

Can 'The Number Of Intensive Care Unit Surgery Patients' Be Decreased?

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Abstract

Capacity of ICU must be increase and new ICU must be construct for all patients needing ICU. If the number of ICU patients are decreased via preventing medicine, we prevent patients from critical illness and patients needing ICU may find empty bed in ICU Cost of Therapy is very high in ICU so number of patients are diminished for saving money

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To the Editor:

Intensive care unit (ICU) is a common unit which internal and surgical clinicians use to treattheir patients together. Even the mortality ratio of this unit is high, succesfully treated patients are not less in number,too. Cost of treatment is so high. Some of the clinics' patient number is deficiently high according to other clinics. We aimed to observe the intensive care patients in our study.(,)

The patients who are hospitalised in Buca Seyfi Demirsoy State Hospital Intensive care unit between February 2005 and August 2007 are included to our study. Divisions of patients according to their ages and clinics; mortality ratio; age-sex-diagnostical properties of patients are studied retrospectively.

Number of patients hospitalised in ICU is 571 and female/male ratio is 266/305. Mean hospitalisation period is 7,4 days. Mortality ratio is %84,5. Number of patients hospitalised in ICU according to their clinics is recorded as: Neurology 157(%26,4), internal medicine 108(%19,1), cardiology 94(%16,6), neurosurgery 60(%10,6), pulmonary diseases 44(%7,8), general surgery 37(%6,6), orthopedics 25(%4,4), gastroenterology 12(%2,2), urology 12(%2,2), infection diseases 9(%1,6), gynecology and obstetrics 7(%1,3), cardiovascular surgery 4(%0,8), pediatric surgery 1(%0,2), otorhinolaringology 1(%0,2). The mean age of 37 general surgery patients is 56 and female/male ratio is 18/19.

Intensive care hospitalisation indications of these patients are intraabdominal infection and sepsis(%30), falling down(%15), terminal stage malignancies(%13), sharp/penetrating instrumental wounds(%13) predominantly. And intestinal obstruction, postoperative pneumonia, postoperative pulmonary emboli, preoperative acute myocardial infarctus(AMI), gun wounds and traffic accidents can be added to these. Mortality ratio of surgery patients is %72. All the cases included,had been evaluated with other related branches.

Multidisciplinary attitude is necessary for a succesfull treatment. Surgical cases are rare between other branches with a %6,6 ratio. Intensive care necessity of surgical cases can be lowered by early diagnosis in first stage health centers. The efficacy of many screening tests and interventions for preventing illness in elderly patients is unclear. Also hospis for terminal stage patients can be build in our contry to lower ICU working load and serve place for really ICU-deserving patients. Nearly %30 of surgical cases in ICU (falling down, traffic accidents, gun wounds, instrumental wounds) can be prevented by work place-police-law preventions, vehicle safety and attend to traffic rules.(2,3,4,5,6,7)

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