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RISK OF THE DEVELOPMENT OF PULMONARY EMBOLISM BY SURGICAL PATIENTS

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Objective. Pulmonary embolism (PE) is the direct cause of death of one in 1000 people on the planet. Timely diagnosis and treatment of PE is one of the main problems in modern medicine due to the high prevalence and high mortality of this disease. Pulmonary thromboembolism arteries ranks second in terms of mortality.

Aim: to assess the risk of pulmonary thromboembolism arteries in hospitalized patients.

Material and methods. In the course of the study, an anamnesis was collected to identify risk factors for thromboembolic complications in 27 patients in the surgical hospital of the City Clinical Hospital No. 7 of the city of Tver. The age range of the subjects was from 35 to 79 years, of which 15 are men and 12 are women.

Results and discussion. The number of patients admitted as planned was 59%, while those admitted urgently were 39%. When studying a selected group of patients, it was found that 85% have a predisposition to the development of thromboembolic complications. Of these, 57% are currently at a high risk of developing PE, venous thromboembolic complications (VTEC), deep vein thrombosis (DVT); 43% - the average risk of developing PE. Common factors in the development of thromboembolic complications are diabetes mellitus (41%), varicose veins of the lower extremities (34%), and inflammatory bowel disease (33%). There was a direct dependence of the percentage of risk factors with an increase in age group.

In a separate analysis of patients with varicose Irrenia of the lower extremities was a relationship with heavy physical exertion associated with professional activities and elevated body mass index. In this group of patients, in 100% of cases, a history of hernia repair for umbilical or inguinal hernias was recorded. Can to note the directly proportional dependence of the increase in patients with obesity and professional activity with an increase in the risk of VTEC formation. None of the respondents performed an operation to remove varicose veins of the lower extremities or small pelvis, which makes it difficult to analyze the risk of VTEC with this operation or its absence.

33% of women had a history of 3 or more births. A detailed analysis of a single indicator revealed postpartum injuries and emergency surgical interventions in 50% of cases, injuries occurred in 2 births. Analyzing this information, it was found that 100% of patients from this sample in the final assessment of the risk of developing thromboembolic complications have a high probability.

With the highest risks for thromboembolic complications (TEO), stroke and spinal cord injury were identified in 12% of all respondents. This group belongs to the age category of 61-74 years and in the anamnesis of life, injuries of the lower extremities, replacement of large joints and surgical interventions under general anesthesia were recorded.

In the course of familiarization with the medical history of patients with emergency and elective operations, no warning of the development of feasibility study and VTEC was found directly during operations under general anesthesia. Postoperative manipulations to prevent the development of complications and after questioning the patients were also not recorded. These data confirm the problems of the work on the lack of vigilance of doctors regarding prevention of thromboembolic complications during the management of patients on inpatient treatment.

Conclusion. In the conditions of inpatient treatment of patients in the surgical department this work confirms the problem of increasing the risk of developing PE, DVT, VTEC in patients after surgery. Timely assessment of the risk of developing thromboembolic complications will prevent the occurrence of deaths in the hospital.