

# HIRURGIJA U ERI COVID 19 - PERCEPCIJA BOLA

"... JOŠ PO NEŠTO O BOLU" / 26.05.2021.



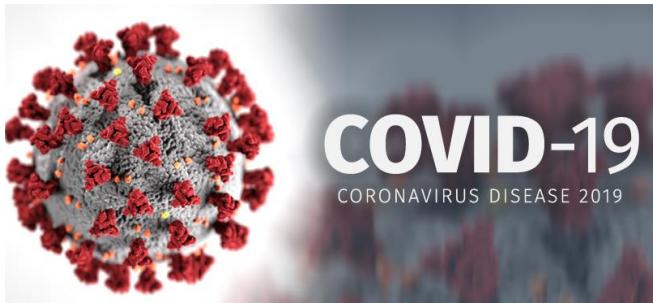
Hirurška klinika  
Centar za digestivnu hirurgiju

**Prof. dr Miodrag Radunović**

Project number: 585927-EPP-1-2017-1-RS-EPPKA2-CBHE-JP (2017 – 3109 / 001 – 001)

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## IZAZOVI



- Pandemija COVID 19 uticala na zdravstvene sisteme u cjelini
- Urgentna stanja u hirurgiji traže promptnu reakciju bez obzira NA/NE prisustvo infekcije virusom SARS CoV 2
- RAZLIČITA KLINIČKA SLIKA, sa dominatnom slikom plućnog distresa
- Slika akutnog abdomena dif.dijagnostički pseudo akutni abdomen (gastrointestinalna prezentacija SARS CoV2 infekcije)

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- Postavljanje dijagnoze
- Prijem bolesnika
- Preventivne mjere u cilju sprečavanja transmisije virusa
- Operativni tretman, otvorena ili laparoscopia
- Postoperativna njega



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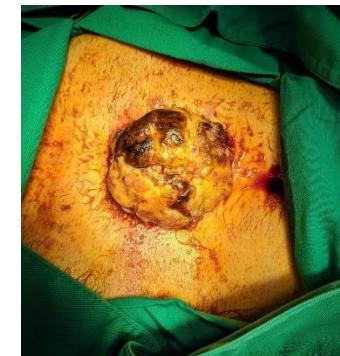
Stav:

Kada i koga operisati?

Urgentna i onkološka hirurgija

Sta sa elektivnom hirurgijom? ETIČKI  
PRINCIPI!!!

Sta sa pacijentima sa post COVID 19  
komplikacijama/ hematomi/



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# Urgentne operacije u Centru za digestivnu hirurgiju HK KC CG

Godina.	Broj operacija.	Urg.op.	Umrlj.
2016.	1535		
2017.	1654		
2018.	1602		
2019.	<b>1637.</b>	459	52



## Covid 19 pandemija

2020.	<b>1289.</b>	321	36
		24.9%	11.21%

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# Izazovi za hirurga

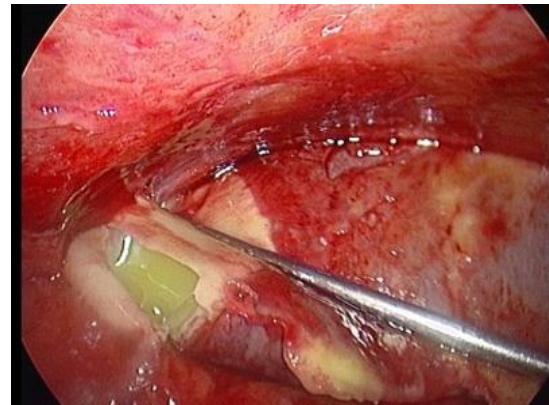
- Hirurzi su izloženi **riziku kašnjenja** u odluci za operaciju i potencijalnoj **izloženosti osoblja SARS CoV 2**
- Od 7 grupa simptoma Sars CoV. 2 prema istraživanjima **14% pacijenata** je imao gastrointestinalnu simptomatologiju, (bolovi u trbuhu , mučnina, povraćanje i proliv)
- **Diferencijalno dijagnostički** sva akutna stanja u trbuhu mogu biti uzrokom simptomatologije

- **Multinacionalna studija** među članovima **WSES** (svjetska asocijacija urgentne medicine)
- **UTICAJ PANDEMIJE SARS CoV 2** na usluge hitne hirurgije /31 zemlja/ 28 hirurga iz 31 zemlje odgovorilo na upit
  - **65,3%** Uticaj pandemije SARS CoV 2 jak/izuzetno jak
  - **87,8%** Smanjen broj pacijenata podvrgnutih hitnoj operaciji
  - **25%** Procijenilo **kašnjenje duže od 2 h** do postavljanje dijagnoze
  - **28%** Procijenilo je dodatno **kašnjenje jos 2 sata** do intervencije
  - **50%** je ukazalo na strukturne probleme sa logistikom (transport pacijenta, zatvorena odjeljenja)
  - **56,1%** teže **septične komplikacije** kod perforativnog apendicitisa i septičnog holecistisa.

## REZULTATI ANKETE SU ALARMANTNI

**SMANJEN JE BROJ HITNIH HIRURŠKIH INTERVENCIJA  
POVEĆAN BROJ OZBILJNIH SEPTIČKIH KOMPLIKACIJA**

Ova kombinacija **pogubna** za pacijente i zdravstveni sistem u cjelini.



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## Uzroci ovakvih ishoda i kombinatorike:

1. Strah pacijenata od infekcije Covid 19
2. Odlaganje prijema u bolnicu
3. Kritično kašnjenje vremena za postavljanje dijagnoze
4. Vrijeme intervencije
5. Promjena režima u bolničkoj logistici i operacionoj sali
6. Kapaciteti intenzivne njage



## NEGATIVAN UTICAJ PANDEMIJE COVID 19 NA URGENTNO RJEŠAVANJE AKUTNIH HIRURŠKIH STANJA

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Urgentne operacije	2020.		2019.	
	M.	Ž.	M.	Ž.
Appendicitis acuta	61	40	86	35
Appendicitis acuta perforativa M. Z	41	30	(5.37%)	(4.45%)
Cholecystitis acuta (empyema).	15	13	23	21
Ulcus b.duodeni perforativum.	13	11	18	17
Ileus( vascularna etiologija).	8	3	12	10
Ileus e adhesione.	8	8	19	18
Hernia inguinalis incarcerata.	3	4	13	5
Invaginatio.	0	1	3	1
Strangulatio.	5	3	9	4
Volvulus sygmae.	3	2	4	3
Trauma organa abdomena	4	1	6	3

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Urgentne operacije	2020.		2019.	
	M.	Ž.	M.	Ž.
Pancreatitis acuta.	1	1		
Ulcus ventriculi haemorrhagicus.	0	1	1	0
Ruptura echinoccocii hepatis.	1	0		
Ruptura lienis.	1	0		
Perforatio coaecii.	4	4	9	5
Perforatio colonis	9	7	11	8
IBD.	8	7	11	16
Perforatio diverticuli colonis.	8	4		
Perforatio jatrogenes sygmae.	2	1		
<b>Ukupno</b>	<b>321</b>		<b>459</b>	

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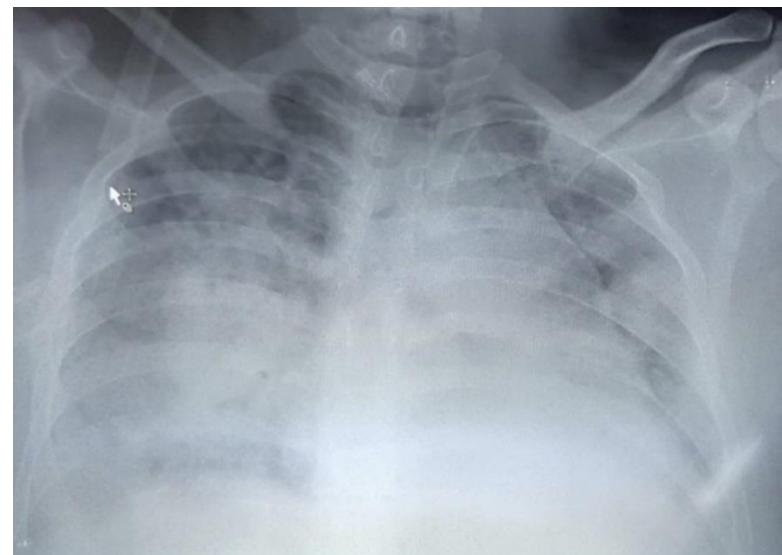
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## Pacijenti Covid 19 pozitivni, hitno operisani:

### Dijagnoza:

- \*kliničke manifestacije
- \*epidemiološka anamneza (demografske varijable)

- PCR real time
- CT pluća /abdomena/
- CRP
- LE povišen uz limfopenia(?)
- D dimer
- Interleukin 6(>50)
- Fibrinogen
- Trombociti
- INR
- PTT
- Komorbiditeti
- Enzimi jetre i gušterače
- CK i LDH (mialgia)



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# 11 pacijenata sa pozitivnim testom na SARS CoV 2

## Slika akutnog abdomena

Indikacija za hitnim operativnim zahvatom

## Preventiva transmisije virusa:

U UC tokom pregleda

Prijem u COVID ROOM

## LZO (lična zaštitna oprema)

\*na klinici

\* u operacionoj sali

\* u JIL a

## Odluka o vrsti operacije

Laparoskopija: aerotransmisija virusa



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11 covid pozitivnih

8 muškarci

3 žene

**M/39 g/ appendicitis acuta perforativa**

CRP 108; D dimer 2,51 ; TR 145; fibrinogen 4,3; le 9,88; ly18.5%

**RTG pulmo** parakardijalno desno mrljasta zasjenčenja plućnog parenhima

**29 dana hospitalizacije**



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## M/51 g/

Ileus, klinicki i CT pulmo: lijevo u projekciji srednjeg reznja maglicasta kondenzacija plucnog tkiva

CRP 139 ; D Dimer 3,21 ,LE 8,64 Ly 5,9%

PCO<sub>2</sub> 4,5 ( nizak),lactati 1,62 ( porast)

**Hospitalizacija 21 dan**



## M/31 g/

**Cholelithiasis et cholecystitis acuta**

Pozitivan na SARS CoV 2

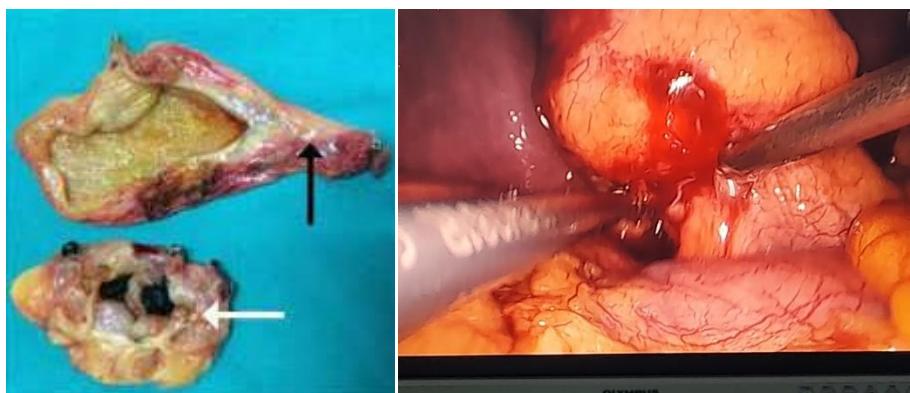
Eho zid zucne kese > 5 mm

Rtg pulmo b.o.; CRP 79,7; LE 7,5; Ly 0,9;

BRB 60; AST 40; ALT 42; Tr 201

Op:LC

**2 nedelje hospitalizacije**



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**M (81 g) Ileus e adhaesione, comorbiditeti (prostatectomia, ulcus zeluca, zucna kesa,), rtg pneumonia basalis bill interstitialis, sa effusiom pleurae obostrano Crp 31,6; D Dimer 6,76; albumini 28 g/L; fibrinogen 5,1; CRP u porastu 103,**

**Ž(20 g) bol, povrakanje, subfebrilna,**

**Dg: appendicitis acuta perforativa peritonitis loacalis**

OP : appendectomy per laparoscopica

COVID poz(+), CRP 62,5; Le 13,2 D Dimer 1,21

3 dana hospitalizacije, RTG pulmo b.o



**Ž (63) cholecystitis acuta gangrenosa**

COV poz(+) op : LC; rtg pulmo mrljaste sjenke pri bazama obostrano, CRP 72, TR 221, le 12,3; D Dimer 0,75,; EHO izmijenjen zid zucne kese sa prisutnom kalkulozom, perihepaticni halo( izliv)

**Ž (70) hernia femoralis incarcerated**

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**M(77) premjesten sa infektivne klinike**

**Ulcus bulbi duodeni perforativum**

COV poz(+), CRP 167; LE 11,5; F 4,1; D Dimer 5,21

Komorbiditet( op na bronhu, HTA,)

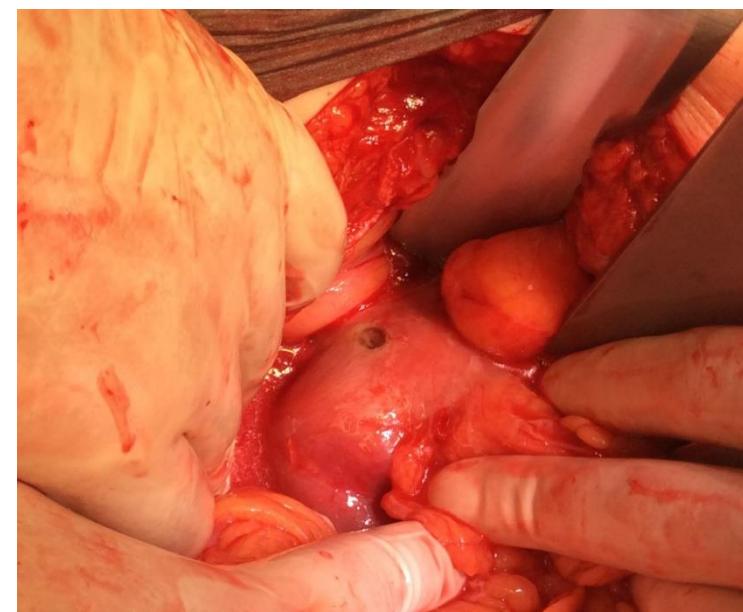
**hospitalizacija 10 dana**

**M(43) COV poz(+), appendicitis acuta op :**

appendectomia per laparoscopica, CRP 64,

Le 11,3, D dimer 0,67,rtg pulmo bo

**Hospitalizacija 72 h**



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## U POST COVID eri: Hirurške manifestacije su tražile **hitnu hiruršku intervenciju:**

**Klinička simptomatologija:** **tupi bolovi** u ledjima, malaksalost, paraliticni ileus, anemija, bol u prednjem trbušnom zidu

Kao posledica **primjene niskomolekularnih heparina (**Clexan, Fragmin**)**

**4 pacijenta sa retroperitonelanim hematomom, hematomom u projekciji psoasa, i jedna žena sa hematomom prednjeg trbušnog zida**

**Svi su operisani:** OP:evacuatio hematomatis, haemostasis

Svi su imali COVID INFEKCIJU, svi su tretirani AK terapijom

**Jedan pacijent: exitus**

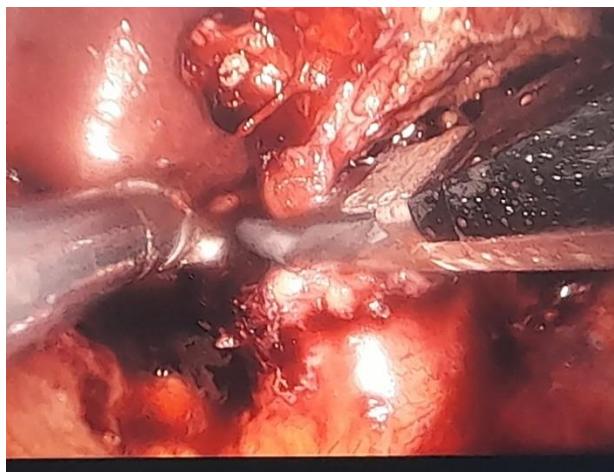
## Hematoma retroperitonei et mesenterii



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# Hematoma retroperitonei



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- **Hirurška percepcija bola u COVID eri otežana**
- **Comorbiditeti** sa početnom terapijom **Anibioticima** (hemomicin) i **kortikosteroidima** maskira kliničku sliku
- **Mač transmisije** virusa visi nad glavama zdravstvenih radnika i hospitalizovanih pacijenata
- **Multidisciplinarni pristup** uz empiriju daje sansu pacijentu da bude adekvatno i pravovremeno hirurski lijecen

- Zdravstveni radnici - **ISPIT ŽIVOTA**

- Oboljelim zdravstvenim radnicima, kolegama koji su izgubili životnu bitku sa virusom, **zahvalnost i poštovanje.**



- **Vakcinacija vodi kolektivnom imunitetu. Da li je ovo početak kraja pandemije?**



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# HVALA NA PAŽNJI



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