

SERIOUS ABOUT PAIN RELIEF?

Guest editorial

General surgery

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Del Khan's special interests include organ transplantation and surgical research.

General surgery is one of the areas in medicine most affected by the trend towards 'subspecialisation'. Some of the factors driving subspecialisation have included the explosion in knowledge and the technical advances which have occurred in recent years. In this issue of *CME* a number of experts have highlighted the advances that have taken place in recent years in the management of certain common surgical problems.

Technology seems to have had a major impact on how we practise surgery, with a definite trend towards minimally invasive surgery. In endocrine surgery, adrenal tumours can be removed laparoscopically, thyroid surgery can be performed videoscopically, and parathyroid tumours can be localised intraoperatively using a gamma camera. Endovascular abdominal aortic aneurysm repair (EVAR) has now become established as a viable option in many patients with a AAA. Endoscopically placed self-expanding metal stents are now used in the management of patients with malignant obstruction of the left colon, both as a bridge to surgery in patients with curable lesions and in the palliative setting in patients with incurable metastatic disease. Many operations, including cholecystectomy and antireflux surgery, are performed on a routine basis laparoscopically, and the outcomes are outstanding, but unfortunately complications, when they occur, can be devastating.

Modern technology has also had an impact on how we investigate patients with obstruction jaundice, with refinement in CT technology, the introduction of magnetic resonance imaging, and the use of endoscopic ultrasound. These can be used in addition to the conventional ultrasound, ERCP and PTC.

Trauma has reached epidemic proportions in this country, and the management of trauma patients has changed significantly in recent years. The development of trauma care systems, the introduction of damage control surgery, selective exploration of penetrating neck injuries, and non-operative management of gunshot wounds to the liver have all impacted on the outcomes in trauma surgery. The Statscan has been adopted for use in trauma and can produce a whole-body digital X-ray in under 13 seconds with a fraction of the radiation dose of conventional X-ray.

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Surgery for inguinal hernias has also changed. The tension-free repair using mesh via the laparoscope has become the gold standard.

Organ transplantation has been minimally affected by technology. However, refinements in surgical technique, and advances in immunobiology and immunosuppression, have resulted in significant improvements in the outcomes after all forms of transplantation.

The rate of advances in surgery has been exponential, it has become very specialised, and outcomes have definitely improved. Surgery definitely ain't what it used to be!

single suture

PCBs plus obesity equals diabetes

It appears that fat alone is not the cause of an increased risk of type 2 diabetes. Duk-Hee Lee at Kyungpook National University in South Korea and colleagues reported last year that people with higher levels of 6 different persistent organic pollutants (POPs) were more likely to have diabetes than people with low levels of POPs.

Now, a follow-up study, published in March 2007, suggests an association in non-diabetic people between certain pesticides, PCBs and insulin resistance – the diabetes precursor. In this study, fat people with POPs in their blood were more likely to develop insulin resistance than thin people with POPs, but the expected association between obesity and insulin resistance disappeared in people with no POPs. According to Lee, this suggests that it is possible that it is the POPs stored in fat tissue and not obesity itself, that is a key factor in the development of type 2 diabetes. The association exists at everyday background levels of POPs.

However, Matthew Longnecker from the National Institute of Environmental Health Sciences, North Carolina, suggests that people with diabetes, or a pre-diabetic condition, may clear POPs from their system at a slower rate, which would lead to increased POP concentrations over time. Long-term studies are planned.

New Scientist, 14 April 2007.

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