

Bill Paxton Dies of Surgical Complications



By *Jamie Wells, M.D.* — February 26, 2017

Sadly, the news outlets just reported the seemingly untimely passing of actor, Bill Paxton, at the age of 61. Losing a loved one is a devastating event and we wish his family peace during this especially difficult time. In a family statement, it was revealed he suffered surgical complications.



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Thankfully, with modern medical advances so many procedures that once carried great risk can be performed today with minimally invasive techniques that are safer and prompt speedier recoveries. And, most of the time, people —especially when otherwise healthy— do quite well.

Unfortunately, for all of us no matter our health status, there can still be a consequence or adverse event whenever surgery and anesthesia are involved. Even in the hands of the best surgeon, staff and anesthesiologist. Not requiring any surgeries is the only path that lacks these risks. But, that is often not an option.

The vast array of procedures performed in the United States are quite expansive. There are

emergent brain hemorrhages caused by aneurysm rupture or massive head trauma. By physical location alone, these cases in particular carry grave risks. However, the risk of not doing anything carries a far worse one.

Varicose vein obliterative surgeries. Lung wedge or lymph node biopsies. Colon cancer resections. Cataract removals and corneal transplants. Amputations. C-Sections. Cardiac and liver stents and open-heart surgery. Port placements for chemotherapeutic access. And on and on. This list does not even begin to make a dent in the wide range of existing cases medical personnel performs.

Then, let's not exclude the cosmetic plastic surgeries along with elective operations. Or, the anomalous vessels and variant anatomy one person might have that another does not. The medications one patient takes along with his/her underlying medical conditions and his/her level of stability at the time of the intervention play significant and meaningful roles in influencing outcomes.

Delays in readmission or identification of complications can play a pivotal part in the healing process as can the mere nature and severity of the disease. Basically, it is often a complex constellation of circumstances that must be understood to quantify the level of risks to any given operation.

It is always essential to stress the significance of real estate when it comes to the human body and what vital organs or anatomy are in close proximity. Our brains, for example, are one of our most valuable assets. A complication of a surgery there could cause paralysis or personality change and worse depending on many factors. Pin placement in an elbow would not carry similar risks.

Bleeding and infection are your more common untoward effects, so you must be carefully observed to be sure there are no signs of these evolving. That's why special areas are designated for post-op patients and [vitals signs are taken repeatedly and frequently](#) [2]. Also, though there are additional specific risks to each type of medical intervention (e.g. heart attack, stroke) and anesthetic (e.g. malignant hyperthermia), there are general concerns physicians monitor closely with any surgical procedure especially in the post-operative period.

Here are the 5 Ws:

Wind

Whenever anesthesia is used, there can be a collapse of tiny airways called atelectasis. This (and the anesthesia or narcotics) can put a patient at risk of developing pneumonia as can aspirating. This is why for longer cases, especially, you are encouraged to exercise your lungs by breathing into an incentive spirometer (often hourly) and not immediately be fed a regular meal. It is also why—when possible—you are urged to get out of bed to the chair or walk around since the sooner these strides can take place the better apt you are to avoid this type of problem.

A pulmonary embolism can also manifest as a result of surgery, there are certain cases that carry a higher risk of this happening. An individual's personal and family history also matter.

Water

Long OR cases usually involve the placement of a foley catheter into the urethra and ultimately

bladder to monitor fluid input and output and kidney function. Some people's ability to urinate freely can get compromised by side effects of pain medications. Also, the longer the catheter remains in the bladder the higher the risk of developing a urinary tract infection. So, the sooner catheters and different intravenous (IV) lines and other foreign materials are removed from the body as possible the better your chance of avoiding local or systemic blood infection or other complication. Sometimes this can't be achieved early.

Wound

The wound site is closely observed for any signs of separation (e.g. dehiscence) or infection albeit superficial or deep. As is any site with a catheter, for instance, or IV. Abscesses and infections need to be dealt with swiftly with wound debridement and sometimes more invasive drain placement. Returning to surgery is rare, but not impossible.

Wonder Drugs

If a patient has a fever or change in clinical status post-operatively, it is very important to review all of the medications and anesthesia as possible causes for concern. Did you receive certain narcotics that more substantially suppress the respiratory drive? Are you having a reaction to blood products? Are you on medications that can slow down the gastrointestinal tract even further if your post-op GI motility is sluggish?

Walking

Ambulating after surgery is so important in prevention of the development of clots (e.g. DVTs=deep vein thrombosis, pulmonary embolism). Orthopedic surgeries carry significant risk, in particular, with this issue.

In conclusion...

We live in a time where extraordinary innovations exist to extend our lives and promote a high quality with great longevity. That said, the body is under tremendous stress in the peri-operative period, in the best and worst of circumstances. The individual is the variable given the dynamic nature of health conditions, their complexities and extensive scope of involvement. Timing, luck, access to superior care, disease prognosis or severity and an endless litany contribute to your success. Your own doctor and you can have the most meaningful discussions about your true risk versus benefit profile.

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