

Complications

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Our complications are something we often don't like to discuss. Fortunately, many are minor and once resolved do not affect ultimate patient outcomes. Others can be tragic and devastating to not only the patient but to us as well. Let's face it, they can be embarrassing to our peers if potentially perceived as a reflection of our surgical skill and abilities. However, if you do not have complications, it means you are probably not honest or you do not do much surgery.

It's important to appreciate what can go wrong during and after surgery and continually strive to expand our knowledge base by learning from others in order to help avoid the preventable adverse events. In addition, unless you truly appreciate the relative odds and severity of complications related to a procedure it's impossible to have an accurate and meaningful risk/benefit discussion with a patient. We are not in control of everything, but we are in control of our decision-making.

This edition of *Sports Medicine and Arthroscopy Review* was compiled with the intent of bringing increased awareness to what can go wrong and what we can do to prevent, identify, and address complications appropriately. What's important is to always remember it's a privilege to do what we do and with that responsibility means to continually keep learning all the way to the finish line. Everything does always not go smoothly. We all have complications. All conscientious surgeons have had sleepless nights worrying about patients when things do go wrong. I hope the knowledge you garner from reading this edition of *SMAR* helps you sleep a little more going forward.

I would like to thank all the contributing authors for taking their valuable time to put together the most up to date review of complications related to sports surgery and arthroscopy. I greatly appreciate their expertise and efforts. Finally, I would like to thank my family for their continued and never-ending support to participate in educational endeavors such as this opportunity.

On the Cover:

Anterior posterior radiograph. Axillary lateral radiograph of failure of Latarjet reconstruction demonstrating hardware failure and incomplete graft healing. Lateral knee x-ray reveals non-anatomic femoral tunnel which would lead to increased tightness in flexion and increased medial patellofemoral contact forces. *Sports Med Arthrosc Rev.* 2022;30:10–16.

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