

Pattern of Admissions in A General Surgical Unit

Pages with reference to book, From 187 To 190

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Abstract

Pattern of admissions in a general surgical unit was studied from January 1980 to July 1981. Of 1021 cases admitted 697 were non-emergency and 324 were emergency admissions.

Trauma and Appendicitis were the most common surgical emergencies, whereas Hernias, Anorectal conditions and diseases of the Gall bladder were the most frequent non-emergency admissions. The length of hospital stay in relation with Hernia and Anorectal conditions is critically studied (JPMA 32:187, 1982).

Introduction

Pattern of admissions in hospitals can be taken as a guide to the prevalence of various diseases. It is likely to differ from one geographical area to another. However once ascertained it will help in the organisation of health services and may also promote research in prevalent diseases. Besides it may also help in planning medical education.

The present study was undertaken in a general surgical unit of a teaching hospital.

Material and Methods

All the patients admitted to Surgical Unit-I of Civil Hospital Karachi from January 1980 to July 1981 were included in the study.

The cases were recorded on a proforma and classified according to the Organ/System involved. The final diagnosis of these cases was based on clinical features and operative findings. In a few cases endoscopy and histology helped in the final diagnosis.

Patients admitted on emergency days were described as emergencies and those admitted on any other days were non-emergency admissions.

Results and Recommendations

As total number of 1012 cases were admitted out of which 697 were non-emergency and 324 were emergency admissions. Total deaths were 69 making 6.7% of the total admissions.

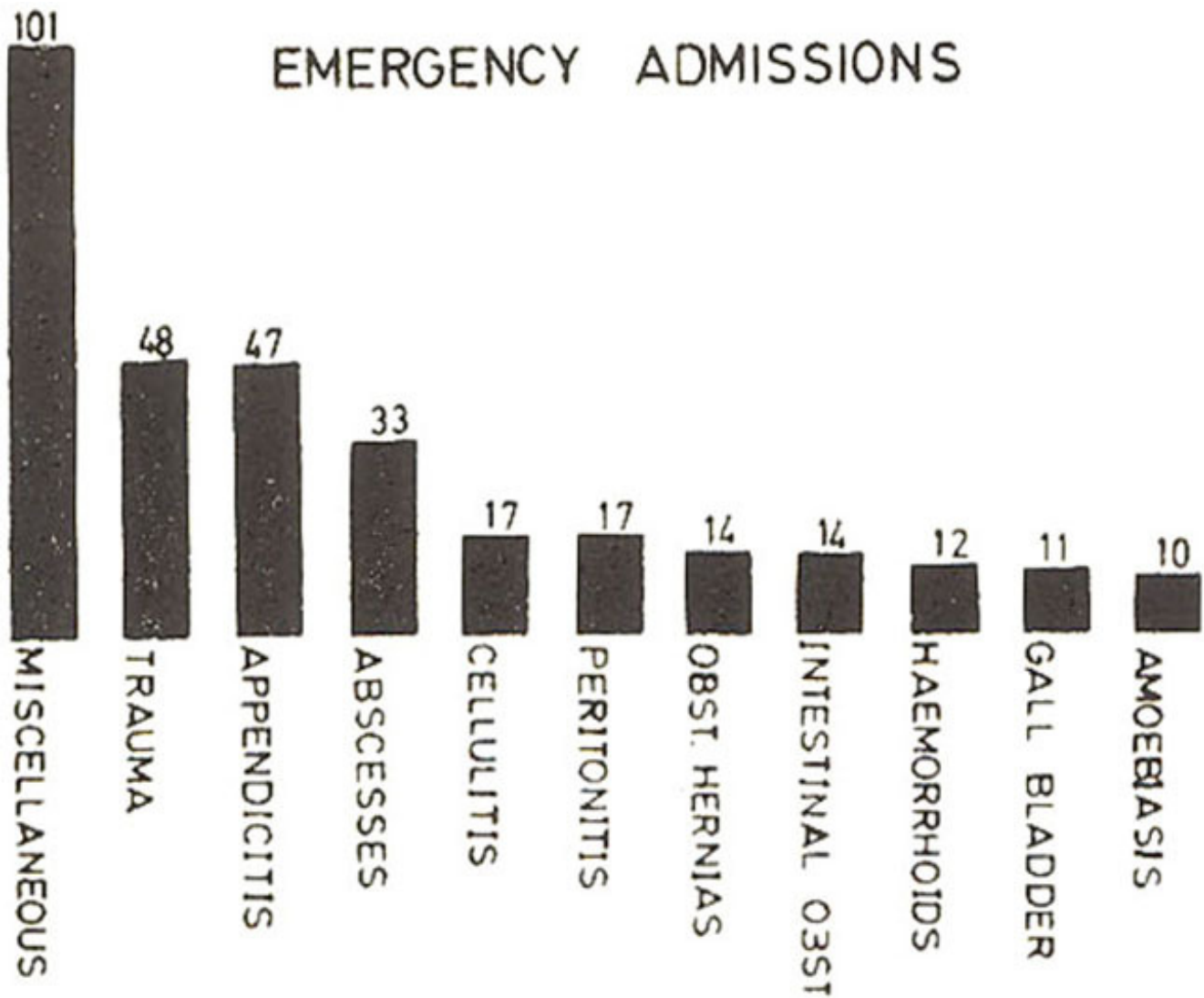


Fig. 1: Emergency Admissions

As shown in Fig. 1 Trauma (15%) and Appendicitis (14.8%) proved to be the most common emergencies followed by various infective conditions such as Abscesses Gellulitis, Gall bladder disease, Amoebiasis and Haemorrhoids;

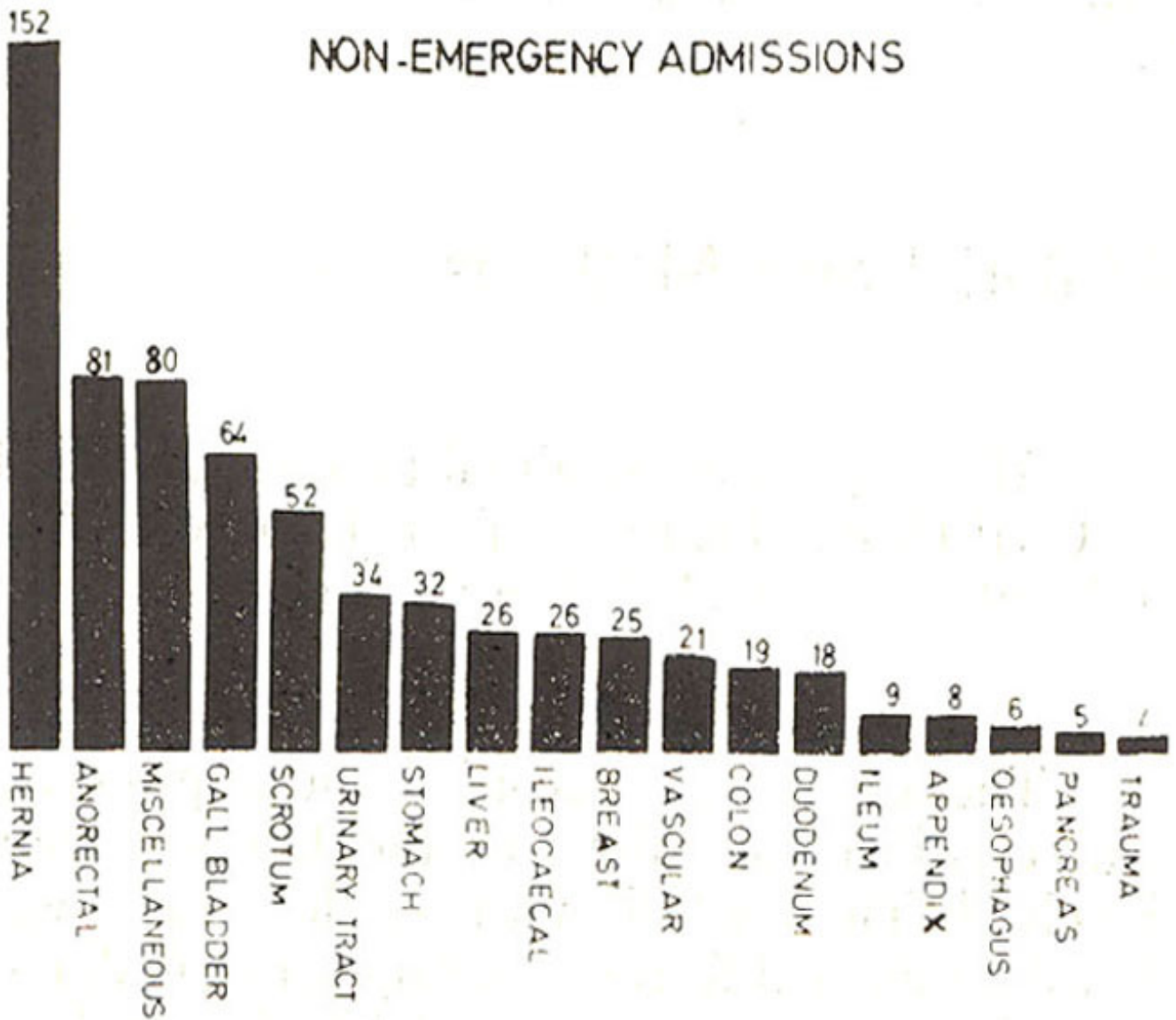


Fig. 2: Non-Emergency Admissions

The most common elective surgery was for Hernias, Anorectal conditions and diseases of the Gall bladder (Fig. 3).

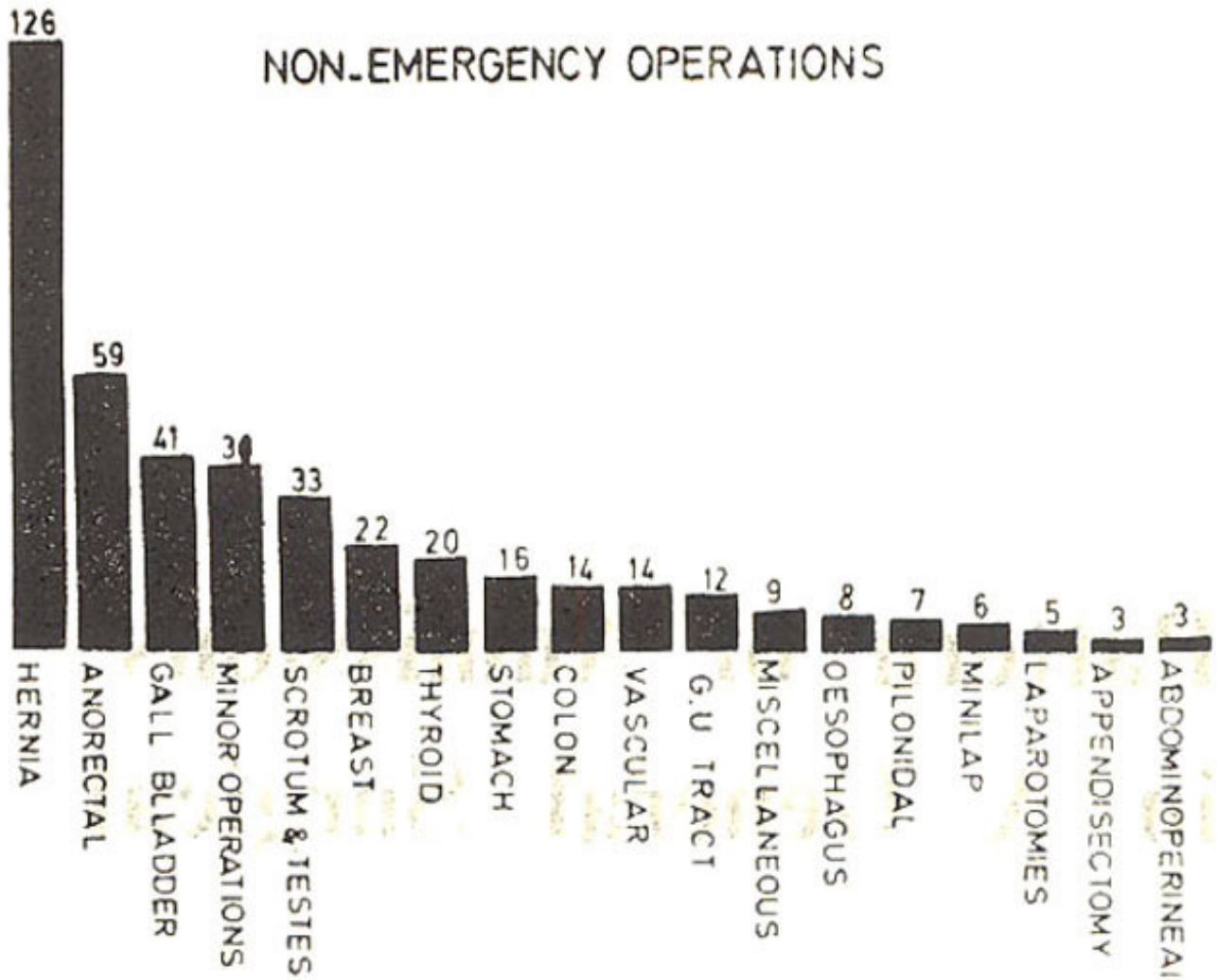


Fig. 3: Non-Emergency Operations

The duration of stay for two common surgical conditions, Hernias and Anorectal diseases was ascertained to determine the causes of prolonged stay. The maximum pre-operative stay for patients with Hernias was 15 and maximum post-operative stay was 40 days (Fig. 4).

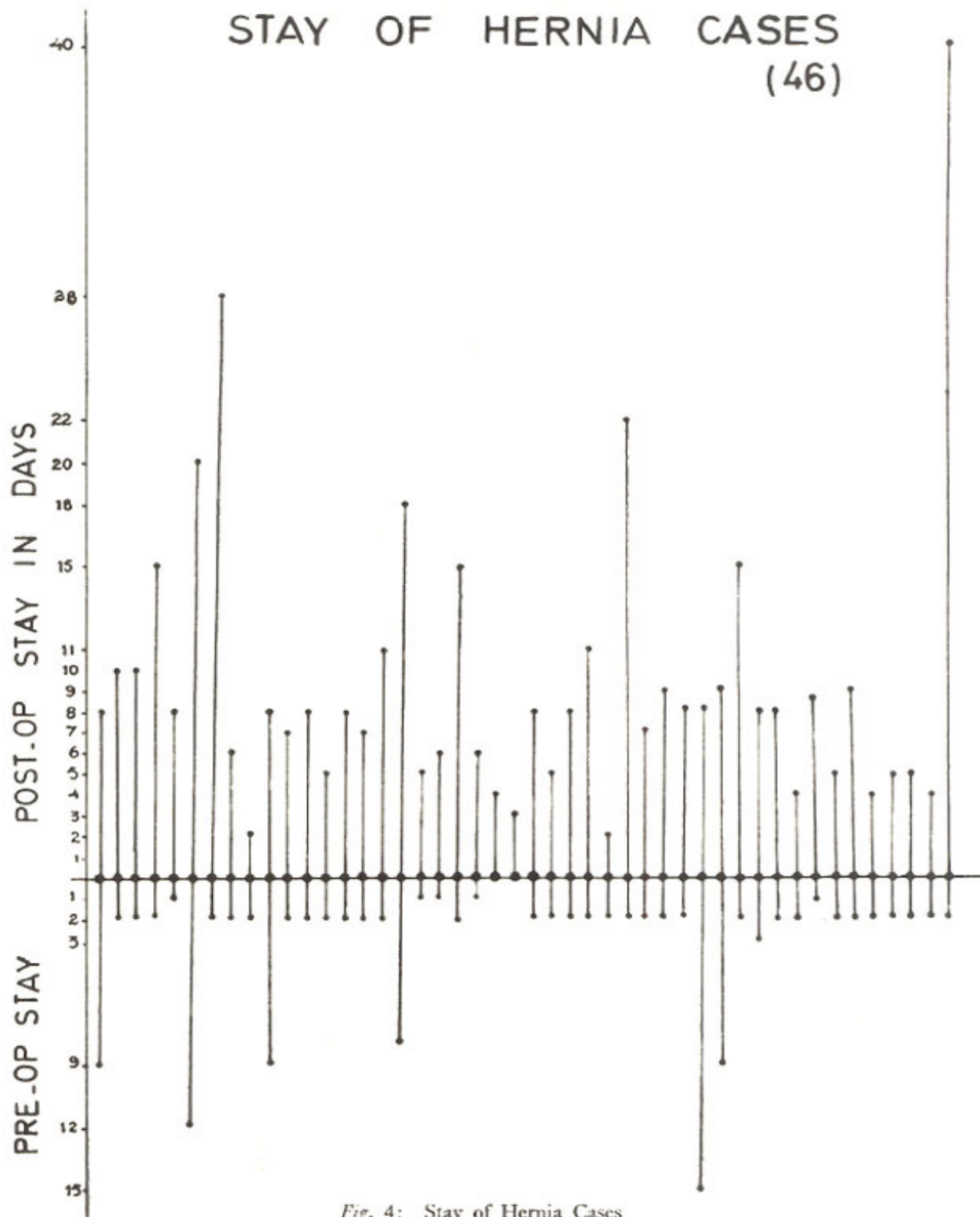


Fig. 4: Stay of Hernia Cases

Similarly the maximum pre-operative stay recorded for Anorectal conditions was 22 days and post-operative 30 days (Fig. 5).

STAY OF ANORECTAL CASES (28)

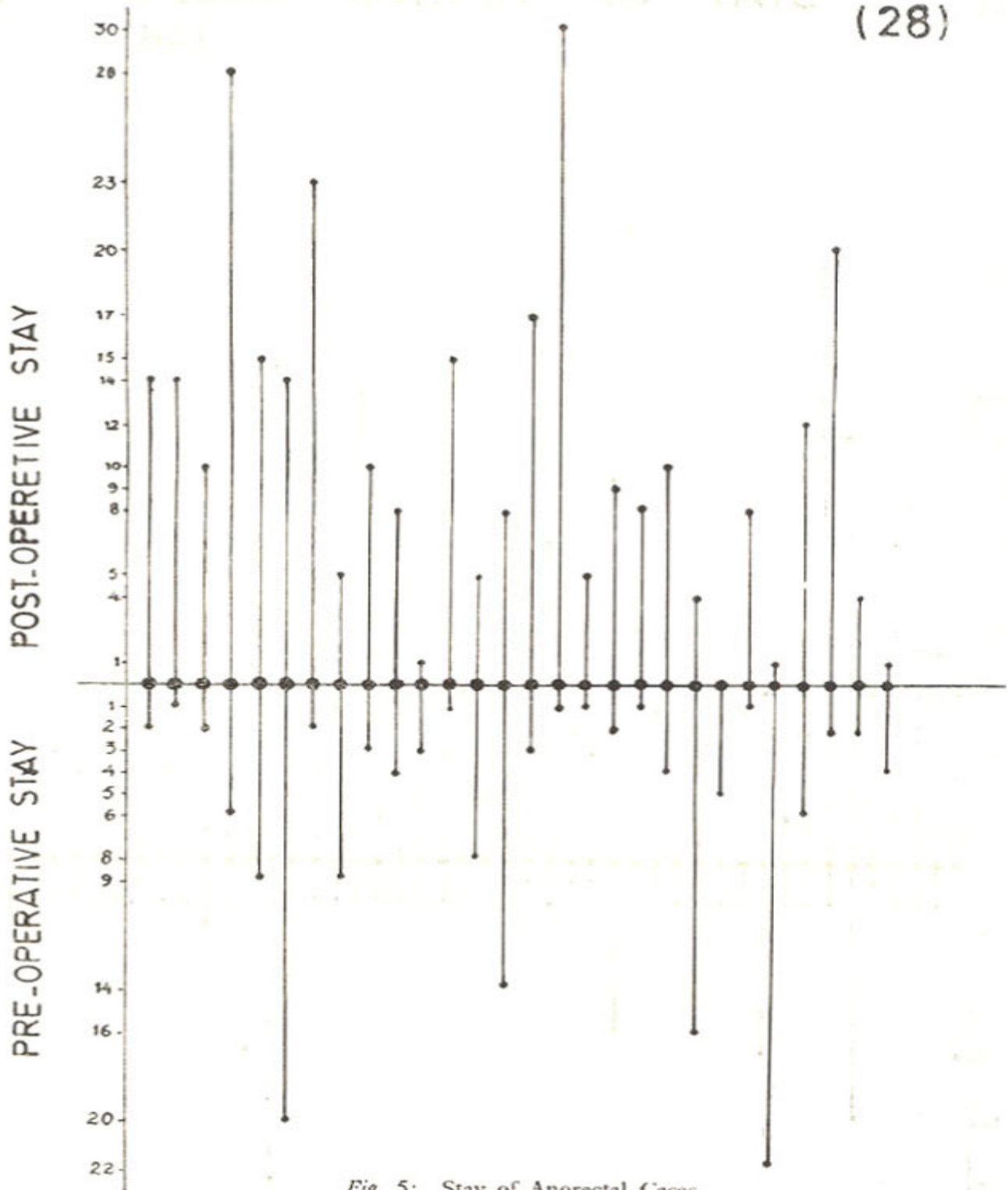


Fig. 5: Stay of Anorectal Cases

The pattern in the present study shows that Hernias, Anorectal conditions, Abscesses, Trauma and Appendicitis are the most frequent admissions. A teaching hospital ought to be dealing with more specialized and less routine surgery. It is suggested that smaller hospitals should take the load off the

teaching hospitals in regard to routine cases.

However the enormity of the task of bringing about these changes is appreciated, some interim measures to improve the hospital services should be considered. The length of pre-operative stay for routine cases could be shortened by having a programme for pre-operative evaluations on the out-patient basis. Improvement in the available theatre facilities will certainly help in this regard.

Shortening of the pre-operative stay will automatically reduce the morbidity from infections with resistant hospital organisms, thus reducing the length of post-operative stay.