Mobile phone and the surgeon: Mobile etiquette mandatory

Dear Editor,

We read with great interest the controversial viewpoint by Kaushik Bhattacharya.\(^1\) It is true that with their wide availability and connectivity, mobile phones have become indispensable for medical practitioners. However, to remain useful without disturbing or irritating patients and their relatives, mobile phones must be used sensible. Certain manners are therefore necessary for surgeons using a mobile phone.

1. During consultations, meetings and conferences, the mobile phones should be put on a vibratory mode to maintain silence and avoid distraction.

2. In the operation theatres, the mobile phones can be managed by the technician, who receives all calls and only the important ones are handed over to the surgeon. This is especially true with the recent onslaught of calls from banking and credit card companies.

3. The surgeons should avoid lengthy conversations on the phone while examining patients in the OPD or wards.

4. During surgeon and patient interactions, frivolous or indecent comments on the mobile phones should be avoided. There can be nothing more irritating to the patient than hearing his doctor talk about the last night’s party or the latest MMS clip with a friend on his mobile.

If such measures are followed, it appears that there may not remain any controversy over the use of mobile phones by surgeons.

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Port-site tuberculosis after laparoscopic cholecystectomy

Dear Editor,

We have read with interest, the article on Port-site tuberculosis by Tauro et al.\(^1\) As a tertiary care referral center, we have seen this complication after laparoscopic cholecystectomy on a fairly regular basis,\(^2\) which in itself is a cause for concern. Invariably, these port-site infections are due to atypical mycobacteria from improperly sterilized laparoscopic equipment. We have not seen any case of Mycobacterium tuberculosis isolated from these infections. This brings us to a couple of questions/comments to the authors

1. Was tissue sent for routine and atypical mycobacterial cultures? Infections caused by M. tuberculosis and atypical mycobacteria are indistinguishable histopathologically, and it is erroneous to assume M. tuberculosis infection on the sole basis of a histopathology report. Culture with appropriate sensitivity testing is the only way to make a correct diagnosis and treat the condition.

2. Although this patient has remained asymptomatic after the wide debridement and conventional anti-tubercular therapy, if this is an atypical my-
Dear Editor,

I read the article by Tauro et al.\(^1\) with interest. Port-site tuberculosis after laparoscopic surgery is a complication, which is reported mostly by authors of Indian subcontinent in various literatures. If the onus is on improper sterilization of instruments, can we take the blame that we are not maintaining the standard protocol of sterilization of laparoscopic instruments as compared to our Western colleagues? However rare the incidence may be, can a surgeon or a hospital be medicolegally harassed if one agrees that the main culprit is improper sterilization?

Regarding disposable laparoscopic instruments, it has been shown that they do not change the operative and postoperative outcomes, or infection rates as compared to reusable instruments, when strict rules for disinfection are followed after minimally invasive surgeries.\(^2\) Ironically, in a study from Germany, it was concluded that none of the reprocessed single-use devices were effectively cleaned or sterilized.\(^3\) Thus, it is imperative that apart from the surgeon, every staff should be well aware and well informed about the process of sterilizing/disinfecting laparoscopic instruments. Instrument design should allow easy dismantling and rinsing of internal parts. Insulating compounds hampers decontamination.\(^4\)

Finally, do we have an answer to this problem in Sterrad sterilization system, which exploits the synergism between peroxide and low-temperature gas plasma (an exited or ionized gas) to rapidly destroy microorganisms, or on the antimicrobial activity of a new disinfectant – glucoprotamin\(^5\) in the near future?

Presently, the glutaraldehyde test strip should be used to monitor the concentration of gluteraldehyde in a reused solution as it has been proven that the reused solution is still mycobactericidal for up to 56 days.\(^6\)

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