It gives me pleasure to present to you the third issue of International Journal of Surgical Cases. This issue will enrich you with varied topics of surgical interest.

Complications in surgery are inherent part of a surgeon's life. There is an old saying "If a surgeon says, he has not faced any complication, it means he has not operated enough." In day to day practice, we all do come across with complications of either a simple procedure, or advanced surgery. The complications could either be due to our own judgement errors or because of some one else's. The surgeon who is supposed to have a lion's heart may become weak at such moments and fall prey to circumstances. A true surgeon should maintain his composure and rectify the complication whatsoever or whosoever may have done it. The problem here lies in the reaction to the situation and not the situation itself. One must maintain maturity and reassure the patient and relatives that utmost care was taken keeping the best interest of patient as primary concern. Loose talks or comments regarding previous treatment modality brings disgrace. If it happens to be our own complication, decision making may occasionally become tricky. At such times, taking help from colleague is not considered weakness but sound judgement. All attempts must be made to safeguard the patient with minimum physical, mental and financial trauma. If all of us maintain this formula sincerely, we would overcome patient's apprehensions against doctors and work only towards complete well-being of the patient.

This would in return not only create a healthy happy atmosphere among surgical colleagues but also enrich them with respect from patients. Our duties with more compassion.

The editorial board is surprised and pleased with the overwhelming response from across the globe. I owe this to all readers and supporters of this journal. I must thank all the reviewers for taking out time and maintaining the quality of the journal.

Each one of us is empowered with unique sense of abilities. Science has proved that we use only 5-10% of our grey matter for routine daily activities. Rest is stagnant and dormant. In surgical branch, we get so used to our daily outpatient clinic, surgeries, rounds, that we ignore or disregard to document interesting scenarios.

The craft of surgery can be improvised by artistic mind and constant vigilance for documentation. This takes little extra effort but has a far more benefit not just for our self growth but also for the rest surgical community. Humble request to all readers is start documenting their findings.

We wish to add a new subheading from the forthcoming issue titled as "Intra-operative Surprises". I invite all to share their experiences and learning from such experiences.

Warm regards
Pinky Thapar