

Name:

Wrong-Site, Wrong-Patient Case Studies

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Instructions: Do additional research as needed to complete this worksheet. Make sure to cite any sources you use at the bottom of this document.

Grading: Point values are indicated for each question; 4 points of your grade also come from overall professionalism (being well-written and in your own words with citations included as appropriate).

Part 1: Wrong Site Colectomy

Read the case study below then answer the questions. The highlighted terms relate to question 1.

Case: A 49-year-old man underwent a colonoscopy by a *colorectal* surgeon who identified a large, firm tumor causing partial narrowing, approximately 60-70 cm from the entry site. Pathology of this tumor was suspicious for carcinoma. In addition, a *polypectomy* was performed at a different location, and the site was tattooed. Pathology of this second site was consistent with tubulovillous adenoma.

Two weeks later, the same surgeon performed a partial colectomy of the tattooed area, believing it to be the marker for the tumor to be removed. On further consideration, after the procedure, the surgeon reviewed the *colonoscopy* and pathology reports and realized the wrong portion of the colon had been removed. The surgeon discussed this with the patient and family, and two days later a second surgery was performed.

The patient initially did well after this second procedure, but on the 10th day, an *anastomotic* leak was discovered by barium enema. A third procedure was performed, finding adhesions and a severe inflammatory reaction which required a diverting loop *ileostomy* on the right side of the abdominal wall. One day after hospital discharge, the patient was readmitted for 2 days due to fever, abdominal pain, and melena.

Over the course of the next month, the patient had 3 separate ED evaluations for complaints of fever, *dyspnea*, weakness, and cough with continued antibiotic treatment for a diagnosis of bacterial pneumonia. An oncology consultation was obtained 10 weeks after the initial surgery. Instead of *chemotherapy*, the oncologist recommended observation.

After several surgical follow-up visits, the patient underwent closure of his ileostomy almost 7 months after surgery. Within 10 days after this closure, however, the patient was again seen in

the ED with fever and erythema at the closure site. Cultures were positive, and the patient was once again admitted, this time with a right lower quadrant abdominal abscess requiring incision and drainage. Two months later, the patient was noted to have *metastatic* cancer involving the liver, and an *intravenous* port was placed to facilitate chemotherapy.

(1) This case study is packed with terminology. Break apart the terms in the table below into their suffix, prefix, and root. Then put it all together to come up with the definition. The first row shows an example. (8 points)

Term	Suffix (and meaning)	Prefix (and meaning)	Root(s) (and meaning)	Put it all together
Colorectal	-al = pertaining to	N/A	col/o = colon rect/o = rectum	Pertaining to the colon and rectum
Polypectomy				
Colonoscopy				
Anastomotic				
Ileostomy				
Dyspnea				
Chemotherapy				
Metastatic				
Intravenous				

(2) Translate the following sentences from “medical-speak” to common english. The first row shows an example of what you’re going for. (5 points)

Sentence (medical-speak)	Sentence (common english)
One day after hospital discharge, the patient was readmitted for 2 days due to fever, abdominal pain, and melena.	One day after he left the hospital, the patient was readmitted for 2 days because he had a fever, abdominal pain, and bloody poop.
Pathology of this tumor was suspicious for carcinoma.	
Pathology of this second site was consistent with tubulovillous adenoma.	
A third procedure was performed, finding adhesions and a severe inflammatory reaction which required a diverting loop ileostomy on the right side of the abdominal	

wall.	
Within 10 days after this closure, however, the patient was again seen in the ED with fever and erythema at the closure site.	
Cultures were positive, and the patient was once again admitted, this time with a right lower quadrant abdominal abscess requiring incision and drainage.	

Part 2: The Wrong Patient

Now you're going to go the other way and translate the case study below from common english to "medical speak." You may need to look some things up, but most of the terms can be found in your Davies textbook. In addition to specific terms, you should also include general healthcare terminology in your translation (e.g. "admitted to the hospital" vs. "went to the hospital"). (5 points)

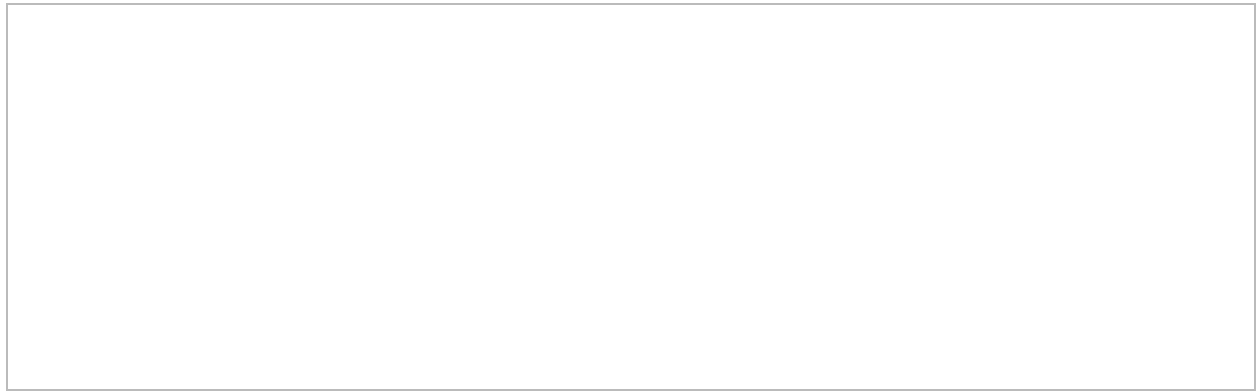
Case: A 67-year-old woman went to the hospital to have a picture taken of the blood vessels in her brain.

The patient had been well until several months earlier, when she fell and hit her head. Magnetic resonance imaging showed two enlarged arteries in the brain so the x-ray department had her stay in the hospital.

The day into her stay, the blood vessel image was completed, and one of the enlarged arteries was taken care of with a surgery that involved putting a long tube through a small cut up to the location of the problem. It was decided that the patient would come back later to deal with the second enlarged artery as it would be more involved.

After finishing the procedure, the patient went to the cancer floor rather than returning to her original bed on the telemetry unit. She was planning on leaving the next day. However, the next morning, the patient was taken for a study that would involve cutting her open to look at her heart's electrical system. About one hour in, it became apparent that this was the wrong patient. The study was stopped, and the patient was sent back to her room in stable condition.

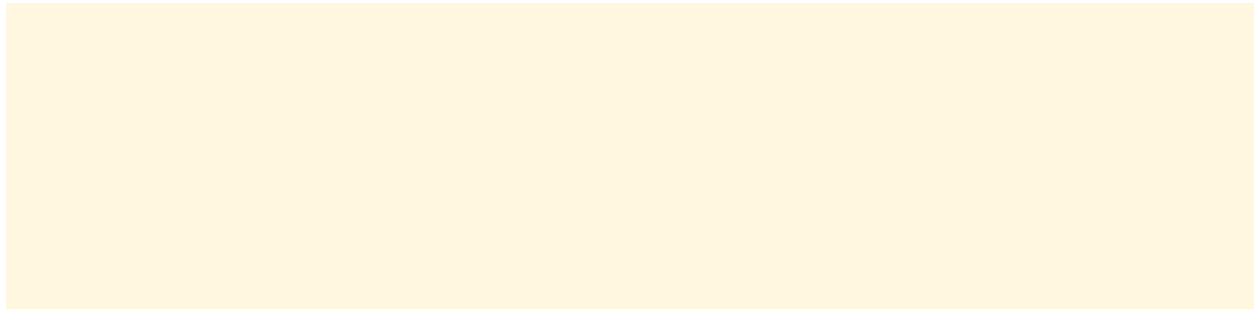
Your translation here:



Part 3: Reflection

Both of the cases above involved what are called “never” events – errors that should never occur and indicate serious underlying safety problems.

How can you as a surgical technologist help ensure correct patient identification, surgical site, and procedure? Include at least 3 specific steps. How does this relate to understanding and knowing medical terminology? *TIP:* The [AST practice guidelines for patient identification, correct surgery site and correct surgical procedure](#) may help you with this part. (5 points)



Sources

Cite any sources you used to develop your responses.