

Preface

The Pursuit of Surgical Perfection



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Guest Editor

The “perfect” surgical scenario: You feel good, rested, and confident in the procedure you are about to perform. The patient is in good physical condition, is easy to communicate with, and seems to have a good understanding of what is required postoperatively. After the surgical procedure, you feel like everything worked out perfectly and you are confident that the patient will experience a good outcome.

Then, at the first postoperative visit, or during grand rounds, you review the patient’s radiographs and are pleased with the results. Incidentally, you know the patient will most likely be happy with the results as well. But, when you truly evaluate your results with the utmost intellectual honesty, you know there is room for improvement.

This is what I call “the relentless pursuit of surgical perfection,” and it is my personal mantra. As surgeons, if we are truthful with ourselves, we should constantly strive to, for example, obtain better reductions, improve fixation placements, and achieve better anatomic alignments in each and every case.

Golf, in a way, is very similar to surgery. Even if you play your best round, once you review your 18 holes, you will most likely find that you had many opportunities to improve your score. The few great shots you had that day leave you with an awesome feeling about your swing and the game. This is what you remember and what drives you to come back the next time to try for even better results.

Practice, as defined by *Encarta Dictionary* (2010): “repeat something to get better; do something as custom.” The term relates to what we as surgeons do every day. However, as good as we think we are, or as good as a surgical outcome may be, we should continue to strive for improvement because practicing medicine means that true perfection will always elude us.

I am grateful for the privilege to serve as guest editor for this edition of *Clinics in Podiatric Medicine and Surgery* focusing on rheumatoid arthritis. Foot and ankle surgeons are routinely involved with the management of this disease. In recent years, the management of rheumatoid arthritis both medically and surgically has evolved considerably. The teams of physicians involved with these advances have enhanced the functionality and quality of life for these patients suffering from rheumatoid arthritis. The objective of this issue of *Clinics in Podiatric Medicine and Surgery* is to introduce readers to the most recent advances in medical and surgical management of rheumatoid arthritis of the foot and ankle from selected physicians with relevant expertise.

My wish is that this issue will encourage and enable surgeons to provide improved care for patients afflicted with this unfortunate and disabling disease.

I would like to thank Dr Thomas Zgonis for providing me the opportunity to serve as guest editor for this issue. Additionally, I would like to thank my family, as well as the families of all the contributing writers, for their support, which has enabled us to create what we hope is a valuable and lasting medical resource.

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