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5th International Conference and Exhibition on

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November 07-08, 2016 Alicante, Spain

Workshop

(Day 1)

Susanna Simberg et al., Surgery Curr Res 2016, 6:6(Suppl)
http://dx.doi.org/10.4172/2161-1076.C1.026

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Resonance tube phonation in water: Practical workshop on the method and a theoretical overview of the knowledge so far

Voice disorders are common but most available methods for therapeutic treatment and are not fully scientifically explored. Phonation into glass tubes, keeping the free end of the tube in water, has been a frequently used voice therapy method in Finland since the 1960s, and more recently also in other countries. This method is used in voice therapy for different groups of patients, such as patients with functional voice disorders, vocal nodules and patient suffers from incomplete vocal fold closure, for example due to recurrent laryngeal nerve paresis. Earlier results have suggested that the method affects the vocal apparatus in various ways. It has been proposed that the training alters vocal fold vibratory patterns, collision threshold pressure and the vertical position of the larynx. The method also increases and modulates the intraoral pressure, and both the magnitudes of the pressure variations as well as the average pressure increase are directly related to the water depth. This workshop consists of two parts (45+30 min). The first part gives a clinical demonstration of the resonance tube method and presents some examples on how it can be used in various ways depending on the kind of voice disorder and the aims of the therapy. The second part will give an overview of previous results and on-going research on the method, enabling the participants to interpret the rationale of this voice therapy method with regards to current knowledge. 10 participants can take active part in the workshop, while 30 can be in the audience.

Biography

Susanna Simberg is a Speech Language Pathologist and Professor of Logopedics at Åbo Akademi University and University of Oslo, Norway. She has been doing research on occupational voice disorders and exploring the rationale on voice therapy methods in the clinic.

Greta Wistbacka is a Speech Language Pathologist and pursuing her PhD in Logopedics at Åbo Akademi University in collaboration with the Karolinska Institutet in Stockholm, Sweden. The focus of her research is on “The use of semi-occluded vocal tract exercises in voice therapy”.

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Notes:

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Scientific Tracks & Abstracts

(Day 1)

Juan C Gomez-Izquierdo et al., Surgery Curr Res 2016, 6:6(Suppl)
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Microcirculatory effects of goal directed fluid therapy in colorectal surgery: A mechanistic cohort study

Juan C Gomez-Izquierdo, Jin Qian, Mohamed Badawy, Liane Feldman and **Gabriele Baldini**
McGill University, Canada

Goal directed fluid therapy (GDFT) optimizes oxygen delivery by guiding fluid administration using cardiac output analysis. It has demonstrated to enhance the bowel function and to decrease the incidence of postoperative primary ileus (PPOI) in some clinical trials. Bowel perfusion is critical for bowel motility; thus, an improvement of the splanchnic blood flow might explain the effects of GDFT on bowel function. Nowadays, it is feasible to evaluate tissue microcirculation at the patient's bedside with side stream dark field (SDF) technology. A cohort of 24 patients undergoing colorectal surgery in an enhanced recovery program at the Montreal General Hospital and receiving either intraoperative GDFT (eight patients) or standard fluid therapy (16 patients) was followed and microcirculatory measurements were done using the MicroScan, MicroVision Medical at seven different perioperative time points. Bowel function and incidence of PPOI were assessed. PPOI was found in three patients in GDFT and three patients in the standard fluid therapy exposure (p=0.643). The overall perioperative proportion of perfused vessels (PPV) was higher in the GDFT exposure (p=0.023); and specifically on postoperative (POP) day three (p=0.032). There was no significant difference in other microcirculation outcomes. To conclude, GDFT improves the PPV, a key factor for oxygen extraction in the tissues, effect that was sustained until postoperative day three. GDFT also demonstrated a more stable oxygen delivery throughout the surgery. Nevertheless, these physiological effects did not translate into a better postoperative bowel function in GDFT compared to standard fluid therapy.

Biography

Juan C Gomez-Izquierdo is currently pursuing PhD in Experimental Surgery at McGill University. He has completed a Research Fellowship in Department of Anesthesia at the same university and obtaining Medical Residency training at Jewish General Hospital in Montreal. He has completed his Medical degree at Pontificia Universidad Javeriana. He has co-authored different papers in perioperative care and goal directed fluid therapy, including meta-analyses, randomized controlled trials, cohort studies and three book chapters. His area of interest includes epidemiology, evidence-based medicine and hospital care.

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Quality of life after damage control laparotomy for trauma

Noman Shahzad, Hasnain Zafar and **Amyn Pardhan**
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Introduction: Though short term survival advantage of damage control laparotomy in management of critically ill trauma patients is established, there is little known about the long term quality of life of these patients. Facial closure rate after damage control laparotomy is reported to be 20-70%. Abdominal wall reconstruction in those who failed to achieve facial closure is challenging and can potentially affect quality of life of these patients.

Method: We conducted retrospective matched cohort study. Adult patients who underwent damage control laparotomy from January 2007 till June 2013 were identified through medical record. Patients who had concomitant disabling brain injury or limb injuries requiring amputation were excluded. Age, gender and presentation time matched non exposure group of patients who underwent laparotomy for trauma but no damage control were identified for each damage control laparotomy patient. Quality of life assessment was done via telephonic interview at least one year after the operation, using Urdu version of EuroQol Group Quality of Life (QOL) questionnaire EQ5D after permission. Wilcoxon signed rank test was used to compare QOL scores and McNemar test was used to compare individual parameters of QOL questionnaire. Study was approved by institutional ethical review committee.

Results: Out of 32 patients who underwent damage control laparotomy during study period, 20 fulfilled the selection criteria for which 20 matched controls were selected. Median age of patients (IQ range) was 33 (26-40) years. Facial closure rate in damage control laparotomy group was 40% (8/20). One third of those who did not achieve facial closure (4/12) underwent abdominal wall reconstruction. Self-reported QOL score of damage control laparotomy patients was significantly worse than non-damage control group (p=0.032). There was no statistically significant difference in two groups regarding individual QOL measures. Significantly more patients in damage control group were requiring use of abdominal binder and more patients in damage control group had to either change their job or had limitations in continuing previous job. Our study was not adequately powered to detect factors responsible for worse QOL in damage control group.

Conclusion: Quality of life of damage control patients is worse than their age and gender matched patients who underwent trauma laparotomy but not damage control. Adequately powered studies need to be conducted to explore factors responsible for this finding for potential improvement.

Biography

Noman Shahzad is a General Surgery Resident at The Aga Khan University Hospital (AKUH) Pakistan. He has recently completed his licensure requirement to practice general surgery in Pakistan. He is also a Member of Royal College of Surgeons of England. He has keen interest in trauma surgery and critical care management and has published in this field.

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Sherin A Khalam, Surgery Curr Res 2016, 6:6(Suppl)
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Surgical management of oral submucous fibrosis with fibrotomy, temporalis myotomy and bilateral coronoidectomy

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Aim: The aim of our study was to evaluate the effect of coronoidectomy with excision of fibrotic bands as an operative technique in management of oral submucous fibrosis.

Materials & Methods: A patient with histologically proven lesions of category group IV A (severe trismus with an interincisal distance of less than 15 mm and extensive fibrosis of all the oral mucosa) case of oral submucous fibrosis, having a mouth opening of 12 mm was surgically treated. The procedure involved bilateral release of fibrotic bands, bilateral coronoidectomy and no reconstruction covering the buccal defects with collagen membrane. Regular physiotherapy and follow up were done and results were assessed by comparing the preoperative and postoperative mean intraoperative inter incisal distance.

Results: The intraoperative inter incisal distance after band excision and coronoidectomy increased up to 38.0 mm. The mean mouth opening after one year follow up was found to be 39.6 mm.

Conclusion: In management of oral submucous fibrosis, the procedure of coronoidectomy after fibrotic band release had excellent results with adequate mouth opening and no recurrence was noticed until the last follow up.

Biography

Sherin A Khalam is an Associate Professor at PMS College of Dental Science and Research, India. He is the Surgical Head of the Department of Dental and Maxillofacial Surgery, SUT Royal Hospital, Director of Khalams Medical Centre and a Fellow of International Congress of Oral Implantologists, USA. He has completed his BDS from Vinayaka Missions University, MDS from Annamalai University and MSc in Clinical Psychology from Tamil Nadu University. He has more than 50 international publications to his credit. He has completed advanced training in Implantology from Lleida, Barcelona, Spain and was course Coordinator at University of Genova, Italy.

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Alessandro Bucci, Surgery Curr Res 2016, 6:6(Suppl)
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No drug induced sleep endoscopy, no somnoplasty: Literature review and our personal experience in the diagnosis and management of OSAS

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The aim of this study was to identify patterns of airway collapse and sites of obstruction during drug induced sleep endoscopy (DISE) as predictors of surgical failure following multilevel airway surgery or just somnoplasty for patients with obstructive sleep apnea syndrome (OSAS). A systematic review was performed of studies using DISE to identify sites and patterns of obstruction in patients with OSAS. Medical records of all adult patients undergoing diagnostic DISE at our Centre for Diagnosis and Treatment of Respiratory Sleep Disorders as part of their surgical evaluation were reviewed. For each patient, we recorded obstruction sites, obstruction patterns and the effects of the mandibular pull-up manoeuvre on both obstruction and snoring. We compared the results of clinical and diagnostic evaluation with those of sleep endoscopy. According to other authors, considering a complete obstruction of 100%, we found that palatal obstruction was the most frequently observed site of obstruction, followed by tongue base obstruction, laryngeal obstruction and hypopharyngeal obstruction. DISE is mandatory in the diagnostic work-up of OSA and is a valid addition when surgery is considered. DISE is a dynamic, safe and easy-to-perform technique that visualizes the anatomical sites of snoring or apneas and guides the design of a tailor-made treatment plan in individual cases improving the qualitative and quantitative results of treatment. Understanding the sites of collapse is mandatory for surgical treatment decision-making in obstructive sleep-apnea-hypopnea syndrome patients. Moreover, it could help prevent unrealistic expectations regarding the available treatment for each patient.

Biography

Alessandro Bucci is a Reserve Medical Officer of Italian Navy. He has Fellowship experienced in Otolaryngology at University Hospital, Cadiz, Spain. He was a Consultant in Otolaryngology. He has Fellowship in Facial Plastic Surgery (AMC) and OSAS at Sint Lucas Andreas Hospital, Amsterdam, Netherlands and in Facial Plastic Surgery at C. Garcia University Hospital, Cuba. He is a dedicated ENT Specialist Surgeon with 14 years of experience providing the highest standard of treatment. His research focused on rhinology/rhinoallergology, OSAS and dysphagia.

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Antje-Christin Deppe, Surgery Curr Res 2016, 6:6(Suppl)
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Point-of-care TEG/ROTEM based coagulation management in cardiac surgery: A meta-analysis of 8332 patients

Antje-Christin Deppe
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Aim: Severe bleeding related to cardiac surgery is associated with increased morbidity and mortality. Thromboelastography (TEG®) and thromboelastometry (ROTEM®) are point-of-care tests (POCT). Bedside POCT provides goal-directed, individualized coagulation therapy. In this meta-analysis, we aimed to determine the current evidence for or against POCT-guided algorithm with ROTEM®/TEG® in patients with severe bleeding after cardiac surgery.

Methods: We performed a meta-analysis of randomized controlled trials (RCT) and observational trials (OT). Trials comparing transfusion strategy guided by TEG/ROTEM with a standard of care control group undergoing cardiac surgery were included. In addition, at least one desired clinical outcome had to be mentioned such as mortality, re-thoracotomy rate, sternal infection, and acute kidney injury. Also surrogate parameters such as transfusion requirements and amount of blood loss were analyzed.

Results: The literature search retrieved a total of 17 trials (nine RCT and eight OT) involving 8,332 cardiac surgery patients. POCT guided transfusion management significantly decreased the odds for patients to receive allogeneic blood products (OR 0.63, 95%CI 0.56-0.71; p<0.00001) and the re-thoracotomy rate due to postoperative bleeding (OR 0.56, 95%CI 0.45-0.71; p<0.00001). Furthermore, the incidence of postoperative acute kidney injury was significantly decreased in the TEG/ROTEM group (OR 0.77; 0.61-0.98; p=0.0278). No statistical differences were found with regard to mortality.

Conclusions: TEG/ROTEM based coagulation management decreases the risk of allogeneic blood product exposure after cardiac surgery. Furthermore, it results in significantly lower re-exploration rate, decreased incidence of postoperative acute kidney injury and thromboembolic events in cardiac surgery patients. Results of this meta-analysis indicates that POCT guided transfusion therapy is superior to the current standard of care.

Biography

Antje-Christin Deppe has completed her Medical degree from Heinrich-Heine University of Düsseldorf and Post-doctoral studies in 2010. She has completed her Cardiothoracic Residency and she is currently the Head of the Cardiothoracic Intensive Care Unit at the Department of Cardiothoracic Surgery at University Hospital of Colgne, Germany.

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Notes:

Mariyah Selmi et al., Surgery Curr Res 2016, 6:6(Suppl)
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An audit of documentation during surgical ward rounds

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Background: Surgical ward rounds are generally fast paced. With a quick patient turn over, key information regarding pre/post-operative care as well as nutrition status often gets missed. Documentation is routinely done by ward based F1 doctors who have had little involvement in management. If seniors are unavailable, omissions in documentation can lead to detrimental outcomes for the patients, such as unnecessary antibiotics/dietary restrictions. The patients' notes provide a record of on-going clinical issues and serve as a medico-legal document. Therefore, the need for notes to be thorough and legible with a clear indication to all MDT members regarding future care is paramount.

Aim: Aim of this study is to quantify the information documented during ward rounds across the general surgical wards and its effect on patient care.

Method: The last ward round entry in the patients notes was analyzed against 12 parameters chosen by MDT members. This included medicolegal aspects: Dates and time, patient identifier, signature with GMC number of doctor, discussion with patient noted and overall legibility; as well as patient review aspects: Current issues, working diagnosis, plan based on current condition, medication review, dietary requirement review and estimated discharge date with follow up instructions.

Results: A total of 47 entries were analyzed, medico-legal aspects of documentation were above 79%. Medication and diet were only reviewed in 36% of cases with clinical details only being explained to the patients in 6% of cases.

Conclusion: Lack of clear documentation may have led to poor patient outcomes and difficulty for other team members to provide care. The introduction of a new pro-forma prompting daily review of the key areas has shown a vast improvement in documentation and communication between staff and patients. Questioning and reviewing these areas has also provided a learning opportunity with positive feedback from junior doctors.

Biography

Mariyah Selmi is a 3 foundation trainee with a keen interest in quality improvement and patient safety.

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Bushra Mukhtar Alhajjaji, Surgery Curr Res 2016, 6:6(Suppl)
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The prevalence and demographic risk factors of PAD and the association between CAS and AAA in the affected patients at KAUH, Jeddah, KSA

Bushra Mukhtar Alhajjaji
King Abdulaziz University, KSA

Background & Objectives: Peripheral artery disease is considered as one of the highly prevalent public health issues, associated with major detrimental effects on quality of life and functional status; it is also the main cause of limb amputation. When involving the carotid arteries, leading to carotid artery stenosis, makes it considered as a strong predictor of strokes and even death. Peripheral artery disease and abdominal aortic aneurysms have many risk factors in common. Thus, our aim in this hospital based study is establishing the prevalence and demographic risk factors for each of the previously mention disorders individually, following that, we want to assess the association between them, and finally to evaluate if screening these patients who have one of the three conditions for the other two would be beneficial as a preventive measure.

Methods: This is a prospective cross-sectional study. In which PAD, CAS and AAA were screened in 34 susceptible patients in KAUH clinics, for screening we used simple non-invasive procedures ankle brachial index, carotid Doppler ultrasound, and abdominal aortic ultrasound.

Results: ABI study showed 41.2% of patients have PAD, of which 50% of them had bilateral PAD and only 7.14% were asymptomatic. The majority of patients were classified into moderate to severe stages of the disease. The incidence of CAS in PAD patients turned out to be 21.4% with increase in severity of CAS, while the incidence of AAA in PAD patients was 7.14%. Diabetes mellitus was reported as the most significant risk factor of PAD and CAS.

Conclusions: The prevalence of CAS was markedly higher in PAD patients. These results showing a high risk of cerebral and carotid artery lesions in patients with PAD, suggest that screening for CAS is important for treatment, rehabilitation and prevention in these patients. Further studies are needed to determine the exact prevalence and risk factors for PAD and to evaluate the relation between CAS and AAA in PAD patients in a larger sample group in different facilities in Saudi Arabia.

Biography

Bushra Mukhtar Alhajjaji has completed her Bachelor's degree of General Medicine and Surgery from King Abdulaziz University. She is doing training at the King Abdulaziz University Hospital of Surgery.

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Evaluation of the possible neurotoxic effect of the bone cement on the facial nerve

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Objective: The aim of that experimental study was to investigate the possible neurotoxic effects of the bone cement (BC) on the facial nerve with the electrophysiological and histological examinations.

Materials & Methods: Twenty male Wistar albino rats; divided into 4 groups were used in the study. Group A was determined as a control group and the group B as a sham. In group C; one drop BC was dropped on facial nerve trunk and washed with saline after waiting 5 seconds. In group D; one drop BC was dropped on facial nerve trunk and the wound was closed primarily after waiting 5 minutes to set BC. Electromyographic measurements (EMG) were performed preoperatively and postoperatively at the fourth week. Animals were euthanized after applying EMG at the fourth week, facial nerve tissue and environmental samples were taken for the histopathological examination.

Results: When the EMG wave parameters evaluated in four groups, there was a statistically significant decrease of the postoperative amplitude levels compared with preoperative amplitude levels in Group D ($p<0.05$, $p=0,014$). There was no significant difference between the groups in terms of inflammation in histopathological evaluation. Foreign body reaction or granulation tissue was not detected in none of the groups.

Conclusion: To the best of our knowledge, that is the first experimental study which investigates the possible neurotoxic effects of the BC on the facial nerve with the electrophysiological and histological examinations. Any facial nerve paralysis or nerve conduction block was not detected in animals by EMG. Opinion of the authors is to show special care to avoid the direct neural contact with BC in the middle ear surgery, if the contact occurs removal of BC would be beneficial by aspiration and washing with saline.

Biography

M Tayyar Kalcioglu has graduated from Medical faculty of Hacettepe University and worked as an ENT Resident in Inonu University, Department of Otorhinolaryngology, Turkey. He became an Associate Professor and Professor in Inonu University and has been working in Istanbul Medeniyet University since 2012. He has published more than 25 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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Investigation of rhythmic, synchronous and synergistic activities of paratubal muscles for opening Eustachian tube

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Eustachian tube (ET) is a valve activated by levator and tensor veli palatine muscles and its duty is to equalize the pressure inside the tympanic cavity (TC) with outside pressure. Eustachian tube activation is commonly believed to be a sporadic activity which is initiated by swallowing or yawning action. Although there have been numerous electromyographic (EMG)studies to understand the synergistic behavior of the two muscles, these studies never revealed the heart beat like periodic activity, reflex like nature and the tight relationship between the two muscle signals in terms of amplitude and delay. In a recent clinical study done on 50+ patients we have discovered extraordinarily periodic behavior of EMG signals of ET muscles alongside a very tight relationship between the two signals. Furthermore, there is strong evidence that the relationship of the EMG signals may indicate health status of ET. The study has been done using an unusual location for picking up ET muscle EMG signals which is being used for the first time. The new signal location enabled us to use commercially available subdermal EMG electrodes submucosally firmly placed at target location and furthermore enabled picking without using any local or topical anesthetics. The signals picked up from patients were all high fidelity signals and this led the discovery of periodic, clock-like synergistic signal pattern observed in all patients. This discovery sheds light into the behavior of tubal muscles which appears to be much more complex then what we used to think. Hopefully this discovery may lead to new understanding of electrical activity of ET and may pave the way for solving ET dysfunction (ETD) problem.

Biography

Professor of Otorhinolaryngology, Istanbul Kemerburgaz University, Medical Park Gaziosmanpaşa Hospital, Department of Otorhinolaryngology, 2010 – 2015 Clinical Director of Otorhinolaryngology Department,Turkish Ministry of Health,Haseki Training and Research Hospital,2013 - 2015 Vice President , Education Planning and Coordination Committee ,Haseki Training and Research Hospital, Coordinator,Operating Rooms Service,Haseki Training and Research Hospital, 2013-2015 Member, Infection Control Committee,HasekiTraining and Research Hospital, 2012-2015 Member,Clinical Research Financial Support Appraisal Committee,Haseki, 2001 2010 Clinical Chief, Otorhinolaryngology Department, Vakıf Gureba Teaching and Research Hospital, 2000 Associated Professor of Otorhinolaryngology,Hacettepe University Medical Faculty, 1989 - 2000: Chief Intern,Vakıf Gureba Training and Research Hospital

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Zainun Z et al., Surgery Curr Res 2016, 6:6(Suppl)
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Effects of Quranic and broadband therapy among tinnitus on N100 and p300 evoked residual potential tests: A preliminary study

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Universiti Sains Malaysia, Malaysia

Tinnitus is known to unfavorably affect patients' quality of life. Cognitive impairments such as inadequate concentration and attention have been reported in some tinnitus patients. This preliminary study was performed to determine the memory abilities of tinnitus patients using the N100 and p300 evoked residual potential tests. We recruited seven patients with tinnitus who underwent 6 months treatment with Quranic rhythm (group-1) and Broadband noise (BBN) (group-2). All subjects completed the tasks successfully. Statistical analysis showed no significant difference in 4 groups (preBBN, post BBN, pre Quranic and post Quranic) for both tests ($p>0.05$). The amplitude of N100 wave targeted stimuli in group-1 showed mild cognitive improvement (8 out of 19 channels improvement) compared to group-2 where there was 7 out of 19 channels. The latency of N100 wave target group-2 showed better improvement than group-1. The amplitude of P300 wave targeted stimuli in group-2 patients with mild cognitive improvement compared to group-1. The latency of p300 wave targeted stimuli in group-1 and 2 showed equal improvements after intervention. Our findings suggest that Quranic rhythm is one of the alternatives and a potentially new treatment option for tinnitus patients in addition to the use of Broadband noise.

Biography

Zuraida Z is a Senior Medical Lecturer in the Audiology program, School of Health Sciences, Universiti Sains Malaysia (USM). She has received her Medical degree (MD) from USM in 2002 and Master of Science (Medical Audiology) in 2010 from the same university. She has also been an active Researcher in the field balance and vestibular and has published more than 60 papers including journal, oral, books and proceedings. She is currently developing a virtual vestibular rehabilitation procedure for balance disordered patients.

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Scientific Tracks & Abstracts

(Day 2)

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Update on latest vestibular rehabilitation: Spanish version of home-based video module of balance exercises for balance disordered patients

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Vestibular rehabilitation is one of the optimum treatments to promote the recovery among vestibular disordered patients. The effectiveness of these physical therapies has been clearly demonstrated. In fact, having an effective therapy that is home based offers many advantages to the patients and clinicians. The video-guided instructions are presented clearly in a systematic manner targeting different parts of the balance system. Zainun and her colleagues (2009) had developed the first video guided exercise that is home-based known as far; Bal Ex is available in ten languages including: Malay, English, Mandarin, Hokkien, Tamil, Persian, Arabic, Nigerian, Cantonese and Spanish version. This module was adapted with permission and underwent some modifications from the original version, i.e., CCCE (Pavlou et al., 2004). Bal Ex consists of twenty two movements divided into three levels include head and neck, positioning and postural movement. This module has many advantages which are easy to perform as there are step by step instructions presented with audio and visual cues. Second, since it is home-based, the patients do not have to travel frequently to the hospital for treatment. This is also practical for patients with reduced mobility and it also offers more flexibility. Indirectly, it is also cost-effective in a long run. Vestibular rehabilitation is one of the alternative treatments to promote the recovery among vestibular disordered patients. The effectiveness of these physical therapies has been clearly demonstrated. In fact, having an effective therapy that is home based offers many advantages to the patients and clinicians. The video-guided instructions are presented clearly in a systematic manner targeting different parts of the balance system. Future studies should concentrate on comparing the effectiveness of this video module between PVD and central vestibular disorder cases. It is also of interest to see whether this physical exercise is also helpful in other pathological group such as stroke.

Biography

Zuraida Z is a Senior Medical Lecturer in the Audiology program, School of Health Sciences, Universiti Sains Malaysia (USM). She has received her Medical degree (MD) from USM in 2002 and Master of Science (Medical Audiology) in 2010 from the same university. She has also been an active Researcher in the field balance and vestibular and has published more than 60 papers including journal, oral, books and proceedings. She is currently developing a virtual vestibular rehabilitation procedure for balance disordered patients.

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Risk stratification of surgical patients with obesity in Intensive Care Unit: A prospective cohort study

Noman Shahzad
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Introduction & Objective: There is a steady increase in prevalence of obesity over last 2-3 decades to the extent of global epidemic. Overall, 25% of world population is reported to be overweight and 10% are obese. According to one report, one in every four individuals in Pakistan is either overweight or obese. The evolutionary origin of obesity points towards survival advantage of obese individuals, but in modern way of living, advantages of obesity are lost and hazardous effects have become more prominent including cardio-metabolic risk factors and some malignancies. There is very scanty information in medical literature about value of fat stores in critically ill patients; therefore the present study objective was to measure the impact of obesity upon mortality rate in patients admitted in surgical Intensive Care Unit.

Methodology: This was a prospective cohort study conducted in Intensive Care Unit (ICU) of Aga Khan University Hospital Karachi, Pakistan. All adult patients of both gender of age >16 years were eligible for inclusion in this study. Patients with diagnosis of malignant diseases, those shifted to other hospitals or shifted to ICU of this hospital and patients with ICU stay of <24 hours were excluded from the study group.

Results: A prospective data of 260 patients admitted to ICU was gathered on a pro forma designed for the study. The mean age and standard deviation of the study population were found to be 48.29±18.97 years. There were 172 (66.2%) male and 88 (33.8%) females in the study group. Measurement of mid arm circumference 44% of patients were found to be obese. BMI was calculated for all patients; 35% were over-weight and 40% were in obesity class. Ninety percent of the patients were admitted through emergency department and gross ICU mortality was found to be 48.5%. Multivariate logistic regression analysis was performed to identify the risk factors of mortality in ICU patients. The results showed BMI and APACHE score to be statistically independent variables to predict mortality. Mortality rate of overweight patients were found to be low than normal weight or obese patients i.e. 40%, 48% and 56%, respectively. Ischemic heart disease was found to be statistically independent predictor of prolong ICU stay.

Conclusion: Overweight could be potentially protective for critically ill patients admitted to ICU as compared to patients in normal weight categories and those in obesity class.

Biography

Noman Shahzad is a General Surgery Resident at The Aga Khan University Hospital (AKUH) Pakistan. He has recently completed his licensure requirement to practice general surgery in Pakistan. He is also a Member of Royal College of Surgeons of England. He has keen interest in trauma surgery and critical care management and has published in this field.

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Video Presentation

Manuela Stoicescu, Surgery Curr Res 2016, 6:6(Suppl)
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The surprise of diagnosis of a fluid collection around the spleen: Case report

Manuela Stoicescu
University of Oradea, Romania

Aim: The most important objective of this clinical case presentation was to find the real cause of a patient who came in the emergency department for a clinical picture of a left renal colic.

Material & Methods: I present the clinical case of a 42 year old man, prisoner-convict who came in the emergency department together with a policeman who supervised him with sudden onset of left lumbar pain irradiate into the left flank and left iliac fosse (on the way of left ureter), pollakiuria, dysuria and macroscopic hematuria. At the objective examination: BP=130/80 mmHg, HR rhythmic=78 bates/min, normal vesicular sound, Giordano sign positive on left side, costovertebral and costo-muscle points sensible on left side, superior and middle ureteral points sensible. For this reasons the doctor from penitentiary sent the patient in emergency with the diagnosis: left renal colic, left kidney stone. The results of blood tests were in normal range, except the level of Hb=10 g/dl, Ht=42%, red blood cells =3.7 million cells/mcL. The abdominal ultrasound image showed all the organs normal, both kidneys normal as well but unexpected a free fluid collection around the spleen in small quantity but the capsule of the spleen apparent intact and without free liquid collection in the Douglas cavity. An abdominal CT was performed and relieved the same image with fluid collection around the spleen and all the organs normal. The patient was referred to the surgery department with suspicion of possible spleen fine fissure unobservable at echo and CT scan, because of the free fluid collection around the spleen, indifferent that the patient didn't recognize any trauma. After abdominal laparotomy, spleen was normal with intact capsule without any fissure and fresh blood around the spleen, but this came from a big hematoma localized in the posterior wall of the left kidney and migrates around the spleen and was solved with good evolution of the patient.

Results & Discussions: The clinical case is surprising and particular because in the first instance, the symptoms and signs suggest a left renal colic and the normal image of the kidney at abdominal ultrasound and CT scan not confer us safe that everything is normal, because it isn't possible to see the posterior wall of the kidney. Because the free fluid appears around the spleen, suggest in the first instance a possible fissure of the spleen, but in reality the fluid was migrated from big posterior hematoma of the left kidney, impossible to be detected. The diagnosis was really difficult, the convict and the policemen as well, didn't recognize trauma, but the reality was that the convict was hit-creamed without any ecchymosed on the skin.

Conclusion: Indifferent if a convict patient didn't recognize trauma, in this context of couple: policemen-convict, we must suspect a possible undeclared trauma. It is very difficult to put a diagnosis of a posterior hematoma of the kidney because ultrasound and CT-scan can see only the anterior side of the kidneys, blood migrate around the spleen and develop the possible suggestion of a fine fissure of the spleen and more than that in the first moment everything suggest like a left renal colic.

Biography

Manuela Stoicescu is a Consultant Internal Medicine Doctor and has completed her PhD in Internal Medicine. Currently, she is an Assistant Professor of Medical Disciplines Department, University of Oradea, Faculty of Medicine and Pharmacy, Romania, Internal Medicine Hospital and Office. She is a Member of Romanian Society of Internal Medicine and Romanian Society of Cardiology, Chemistry and Biochemistry.

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