

Precision and Perfection: Surgical Excellence Unveiled

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Description

The development of acute kidney injury (AKI) after adult cardiac surgery is associated with increased morbidity and mortality. Our aim was to assess the risk factors for postoperative AKI and whether the addition of perioperative management variables can improve AKI prediction.

We studied 3,219 patients operated from January 2006 to December 2009. The AKI was defined as proposed by the Acute Kidney Injury Network. Patient preoperative characteristics, as well as intraoperative, cardiopulmonary bypass (CPB), and postoperative management variables, were evaluated for association with AKI with logistic regression analysis. The model including all variables was assessed first, then separate models including only preoperative variables followed by the sequential addition of intraoperative, CPB, and postoperative management variables were tested; receiver operating characteristic analysis was used to evaluate and compare models' discriminatory power.

Hiram Thomas Langston, the 50th president of The American Association for Thoracic Surgery (AATS), was born to Alva B. Langston and Louise Diuguid Langston in Rio de Janeiro, Brazil, on January 12, 1912. His parents, of US origin, were educational missionaries in South America.

He held a position in Ann Arbor as instructor in thoracic surgery and earned a Master of Science degree in surgery from 1937 to 1941. In 1941, Langston married Helen M. Orth, and they subsequently had 3 children. He then moved to Chicago and practiced at Northwestern University until 1942, when he entered the army during World War II and spent 4 years in the service (1942–1946). During the war, he served as chief thoracic surgeon for the 12th General Hospital in North Africa and Italy. Langston was ultimately promoted to major and was awarded the Bronze Star and the Ordem do Merito Aeronautico (a Brazilian Air Force award). He later described his military service, his experiences regarding chest wounds, and the way they were managed under severe conditions, in an article for the Alpha Omega Alpha Honor Society, "The 12th General Hospital."

Endo-Bronchial Tuberculosis

He returned to Northwestern in 1946 as assistant professor, but he moved to Wayne State University as associate professor

in 1948, where he practiced with Dr William Tuttle. He later returned to Chicago in 1952 as associate professor at the University of Illinois, as well as the chief surgeon at the Chicago State Tuberculosis Sanitarium, and eventually chief of thoracic surgery at the Hines Veterans Hospital. Dr Langston became a leading expert in the surgical management of tuberculosis. He insisted on preoperative bronchoscopy to exclude endobronchial tuberculosis (a contraindication to resection), as well as a precise and clear bronchogram to define the exact anatomy of the disease and to outline normal lung tissue. Dr Langston was steadfast in his regimen of only carrying out resection when he knew that he could have a favorable outcome and control the disease. Under Dr Langston's mentorship, surgical residents were trained in the art of rigid bronchoscopy and bronchography, carried out fewer than 5% cocaine topical anesthesia. This experience was invaluable to their learning how to handle a complicated airway and also that the topical anesthetic had to be carefully administered.

In contrast to others who favored collapse therapy with thoracoplasty or paraffin packs, Dr Langston was a strong advocate of resection for cavitary tuberculosis. However, he was an innovator of the "tailoring thoracoplasty" resection of ribs 1 and 2 and one half of 3 approximately 3 weeks before a difficult planned pulmonary resection. Tailoring thoracoplasty was used for the patient who would have a small amount of residual lung tissue remaining after the resection and it was necessary to diminish the size of the thoracic cavity to accommodate the residual lung.

In addition to his interests in surgery for mycobacterial disease and empyema. Dr Langston is well remembered for other academic pursuits as well, about which he edited authoritative textbooks: Autologous blood transfusion and postoperative radiography. From 1973 to 1978, Dr Langston was involved in controversial debates regarding the relationship between age, air pollution, cigarette smoking, and the development of lung cancer.

Dr Langston was also an accomplished surgical educator. At the Veterans Hospital, he developed a novel residency program in thoracic surgery in the late 1950s. His program, approved by the Residency Review Committee, was a 2-year program that included a 6-month rotation in cardiac surgery with Dr John Jones at the University of California at Los Angeles and 18 months of general thoracic surgery with Dr Langston. Dr George,

later president of The Society of Thoracic Surgeons, was one of the first residents approved in this program and trained by Dr Langston and Dr Jones. The training program, under Dr Langston's direction, was rigorous and rigid. The thoracotomy was always opened and closed the same way, the pulmonary artery and veins were dissected and ligated the same way, the bronchus was sutured the same way, the segmental resection was precise and anatomic, and if the transverse process or rib was seen on an x-ray film after a thoracoplasty, the residents became acutely aware of its significance. Despite the rigor of the program, his residents were proud of having been trained by Dr Langston. His residents valued the sound and basic principles of thoracic surgery, honesty in reporting, and always striving for excellence in patient care.

He became professor of surgery and chief of thoracic surgery in 1973 at the University Of Illinois Abraham Lincoln School Of

Medicine, and he was the chairman of the Department of Surgery at St Joseph Hospital from 1977 to 1982. He rejoined the Northwestern University faculty late in his career, serving from 1978 until his retirement in 1981, at which time he received emeritus status. Dr Langston eventually retired to Savannah, Georgia, where he developed a strong interest in marine biology. Hiram T. Langston, MD, died on May 20, 1992, in Chicago at the age of 80.

Dr Langston was a founding member of the Board of thoracic surgery in 1948 and served as chairman of the Thoracic Surgery Residency Review Committee from 1969 to 1972. Dr Langston was heavily involved in the AATS: Secretary from 1956 to 1961, vice president from 1968 to 1969, and finally president from 1969 to 1970.