OFFICIAL PUBLICATION OF
THE MINISTRY OF HEALTH
AND
UNIVERSITI BRUNEI DARUSSALAM

Brunei International Medical Journal

Volume 16

8 December 2020 (22 Rabiulakhir 1442H)

Brunei Int Med J. *2020;16:139-140*

ISSN 1560 5876 Print
ISSN 2079 3146 Online

Online version of the journal is available at www.bimjonline.com

Brunei International Medical Journal (BIMJ)
Official Publication of
The Ministry of Health
and
Universiti Brunei Darussalam

ISSN 1560-5876 Print
ISSN 2079-3146 Online

Aim and Scope of Brunei International Medical Journal

The Brunei International Medical Journal (BIMJ) is a six monthly peer reviewed official publication of the Ministry of Health under the auspices of the Clinical Research Unit, Ministry of Health, Brunei Darussalam.

The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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All manuscripts should be sent to the Managing Editor, BIMJ, Ministry of Health, Brunei Darussalam; e-mail: editor-in-chief@bimjonline.com. Subsequent correspondence between the BIMJ and authors will, as far as possible via should be conducted via email quoting the reference number.

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Ethical considerations will be taken into account in the assessment of papers that have experimental investigations of human or animal subjects. Authors should state clearly in the Materials and Methods section of the manuscript that institutional review board has approved the project. Those investigators without such review boards should ensure that the principles outlined in the Declaration of Helsinki have been followed.

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These include controlled trials, interventional studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, and large-scale epidemiological studies. Manuscript should include the following; introduction, materials and methods, results and conclusion. The objective should be stated clearly in the introduction. The text should not exceed 2500 words and references not more than 30.

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Acknowledgements
Only persons who have made substantial contributions but who do not fulfill the authorship criteria should be acknowledged.

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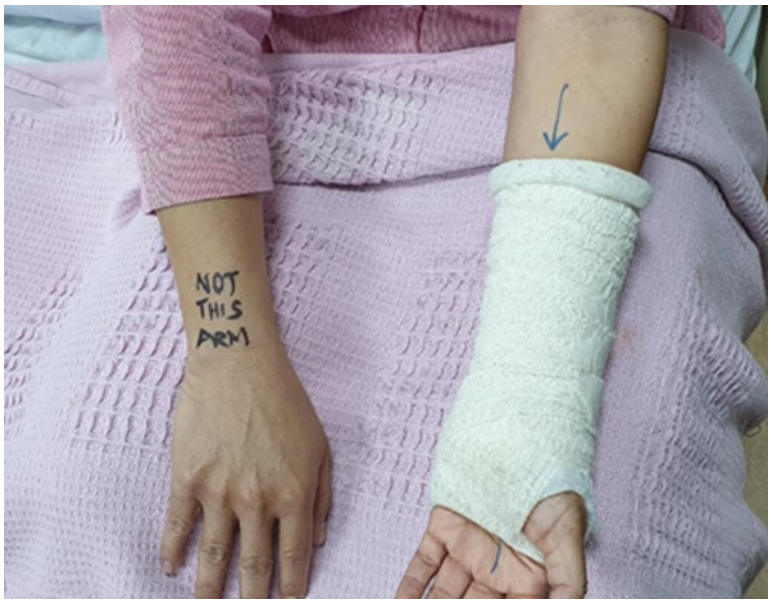

Figure 1

A 52 year old lady was admitted for surgery on her left wrist. As per the protocol, an arrow was marked on the left side to indicate the side of procedure at the time of signing the consent. It was later noted that she got her friend to write something on the right forearm (Figure 1).

What problem is the patient concerned about?

Answer*: refer to page 140*

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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient for use of this image.

Brunei Int Med J.*2020;16:139-140 Published on 8 December 2020; 22 Rabiulakhir 1442*

(Refer to page 139)

ANSWER: WRONG SITE SURGERY (WSS)

Wrong site surgery (WSS) consists of "surgery performed on the wrong side or site of the body, wrong surgical procedure performed, and surgery performed on the wrong patient". WSS is defined as a sentinel event (i.e., an unexpected occurrence involving death or serious physical or psychological injuries, or the risk thereof) by the Joint Commission (JC).[1]

It continues to be recorded in the USA and UK and across all surgical specialties, particularly Ophthalmology and Orthopaedics.[1,2] Although these events are rare, WSS affects patients and the surgical teams, at times with adverse publicity in the common media. It has effect on various aspects including psychological impact on well-being of health care professionals involved, medicolegal, social and emotional damage to individual and reputation of the organisation.[2]

Communication failure, noncompliance with procedures and issues with leadership were identified as the top root causes of WSS by the JC. The causes of WSS have also been divided into system and process factors.[1]

Various steps for prevention of WSS have been suggested. These include The Universal Protocol for Preventing WSS from JC and the WHO surgical safety checklist.[1,3] These have been universally accepted but not strictly followed. The goals of these protocols are to drastically reduce or eliminate completely the incidence of WSS by using a standardised routine and acceptable preoperative process. The guidelines cover preoperative verification of procedure, marking the operative site and "time out" immediately before starting the procedure. However, the effectiveness of the above tools depends highly on the individual or organisations.[2,3]

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