

THE PROCTOLOGIST

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This was written to illustrate why it is important for a physician to know whether or not a patient is suffering from a cognitive disorder, e.g. dementia, an anxiety disorder or depression. If it is important for the proctologist to know a patient's cognitive and emotional state, as measured by the Mini Mental State Examination (MMSE) and other screening instruments, is it not equally important for you to know your patient's MMSE score—or level of anxiety or depression? Can you think of examples, similar to those below, that are relevant to your clinical work with patients?

Mr. S consults you, the proctologist, because he has severe hemorrhoids. You recommend a hemorrhoidectomy, the patient agrees, surgery is scheduled, performed, and the patient is given post-operative instructions regarding wound packing, restrictions on lifting and heavy work for 10 days, the use of pain medications, the use of laxatives, and dietary restrictions.

In 5 days, the patient returns to see you; his wound is open and bleeding and he is febrile. It is clear that something went wrong and you learn from the patient and his wife that he didn't follow your post-operative instructions.

Mr. S's case becomes complicated; he is bleeding and infected. He must be hospitalized for bed rest and IV antibiotics; his blood cultures are positive showing gram-negative sepsis and the patient becomes hypotensive requiring fluids and a pressor agent.

You are upset and annoyed. It is so irritating when patients don't follow your advice and begin lifting heavy furniture two days after the operation. You grumble to your colleagues about your "non-compliant" patient!

Could Mr. S's situation have been caused by an unrecognized cognitive or emotional problem? Is he "merely" a non-compliant patient?

Here are some things, which might have happened and, if known, could have lead to a more benign post-operative course:

1. Mr. S is 67 and has a Mini Mental State Exam Score of 22 (out of 30) indicating that he may have a mild-moderate dementia. During superficial pre-operative conversation with the patient, he "seemed" cognitively "intact" but, when his wife is questioned, she reports that he has been gradually becoming more forgetful during the past 3 years. You learn that both of the patient's parents had probable Alzheimer's disease.

Had you known this information pre-operatively, what might you have done differently with respect to post-operative instructions?

OR

2. Mr. S, 67 years old, is two years post-retirement and has been complaining to his wife and daughter about a frequent racing heart beat, lightheadedness, tingling in his fingers and nightmares. The nursing staff administer the Zung Anxiety Scale once he recovers from his bout of gram-negative sepsis and he has a very high score.

You now remember that during medical school you were taught that highly anxious people have poor concentration and may not pay attention or “hear” what is told them. They are often fidgety and jumpy. You learn that Mr. S “lost” the post-operative instructions and never read them. He has no clear recollection that you ever told him what he should or should not do.

Had you known this information pre-operatively, what might you have done differently with respect to his post-operative instructions?

OR

3. Mr. S, age 67, was treated two years ago with fluoxetine, an antidepressant, for nearly a year after he had been despondent for eight months following the death of his father. His wife now tells you that he has been sad and depressed for the past three months and states that he feels “useless” since he retired. He has a score of 12 (out of 15) on the Geriatric Depression Scale (nursing staff administered this after his recovery) and you now recall that before surgery he frequently frowned and stared at the floor for long periods.

You remember that depressed patients often have difficulty with their memory and may, in fact, complain of increased forgetfulness as a presenting sign of depression. Such patients may also have a diminished interest in life, may feel helpless or hopeless and may not care what happens to them.

Had you known this information pre-operatively, what might you have done differently with respect to his post-operative instructions?

These three scenarios may account for Mr. S’s stormy post-operative course with major complications. Had you, the proctologist or your nursing staff, taken the time preoperatively to do a screening examination of this patient for dementia, anxiety and depression, and then tailored your post-operative instructions consistent with his cognitive, anxiety and mood status, his post-operative course might have been much different, less complicated and certainly much less expensive.

Also, you may have falsely “accused” Mr. S of being a non-compliant patient when, in fact, he had one or another bonafide psychiatric disorder, which interfered with his ability to independently cooperate with your post-operative instructions.

If you are not a proctologist, you may treat patients similar to Mr. S who have diabetes, hypertension, congestive heart failure, kidney failure or other illnesses.

For such patients to do well independently, it is necessary for them to understand your instructions, take medications, follow dietary regimens, etc., in order to remain stable and to slow the progression of their illness(es). How many of your patients have been labeled non-compliant because of an unrecognized dementia or other emotional problem?