

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



When Things Go Wrong, how to avoid being the third victim ?
Managing feelings of failure, expectations and grief

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IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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Disclosure Slide



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No disclosure

Introduction

Marie-Cécile Blanchet
President of SOFFCOMM
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Around 1 000 MBS / year
Outpatient rate >80%



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Introduction



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« If you have never had a complication it means that you have not operated enough »

- **30% of surgeons** report symptoms of burnout directly linked to surgical complications or adverse events.
- **84% can recall at least one event** that deeply affected both our professional and personal lives

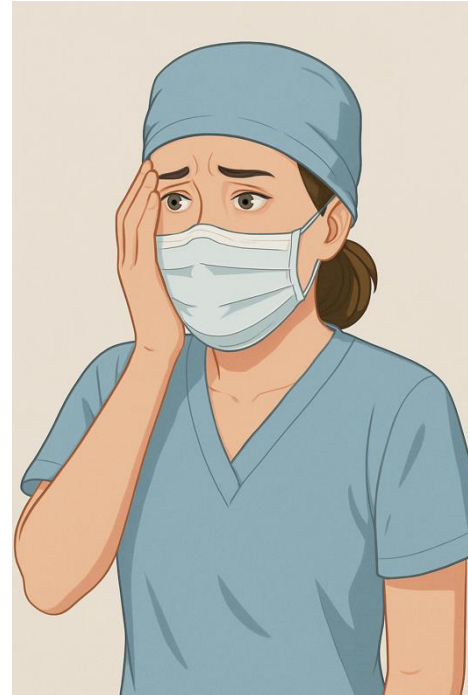
Introduction



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Complications are inevitable...



...but the suffering doesn't have to be.



Definitions and concepts



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First victim :

Patient who suffers direct harm.

Second Victim : Albert Wu, 2000

Healthcare provider who becomes traumatized by the event, carrying guilt, shame, and psychological distress.

Third Victim :

Women surgeons can face additional layers of emotional burden: the pressure of gender stereotypes, the need to reconcile professional performance with expectations of femininity, and the challenge of proving ourselves in a male-dominated environment.

Impact of complications



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Not only Clinical but also...

-Personal

-Professional

-Societal

Main symptoms



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Table 1 Four symptom groups associated with the 'second victim' experience

Symptom group	Individual symptoms
Emotional	Shame; guilt; anxiety; anger; shock; depression; fear
Cognitive	Flashbacks; intrusive thoughts and nightmares; re-imagining; ruminating on details; helplessness; suicidal ideation
Physiological	Fatigue; sleep disturbance; nausea; headaches; gastrointestinal issues
Behavioural	Hypervigilance; withdrawal; irritability; social avoidance; emotional numbing; poor concentration; diminished memory; avoidance of triggers

Complications do not only harm patients
They can also deeply harm the surgeon if the emotional toll is ignored



Second victim syndrome in Metabolic and Bariatric Surgery



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Obesity Surgery

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RESEARCH



Do Complications Weight on Surgeons? Second Victim Syndrome in Metabolic and Bariatric Surgery

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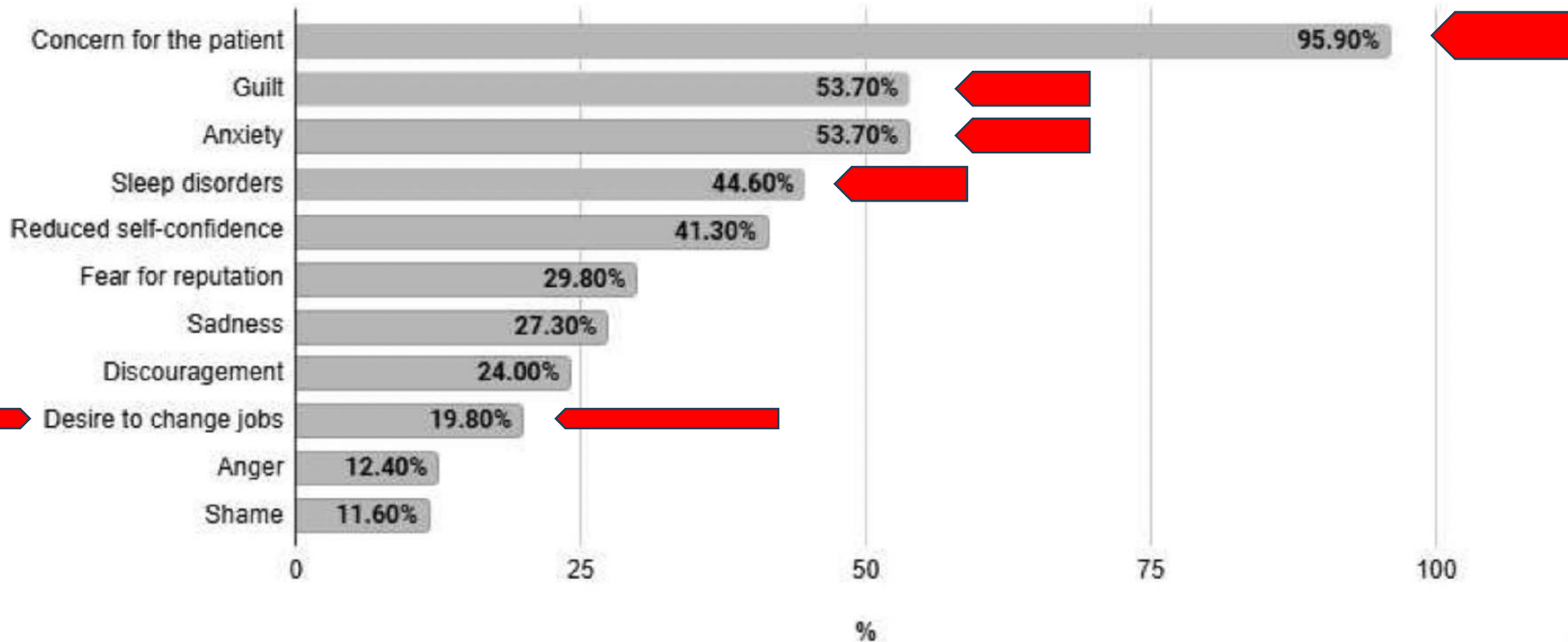
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Emotions felt following a serious adverse event



Complications deeply affect both patient care and surgeons wellbeing



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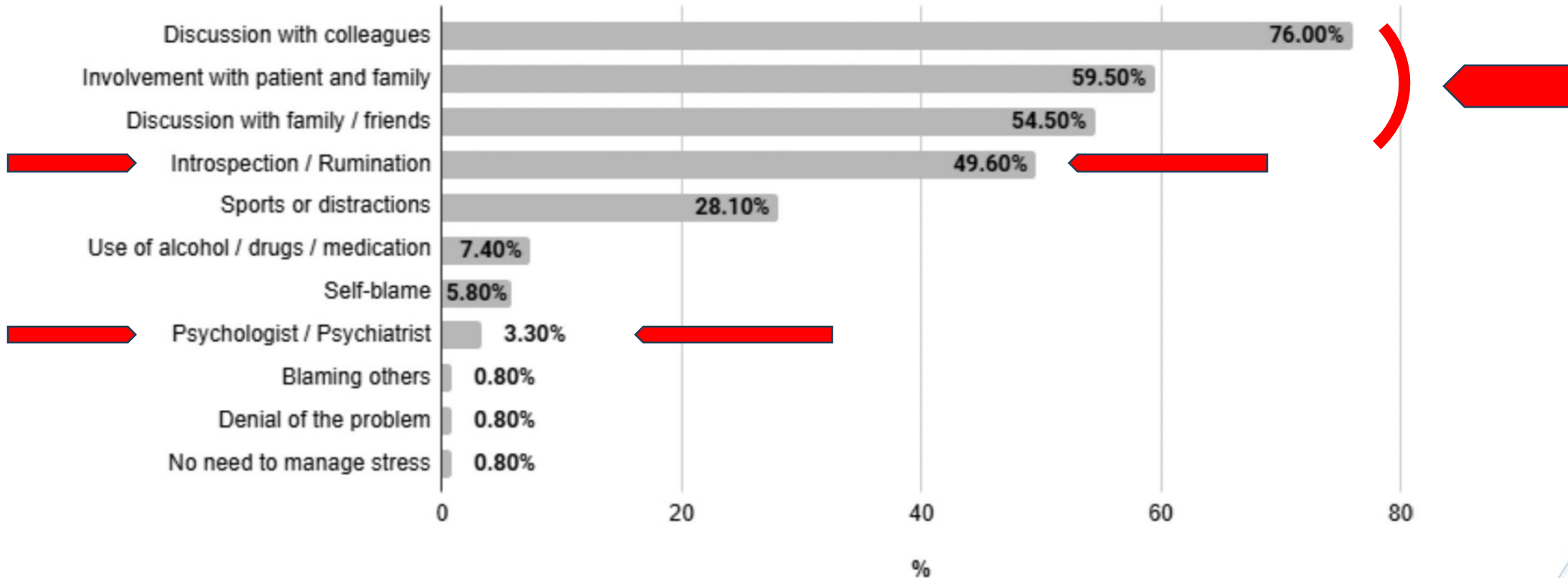
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Coping strategies used after a serious adverse event



Strength of peer support
Gap in structured mental health resources



Second victim syndrome in Metabolic and Bariatric Surgery



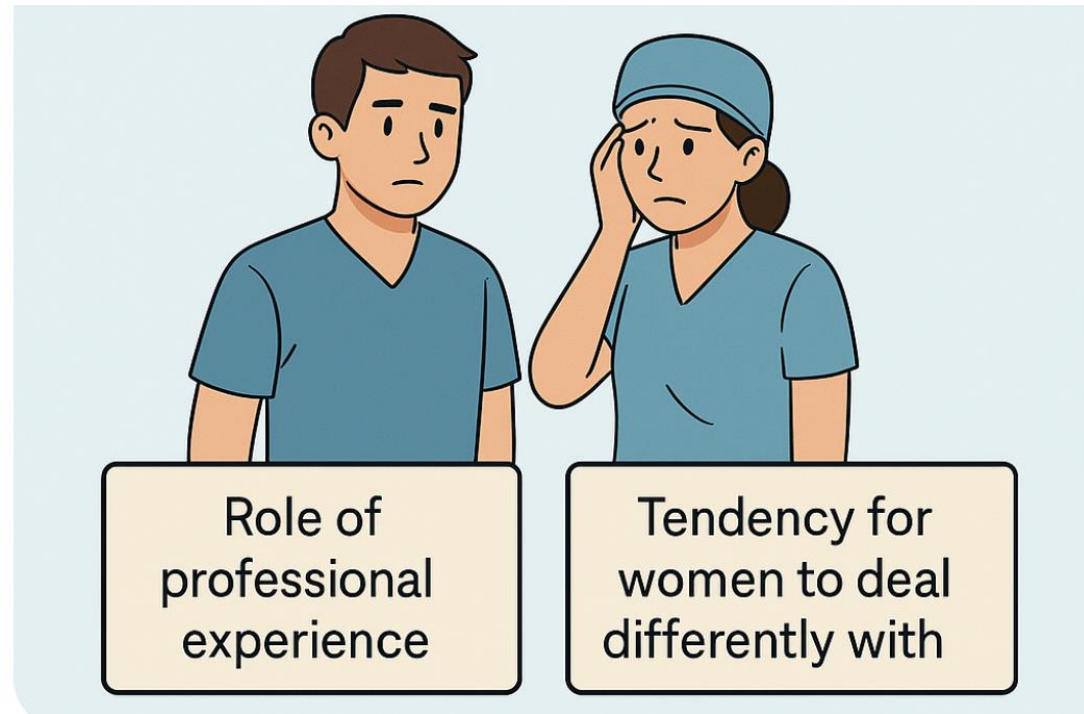
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Demographic variation in impact

Younger surgeons and **women** are more affected by serious adverse events.

Two main causes :



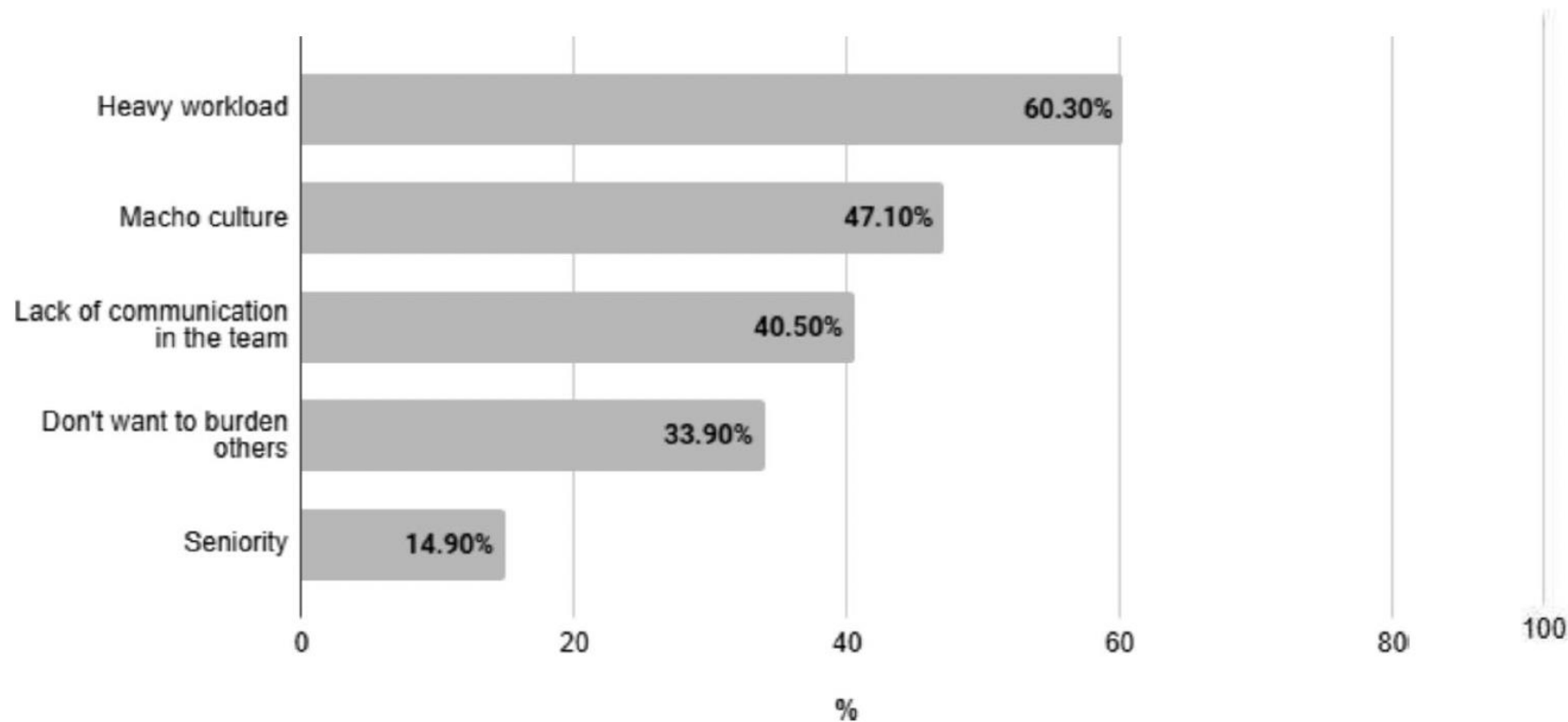
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Main barriers to seeking help when facing adverse events



Cultural and systematic changes are needed, not just individual resilience





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One concrete example

A potentially catastrophic complication : aortic injury at the first trocar insertion

Shock, fear, guilt, loss of confidence

Immediate team support and rapid management saved the patient

Key learning : importance of preparation, teamwork, and debriefing



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Concrete tips to cope with guilt when things go wrong



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- **Tip number one: Acknowledge and accept your emotions**

“Do not deny your feelings. Name them, accept them, and understand they are part of being human, not a sign of weakness.”

- **Tip number two: Do not face it alone, seek support**

“The worst thing we can do as surgeons is to isolate ourselves. Talking to someone who has been through it can be the best medicine.”

- **Tip number three: Learn, but don't self-punish**

“We must reframe failure. It is not the opposite of success ; it is part of success.”

Conclusion



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Complications are part of surgery, but they do not define us.

What defines us is how we cope, how we learn, and how we support each other.

By refusing to be the third victim, we can transform pain into resilience and isolation into solidarity.



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**Thank You !
Do you have any
questions ?**

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