

Chest infections and Urinary tract infections acquired in the vascular surgery patients post admission in to the hospital

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Vascular and endovascular procedures are typically very clean procedures, with a very low infection rate. However, infections, although rare, are unfortunately associated with a high rate of morbidity and mortality.

We started studying patients who developed new infections after being admitted in the vascular department from 1st June 2020 till end of July 2021.

This study will focus entirely on Urinary tract infections and chest infections which develop in these co-morbid patients post admission to the hospital and how would these infections impact their lives.

Among total 162 admissions who developed new infections post their admission to the hospital, 123 (75.9%) were complicated with either UTI or chest infections or both; the other 39 admissions did not develop neither UTI nor chest infections.

In this study line infections and positive sputum cultures were excluded, also patients who got wound infections without UTI or chest infections were omitted.

Of the 123 admissions; 64 (52%) were males vs. 59 (48%) were females; 55% of the patients were (65 – 79) years old followed by patients above 80 years old (22%)

Isolated Chest infections were the most frequent and occurred slightly higher in males vs. females; 31 vs. 23 (25% vs. 19%) followed by isolated UTI more frequently in females vs. males; 17 vs. 16 (13.8% vs. 13%)

As regards length of stay in the hospital, longest period was verified for females who developed combined UTI, chest infection (52.16 days) followed by females with UTI and wound infections (48.7 days). Male patients usually spent less time in the hospital.

Biography

Armia Sargious has been trained in the Vascular Surgery since 2008 and could achieve a huge experience in the field of Vascular Surgery. He has also attained a worthy experience in NHS system in the UK since 2019 which enabled him to mix his clinical and managerial practice for better understanding; thus easing the pathway for best final outcomes and patient satisfaction.

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