

Pharmaceutical Care in Surgery Field

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Editorial

The clinical pharmacy presence in medical team gives general improvement in clinical outcomes [1] and also in surgery field this role is relevant in order to obtain more efficacy and efficiency of the system.

Often surgical procedure are involved in very critically ill conditions or in emergency situation and all the factors involved in improving outcomes are to be strictly considered.

Multidisciplinary is the right keywords and clinical pharmacist is the drugs expert for excellence to be included in the medical team.

Surgery efficiency depends on many hospital services as medical laboratory, blood bank, ICU Imaging and other relevant discipline and also pharmacy play a relevant role in this complex process.

Logistic but also consultant role pharmacokinetics, pharmacodynamics, toxicology, pharmacology, innovative drugs, biological drugs, antimicrobials, anesthetic, myorelaxant, analgesic, oxygen therapy and other are currently managed by clinical hospital pharmacist with deep knowledge and skills [2-6].

The consultant and classic pharmacist role in multidisciplinary equip reduce mortality rate in ICU as demonstrated by several clinical studies.

The reducing in adverse event in surgery field we can have, or a rationalized healthcare total costs and make possible to obtain best use in economic and human resource. Clinical pharmacist working in medical team to improve clinical outcomes, reduce errors and costs and to improve patients quality of life.

So it is ethical not to use clinical pharmacist expertise in medical team in relevant condition as critically ill patients, transplanted and other?

Saving a single life is a golden endpoint in every situation and every efficacy system we know must be used.

For example, the cost for transplant organs requires right management systems with collaboration between Different healthcare professional surgeons, ICU healthcare professionals, clinical pharmacist, nurse and other. The reduction of risk in the different surgical and clinical procedure by clinical pharmacist works is an efficient instrument in today healthcare [7-9].

The relationship between surgery and pharmaceutical care are many and for example we can see from history

Since ancient times the necessity to cure disease or trauma lead human races to research efficacy remedy or surgical procedure. Surgery procedure need of drugs or medical devices and clinical pharmacist actively collaborate in this work.

The term Surgery comes from Greek cheiron (hand) and ergon (opera), historical origin; starts since from 10,000 year BC. In the past, it was divided into two disciplines: Short dressed and long dressed surgeons, the first without deep medical university knowledge (cerusici) [10-14].

War surgery experience contribute a lot in surgical procedure while a dentistry and chemists developed XIV century new procedure to make possible surgery procedure in more a better and surer way (w. MORTON introduced the use of anesthesia during dentistry surgery procedure, PASTEUR and demonstration of bacteria as responsible in tissue infections).

FLEMING and introduction of first penicillin in therapy

1895 ROETGEN introduce of RX as diagnostic technique.

Antisepsis procedure, sterilization practice of surgery instruments reduce microbial infections

And the same for sterile gloves use, aseptic environment, surgery rooms, ICU.

Blood compatibility assay that make possible transfusion during surgery, hemoderivatives clotting factors.

Antimicrobial prophylaxis procedure and protocols.

Medical devices as suture, surgery instruments are other makes the differences.

Immunosuppressive therapy in organ transplant (cyclosporine) make possible to have long time efficacy. Innovates surgery techniques, endoscopy, laparotomy, robots.

Vascular surgery (medical devices)

The same the evolution of clinical pharmacy (since from 1928) Luisetto [2] gives significant results when stable part of medical team.

And his expertise in laboratory medicine or imaging is increased in last decades and with general improvement of decision making process in therapy field [3].

Some specifically clinical pharmacist competence in this field can be

Antimicrobials, anti-bacteria, antivirals, anti-fungal drugs management in the contest of antimicrobial stewardship. Antiseptic and disinfectants (use and rotation), antimicrobial prophylaxis.

Limitation measure in antimicrobial use: MDR resistance control, Anesthetic drugs, Muscle relaxant and antidotes, Analgesic drugs pharmacology, Kinetic malignant hyperthermia management, Pain management, ADR, side effect Interactions, Costs monitoring (drugs

and medical devices), Medical devices (bisturi, medicated stents and other), Shock therapy procedure and drugs, ARDS, MOF, Sepsis management, Surgery infections management, Electrolyte balances/ acid bases balances monitoring, Burn patients, allergic patients, polio pathology, chronic and metabolic disease, Immunologic disease, infection disease, Acute patients, emergency surgery, Elective surgery conditions (drugs logistics, emergency drugs), Transplants, histocompatibility, TDM, medicine lab data, imaging and instrumental patient data assessment, Aseptic procedures, isolation measure, preventive measure (immunization, vaccinations) and more other.

The many kind of actions that clinical pharmacist can apply in medical team make more efficiently the equip results so we think that a new discipline named clinical pharmaceutical care can be an efficient instrument in order to achieve more clinical and economic endpoint also in surgery field.

With Clinical Pharmaceutical Care we can apply Pharmaceutical Care principle in priority way to the most critical patients and conditions

“Discipline intended to improve clinical and economic endpoint in pharmacological therapy reducing therapy errors and with a more rational application of resource in medical team (clinical pharmacist). This new approach takes advantages using the management and ICT principles. We ask also to international organization involved in hospitals accreditation and University to recognize this new health care professional activity. We think that core training must include principles of management, ICT professional social media, psychological behavior skills for team working added to be added to the classic clinical pharmacy programs. Theory and practical applications [15].

Also the knowledge in field of medical laboratory and imaging gives great advantages in this new discipline for the hard relationship with many drug therapies. For this reason also clinical pharmacist must be involved. We strongly ask to public institution to apply this new discipline to obtain more rational drug therapies and rational method to use the clinical pharmacist resource.”[4].

Conclusion

We ask to the international org. involved in healthcare accreditation to introduce a strictly requirement in hospital surgery accreditation: the stabile presence of clinical pharmacist in surgical medical team. And to the university institutions to deep introduce this professionalism in core curriculum of clinical pharmacist with topic but also practice applications (surgery rotations). We think that using the classic management instrument added to ICT, professional social media and sharing economy principles we can have an improvement in healthcare results. Sharing experience, knowledge, skills and informations we can have an efficient systems more than past.

We think that the tool professional social media can play today great role to meet researcher and professionals and to make possible a more rapid collaboration to be considered as a new healthcare instrument useful in surgery and pharmaceutical field as in other healthcare discipline [16,17].

References

1. Luisetto M, Carini F, Bologna G, Nili AB (2015) Pharmacist cognitive service and pharmaceutical care today and tomorrow outlook. UKJPB 3: 67-72.
2. Luisetto M, Nili-Ahmadabadi B, Cabianna L, Ibne M (2016) Steps and impacts of pharmaceutical care and clinical pharmacy development on clinical outcomes. A Historical Analysis Compared with Results, Clinicians Teamwork bulletin 1:4-8.
3. Luisetto M, Nili-Ahmadabadi B (2016) An open letter to all pharmacists: pharmaceutical care, medical laboratory and imaging, clinicians teamwork 1: 1-4.
4. Luisetto M, Sahu RK (2016) Clinical pharmaceutical care: a new management health care discipline in 2016. UKJPB.
5. Luisetto M (2016) Psychological and Behavior skills for Ph. care practice in medical team. IJPPR.
6. Bond CA, Raehl CL (2007) Clinical pharmacy service, pharmacy staffing and hospital mortality rates. *Pharmacotherapy* 27: 481-493.
7. Chisholm BMA, Kim Lee J, Spivey CA, Slack M, Herrier RN, et al. (2010) US pharmacist's effect as team members on patient care: systematic review band meta-analyses. *Med Care* 48: 923-933.
8. Stanley MS (1994) Diagnostic imaging and pharmaceutical care. *Am J Pharm Edu* 58: 2.
9. Howard P (1984) An introduction to the Clinical Laboratory for Pharmacists. *Hosp Pharm* 19: 425-431.
10. Luisetto M, Nil-Ahmadabadi B, Cabianna L, Ibne Mokbul M (2016) Steps and impacts of pharmaceutical care and clinical pharmacy development on clinical outcomes 2016: a historical analysis compared with results. *Clin Team* 1: 4-8.
11. Luisetto M, Mobin IM, Luca C (2016) Professional social media: instrument to meet researcher and health care instruments with a model for a new scientific social network. *Int J Econ Manage Sci* 5-3.
12. Luisetto M (2016) Clinical pharmaceutical care, medical laboratory imaging, nuclear medicine: a synergy to improve clinical outcomes and reducing costs. *J App Pharm* 8: e112.
13. Luisetto M (2016) An useful instrument in future health care systems. *J Pharma Care Health Sys* 3:2.
14. Monica de Boer, Maya A. Ramrattan, Eveline B. Boeker, Paul F. M. Kuks, Marja A. Boermeester, et al (2014) Pharmaceutical Care in Surgical Patients *Darwin Ang* 9: e101573.
15. Schneider R, Ranft D, Heinitz K, Uhlmann D, Hauss J, et al. (2012) Pharmaceutical care in a visceral surgical ward. *137: 173-179.*
16. Martínez López I, Do Pazo-Oubiña F, Lozano Vilardell P (2011) Comprehensive pharmaceutical care in a vascular surgery department. *Farm Hosp* 35: 260-263.
17. Luisetto M (2016) Management sciences international journal of economics & management sciences. *Int J Econ Manag Sci* 5: 15.