supplies, you have just transferred some of this most difficult to kill bacteria into your first-aid kit. So the next time you reach into the kit to get a 4x4, you are also pulling out a nasty pathogen (even if you are wearing gloves). What could have been done better in this hypothetical case?

Our friend Chirurgeon could have enlisted an assistant to record notes and get equipment out of the kit. If there is an apprentice Chirurgeon, being the assistant is the perfect job for the mentor. If no apprentice is available, there are usually more than enough

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willing bystanders to lend a hand. If you are on your own, do all the patient care activities, and complete the paperwork after removing the gloves. Sometimes the situation may require taking the gloves off to complete a non-patient-care task, then putting on a new pair to continue treatment.

Universal precautions are a necessity at all levels of medical care to protect both the patient and the caregiver. Training emphasizes wearing gloves, but rarely spends time on how to properly use them. Most people get a warm fuzzy feeling of "I'm wearing gloves, therefore I'm protected," but if not used properly, they may be placing themselves and their patients in danger.

Mutual of Orleans' 'Wild Kingdom' presents: The Search for the Attack Chirurgeon.

Starring Master Marlon Perkins and his associate, Lord Jim Fowler.
Written by: SCA: Eleanor Isabeau du Coeur, APF, CT, CDH, OP MKA: Beth Hart-Carlock, OD

M.M.: Master Marlon Perkins here with Lord Jim Fowler today in the Far Eastern hinterlands of the Known World on the hunt for that rarest of creatures, the Attack Chirurgeon.

L.J.: We've had a really tough time locating this creature, Master Marlon. Although we've heard a lot of rumors of their locations, it turns out there are far fewer of these legendary animals than it appears. This is our first sighting ever.

M.M.: Nevertheless, we hunted one down. We're going to have Ld. Jim run out with a tranquilizer-tipped arrow to sedate him so we can get a little closer look. This could be really dangerous: Jim's going to have to get within a few yards of this very dangerous creature without being seen. If the Attack Chirurgeon sees Jim, that creature may think he's hurt, and attempt to attack him with his dangerous devices. Be careful, Jim! (Thoink)

M. M: Good shot, Jim! Looks like our Attack Chirurgeon is settling down now from that tranquilizer. Jim's moving in to make sure the sedative worked so he doesn't attack us, too.

L. J: Looks good, Master Marlon. We wanted to point out a few features of this creature. When we located him, he was perched up on a tree branch, with hooded, shifty eyes and hunched shoulders, surveying the field of the event. He reminded me very much of that 'vulture Snoopy' in Peanuts! Our normal chirurgeons enjoy watching the activities on and off the field, but they don't sit around in rapt anticipation of an injury like this creature does.

M. M: Yes, you can even see the puddle of saliva below the branch as he drooled over the latest first aid incident. When we first saw him, the seneschal was warning him that if he went out on the field for the 13th time without permission, he was going to have him removed from the site. Seems like he'd run out there at least 12 times without being called in by the marshals. We also noticed that he chattered quite loudly, and with a certain level of rudeness. He must have a hearing problem, because whenever anyone said they didn't need his help, he apparently couldn't hear them.

L. J: Well, he certainly could hear himself talk well enough; he constantly was informing everyone about his extensive medical experience and the numerous occasions when he's rescued people from those dangerous paper cuts.

M. M: Let's take a look at his plumage, shall we? My, this one does like to call attention to himself. Look at the multiple stars of life, caduceus symbols, and fleams woven into the cloth to match his chirurgeon medallion, which is approximately the size of a 2-ton truck's hubcap.

L. J: And see all the leather straps hanging from his belt. Seems he's collecting these straps from the fighters whose armor he's cut off. It's like the pilgrimage tokens we see the devout carry on their belts after visits to the Holy Land. Wow, he must have at

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least a dozen of them. Oh, and look at this fantastic find—his actual first aid treatment box! Just look at the size of this thing! About as big as my armoire back home. Most of our normal chirurgeons we know carry around small bags and store them discreetly. This one has a bright hunter orange and scarlet striped box and it's just covered with fleam stickers. Let's open it up and look inside.

M.M: Well, Jim, it certainly looks like our attack chirurgeon is ready for any disaster, no matter how far it goes beyond any first aid measures. Look through there and see what he has.

L. J: As you know, Master Marlon, normal chirurgeons do first aid, not advanced medical procedures. Like all attack chirurgeons, this one has a number of medical items, like 8 bags of IV Ringer's Lactate, a mini respirator, 10 scalpels, bolt cutters, and tin snips for cutting armor--something no regular chirurgeon does. Why, he even has an emergency circumcision kit!! What's the best thing for us to do now with this Attack Chirurgeon, Master Marlon?

M. M: Well, we'll keep him sedated and notify the Kingdom Chirurgeon about this one being in her kingdom. She'll work to rehabilitate him back into normal chirurgeoning, and if he isn't able to adapt, she'll do the humane thing and pull his warrant so that he can't be an Attack Chirurgeon any longer. Hopefully, this one can be retrained and become a productive member of the kingdom once more. Well, we've enjoyed bringing this episode to you. This is Master Marlon Perkins, signing off until next week, when we bring you news of our latest adventure: Touring Italian city-states while living in a yurt.