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Spineleaks

Programa de Educação e Atualização em Patologia de Coluna:

supera expectativas em qualidade e em número de participantes

Publicação dirigida a profissionais de saúde.

SPPCV
SOCIEDADE PORTUGUESA DE PATOLOGIA DA COLUNA VERTEBRAL

Reputação? Muito importante! E marcas??

Ana Côrte-Real, professora auxiliar da Católica Porto Business School

"É com enorme satisfação que vejo o crescimento sustentado da SPPCV em todas as suas vertentes"

Cristiana Mota, secretária da SPPCV

7 questions to learn from an international expert

Ibrahim Obeid , Spine Department of Bordeaux University Hospital

"7 questions to learn from an international expert Ibrahim Obeid"

1 - Do you have any ritual when preparing for surgery (favourite music, food, other)?

My operating days are similar, each case is prepared on one PPX slide with all the important information and images. I am the first one to arrive to the OR and duly stimulate all the team for a quick and good start. The PPT is displayed on a screen during the whole day and my assistant makes sure to change the slides after each surgery. Usually, I only operate for an entire day; I do not mix outpatient and surgery in one day. I do not listen to music during surgery, and I do not eat lunch during a surgery day and neither does my assistant. The circulating nurse and the anesthesiologist take a 30 min break for lunch and are replaced during this time since the OR does not stop. I drink water and some cups of coffee and never smoke. I rarely feel the need to communicate with my assistant during surgery, since she knows my protocols pertaining to surgical time and the instruments I use perfectly. My assistant can estimate the implant size by just looking at the slides and I rarely need to tell her about the screw size or the necessity of utilizing a hook.

2 - Who has been the most influential person in your career? Why?

My career was influenced by many people whom each played a different role.

The first is Dr Ghassan El Achcar who is my grandmother's cousin. He

was a cardiologist and used to come to see her every week because she was paraplegic. Dr. El Achcar gave me the incentive to be a doctor since the age of 4! Since then, I have never considered another option for my studies. The fact that becoming a physician became the only goal in my mind gave me the drive to be accepted in one of the best medical schools in Lebanon. He passed away in 2018.

The second is Professor Roger Jawish who was a pediatric orthopedic surgeon. He inspired me to be an orthopedic surgeon. He also passed away in 2019 because of a myocardial infarction at 62.

The third person is Professor Fernand Dagher, a lower limb surgeon who was also the chief of orthopedic department in Hotel Dieu de France in Beirut. From him, the most important thing I learned was that nothing is impossible; your work should be perfect; there is always a way to achieve your goal and you should work hard to find the way. He was very strict and would not tolerate anything but perfection. (He said that if when you are young you accept to stop before obtaining a good result, you will not obtain it when you are older.) That pushed me since the beginning of my training in scoliosis and trauma to exceed my limits in order to obtain the correction and reduction of the deformity or fracture displacement. Pr Dagher is now retired and still alive.

The 4th person is Dr Stephane Wolf, a spine surgeon in Paris who was my first mentor in France when I arrived in 2003. He believed in me and taught me the principle of adult scoliosis surgery knowing that, in Lebanon, I mostly learned pediatric spine surgery. I was impressed by his humility and humanity.

The 5th person is Pr Jean Marc Vital in Bordeaux. He is the chief of the Orthopedic Department in Bordeaux University Hospital and he brought me on board with his team, giving me the chance to be the referral for spinal deformity in the biggest spinal department in France. That allowed me to progress and build my reputation in France. I have learned from him how to face complications head on without despairing. He always stressed on maintaining a presence with family members should complications arise because patients and their families count on our presence to get them through. Pr Vital was always present near me when I needed him.

The 6th person is Pr Ferran Pellisé, head of spine department in Val D'Hebron Hospital in Barcelona. He entrusted me at a young age with the opportunity to be a member of the European Spine Study Group (ESSG), which which played a major role in my international career.

Last but not least, I can cite all the visitors and fellows who attended or audited my surgeries. They have played a major role in broadening my mindset by presenting me with different points of view and multicultural perspectives. Ultimately, this lead me to be more self-confident.

3 - Describe your worst or most fearsome complication. How did you deal with complications/explain them to the patient and what do you do to avoid them in the future?

My worst complication was when I lost a 52 year-old women during a PSO for fused severe scoliosis. It was the 7th of march 2011, when my assistant was removing a piece of the lateral wall from the concave (right side), a major bleeding occurred. I immediately decided to inject thrombin enhanced matrix to stop the bleeding, but the patient had a cardiac arrest. Resuscitation was not successful and the patient had to undergo an laparotomy with the vascular surgeon where no bleeding was found. The diagnosis was a direct injection of thrombin inside the vessel which led to a major pulmonary embolism.

I learned a lot from this case. First, I called Pr. Vital to inform him, then I called the family and I went with the anesthesiologist to explain the situation to them. We told them exactly what happened and that we tried everything we could to help but it was useless. We asked the family to do an autopsy in order to be sure of our hypothesis but they did not accept. The words of her family struck me; her husband said, "My wife trusted you when she was alive before the surgery, and I trust you and I know that you did your maximum for her. I do not want to have an autopsy done and want her to rest in peace." Luckily, I have not been sued for this case and I have many lessons from this experience.

First, from a technical point of view, one has to be careful in the concave side in PSO, protect the vessel with a Surgicel, abstain from injecting thrombin enhanced collagen without having a clear visual of the source of bleeding, in order to avoid direct intravenous injection. I regularly state this information in my presentations. I have also learned that honesty is essential, especially in bad situations, in maintaining the trust and confidence of the patient and family members.

4 - Describe one of your most successful cases to date. Which factors contributed to its success?

The most touching was the case of a 37-year-old man, suffering from ankylosing spondylitis for 20 years and in a severe a severe kyphotic position. I planned to do a staged 2-level PSO. At the end of the day, after finishing all the surgeries, I went to see him in the intensive care. When he saw me, he started crying; I thought that something was wrong and I immediately asked him to tell me what was it. His answer was: "It's the first time in 17 years I can lie down on my back because for the last 17 years my only position in bed was the lateral decubitus."

He did so well after surgery that he hesitated to do the second step. Eventually, he decided to do it and it further improved his results. He thanked me and mentioned that his field of vision was no longer limited to his feet, for he now has the opportunity to see what is happening in front of him. This surgery opened the doors to his first girlfriend since he was 20 years old!

The factors which contribute to surgery success are preoperative planning and surgical execution by a well-trained team. Three column osteotomies are a demanding technique but ascertain spectacular results when the indication, the planning and the technique are mastered.

5 - What makes a successful spine surgeon (skills, preparation, relationship with patients, other)?

Surgery for me is a vocation rather than a job, that I put in a lot of studying, working and thinking. I have never tried to estimate or calculate the time I spend working because my only objective is always to understand and to master the lesson I have to learn.

I think that there are many important factors that are necessary to be a successful spine surgeon. In my opinion, the most important factor comes from the surgeon himself. I am sure that having a good mentor is important but what is more important is what I learn from my mentor. This is because the same mentor may have different magnitude of impact or no impact at all depending on the person receiving his words, that person's way of thinking and his principles. The most important thing in my mind is to not stop surgery before obtaining what we think is the best for the patient. Accepting non optimal results is not allowed if we look for excellence. Looking for excellence starts at the beginning of the training and even before, in medical school and in high school. It is a way of thinking and a way of dressing oneself. If you don't look for excellence when you are an intern and resident it is not possible to obtain excellent work when you are older.

Being demanding with ourselves is the only way to justify being demanding with your team. The surgeon cannot be successful by himself because he always needs to have a solid team to count on. A successful surgeon has to develop a sincere and trusting relationship with one's team and one's colleagues; One has to communicate with them and should not ask them to do something he or she does not do. His or her behavior should be an example for the team since the surgeon is the leader.

All the surgery should be prepared. A thorough preoperative planning allows a better surgical preparation, and the surgery is then executed like a flight plan without thinking, decreasing the operative time and reducing blood loss. In my opinion, when we think during surgery and have to take decisions then, that would mean that planning was not sufficient. All possible difficulties should be anticipated along with the proper course of action that would need to be taken for each. Only the unexpected might warrant some thinking during surgery.

Patient rapport is very important and needs a lot of experience. I am sure that I learned how to operate faster than how to behave with patients in complex situations. Surgeons should always keep in mind that the patient is in a weak position and that he is very often distressed and scared. Our role is to tell him the truth but at the same time to reassure. The patient should be convinced that we will do our best for him and that he can trust us.

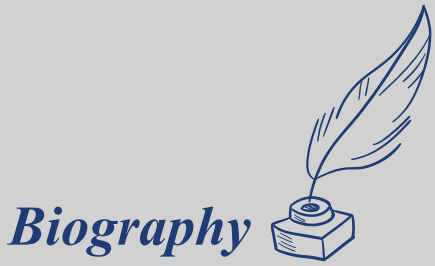
6 - Can you give some tips for young surgeons who want to become spinal surgeons?

The first tip is to prepare each surgery and when it is finished to ask himself, how I can do better, which step I can improve the next time. Even when you are happy with what you did, you have to be sure that you can improve something since you will never be perfect. Working with this mentality allows you to be excellent (not perfect). If you think one day that you cannot do better then it probably means

that you have reached your plateau of excellence! I hope that it will never happen to me!
The second tip is look to what the others do, not necessarily to do like them but mainly to be sure if you are missing something important. You can learn from anybody and mainly from your assistant...
For any surgery, I suggest to follow well-defined principles, strategies, techniques, plans... having clear objectives and principles would permit to improve them. If the work is done without a clear principle, it cannot evolve and improve. So first we should have clear ideas to let them change and improve with time and experience. Take care of your partner (family) and share with them your dream so that they can accept how much time you spend at work!

7 - Which novelty do you think will impact the most the future of spine surgery?

- I think artificial intelligence and machine learning will lead to an individualized treatment depending on the clustering of similar patients.
- I also think that robotics will improve (not implant position which is already completely solved by navigation) the way we can deal with soft tissue and give us access to structures we are not able to control in the current time.
- Finally, I believe endoscopic selective and not destabilizing decompression will be an elegant solution for selected cases.



Ibrahim Obeid

MD, MSc

After completing his degree in Medicine (Lebanon) in 1998, Ibrahim Obeid was appointed as an intern at the University Hospital Hotel Dieu de France (Beirut, Lebanon), where he became interested in spinal deformities. He graduated as orthopedic surgeon in 2003.

His fellowship began first in Paris in 2003 at the St. Joseph Hospital and was dedicated to adult spine deformity. Since 2004, Dr. Obeid has been working in the Spine Department of Bordeaux University Hospital. In 2008, he was promoted to staff physician, specialized in adult and adolescent spine deformity. Since 2014 he has also worked in the private Clinique Du Dos in Bordeaux Bruges.

His practice is 100% spinal surgery, 200 deformity cases and 150 degenerative spine cases per year. His practice includes pediatric and adult spinal deformity, degenerative cervical and lumbar surgery and minimally invasive surgery but his specific area of interest is revision and complex deformities 30%, complex cervicothoracic spine reconstruction and navigation.

Dr Obeid has several publications in basic research and clinical spine pathologies, with more than 180 pubmed referenced publications with a value of more than 24 H-Index. He is the coauthor of many textbooks of pediatric and adult spine. He participates as invited faculty to many national and international meetings especially for spinal deformity, osteotomy and spinal alignment.

Dr Obeid is an active member of multiple national and international spinal and spinal deformity societies (SFCR, SRS, Eurospine). He is also an active member in multi-national deformity study groups leading in the spinal deformity domain (ISSG, ESSG). He is also chairing and co-chairing a multitude of spinal courses annually.