Safety begins long before the incision.

“The safest operation starts with the right decision, meticulous preparation and an informed patient.”

- Confirm diagnosis, stage, resectability and multidisciplinary recommendation.
- Optimise nutrition, anaemia, diabetes, cardiopulmonary fitness and frailty.
- Plan anatomy, extent of resection, reconstruction, blood needs and contingencies.
- Enable informed consent with realistic benefits, alternatives, risks and recovery expectations.

SAFETY CHECKPOINT

Right patient • Right diagnosis • Right operation • Right time • Right team

Dr Anshul Verma · GI–HPB Surgical Oncology

Precision is technical. Safety is collective.

“In the operating room, every checklist, conversation and deliberate pause protects the patient.”

- Lead the WHO surgical safety checks: identity, procedure, site, allergies, antibiotics, imaging and anticipated blood loss.
- Maintain awareness of haemodynamics, anatomy, tumour planes, margins and vascular control.
- Protect critical GI–HPB structures with meticulous, evidence-informed technique.
- Communicate with anaesthesia, nursing, assistants, pathology and ICU teams — and invite concerns to be voiced.
- Modify, stage or stop when proceeding is not in the patient’s best interest.

SAFETY PRINCIPLE

A pause is not a delay when it prevents harm.

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Detect early. Respond decisively.

“Complications are safest when recognised early — before they become emergencies.”

- Build a recovery plan for pain control, breathing, early mobilisation, thrombosis prevention, nutrition and glucose control.
- Review trends, not isolated numbers: observations, fluids, drain output, examination and laboratory values.
- Escalate promptly for bleeding, bile leak, pancreatic fistula, infection, sepsis, ileus or thromboembolism.
- Coordinate care across surgery, anaesthesia, ICU, nursing, physiotherapy, nutrition, interventional radiology and oncology.
- Discharge only when it is clinically safe — with a clear next-24-hour plan.

SAFETY RULE

“Stable” must mean clinically stable — not simply ready to leave a bed.

The operation continues at home.

“Discharge is a transition of care — not the end of surgical responsibility.”

- Give a clear written plan for medicines, diet, activity, wound/drain/stoma care and follow-up.
- Provide a reliable pathway for questions, early review and urgent escalation.
- Review final pathology and coordinate timely multidisciplinary treatment or surveillance.

SEEK URGENT MEDICAL ADVICE
for any concerning symptom after surgery.

- ! Fever or chills
- ! Increasing pain, distension or vomiting
- ! Wound redness, discharge or opening
- ! Jaundice or dark urine
- ! Breathlessness, chest pain or leg swelling
- ! Bleeding, dehydration or poor oral intake

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Safe surgery is a shared journey — from consultation to recovery at home.