



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**Available online at: <http://www.iajps.com>

Research Article

**ALLAMA IQBAL MEMORIAL TEACHING HOSPITAL  
SIALKOT'S EMERGENCY DEPARTMENT****<sup>1</sup>Dr.Yasir Hussain, <sup>2</sup>Dr.Noor Ul Huda, <sup>3</sup>Dr.Mohsin Ali**<sup>1</sup>Foundation university Islamabad<sup>2</sup>Foundation University Medical College, Islamabad<sup>3</sup>Foundation University Medical College, Islamabad**Abstract:**

**Objective:** To study the arrangement of surgical techniques in emergency department of Allama Iqbal Memorial Teaching Hospital, Sialkot. **Study Design:** Descriptive / observational study **Place and Duration of Study:** This study was carried out at the Allama Iqbal Memorial Teaching Hospital, Sialkot from July 2015 to July 2016. **Materials and Methods:** 910 surgical techniques were comprised in this retrospective study. All the surgical procedures were involved, while cases that were moved to other departments and those that left in contradiction of medical advice were omitted. Age, sex, region, type of surgical actions, was noted on the designed Performa. Approval of Ethical Committee of the institute was taken. Information was evaluated on SSPS version 10. **Results:** In this study the prevalence of surgical procedure in emergency department was maximum (42.41%) 386 cases at the age set 15-25 years and minimum (0.21%) 2 cases at the age set 90 & above as shown in table no.01. There were (56.70%) 516 cases from male and (43.29%) 394 cases from female as presented in table no.02. The surgical procedures of the patients from urban residents was (65%) 588 cases and (35%) 322 cases from countryside populations as presented in table no.03. The occurrence of open appendectomy was topmost (11.20%) 102 cases in male and (15.27%) 139 cases from female and there was lowest frequency (0.1%) 1 in case of chest intubation, tendon repair, vascular repair, and exploratory laparotomy for revolver shot in female patients as presented in table no.04. There were (10%) 91 cases from male and (9.45%) 86 cases from female of emergency removal of soft issue wounds, (10.10%) 92 cases from male and (8.13%) 74 cases from female in case of cut and drainage process. The exploratory laparotomy for typhoid perforation, duodenal ulcer, stab wound and blunt abdominal disturbance was the second most common procedure conducted at the surgical emergency department of Allama Iqbal Memorial Teaching Hospital, Sialkot as presented in table no.04. **Conclusion:** The outcomes of this study are supportive in planning improved emergency service delivery to patients and in concentrating and refining the training of surgical inhabitants. Government at several levels should afford up-to-date diagnostic tools for the exact preoperative diagnosis of surgical traumas in tertiary care public hospitals.

**Key Words:** Surgical Procedures, Emergency, Retrospective.**Corresponding author:****Dr.Yasir Hussain,**Foundation University,  
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Please cite this article in press Yasir Hussain et al., Allama Iqbal Memorial Teaching Hospital Sialkot's  
Emergency Department., Indo Am. J. P. Sci, 2018; 05(10).

**INTRODUCTION:**

An estimated population in Pakistan has of 173.5 million (July 1, 2010), which is increasing at a rate of 2.05% for each annum and has a country versus urban distribution of 64% versus 36%.<sup>1</sup> Total registered medical professionals (fundamental and specialists) in Pakistan till May 31, 2010 are 142792 (119083+ 23709), making specialist to-populace percentage.

General surgery is a notable claim to fame handling high volumes of emergency affirmations, their administration<sup>1</sup>. In showing doctor's amenities crisis surgical care is of great necessity in tertiary care setup and it is a vigorous part of preparing surgical residents. There is a regular growth in the amount of crisis admissions [2] which include surgical emergencies [3]. Many assessments have observed the example of crisis surgical admissions [4,5] and crisis surgeries [6]. However, there is little data available on range of the crisis general surgical calls all over the world and writing look established that no review has been led or described in respects to the available to come back to work-stack in Pakistan. Actually, there is a more significant load of the crisis surgical group than discovered by investigating surgical confirmations and operations alone.

Unit of surgery Allama Iqbal Memorial Teaching Hospital, Sialkot comprises two common surgery units other than the strengths of neurosurgery and

orthopaedics; the offices of paediatric surgery, urology and plastic surgery are also present. The two surgical units have 50 beds individually, with equivalent flow of outpatient, operation and crisis days. As Allama Iqbal Memorial Teaching Hospital, Sialkot is an open system it pulls in patients from other low-wage areas of Sialkot city and country area. Lion's share of patients has a place with little fiscal gathering.

The example of surgical crises varies with the geographical sections, in various races, age groups, social classes and in persons with various professions. Not very numerous neighbourhood studies are available on the study of disease transmission, example of illnesses and occurrence of a specific disease leading in the city, territory and the nation. This review was done to notice the example of surgical crises supervised in crisis operation theatre.

**MATERIALS AND METHODS:**

910 processes were comprised in this retrospective study. All the surgical techniques were involved, while cases that were moved to other departments and those that left against medical advice were left out. Age, sex, region, type of surgical techniques, was noted on the designed Performa. Consent of Ethical Committee of the institute was taken. Data was examined on SSPS version 10.

**RESULTS:**

**Table No. 1: Age Distribution in Surgical Emergencies**

Sr.No	Age (Years)	Cases	Percentage %
1	15-25	386	42.41
2	26-36	148	16.26
3	37-47	151	16.59
4	48-58	123	13.53
5	59- 69	81	8.91
6	79-89	19	2.09
7	90 & above	2	0.21
	Total	910	100

**Table No. 2: Gender Distributions in Surgical Emergencies**

Sr No	Gender	Cases	Percentage %
1	Male	516	56.70
2	Female	394	43.29
	Total	910	100.0

**Table No. 3: Area Distributions in Surgical Emergencies**

Sr No.	Area	Cases	Percentage %
1	Urban	588	65.00
2	Rural	322	35.00
	Total	910	100.0

In this investigation the occurrence of surgical crises was most extreme (42.41%) 386 cases at the age amass 15-25 years and least (0.21%) 2 cases at the age aggregate 90 10. above as appeared in table no.01. There were (56.70%) 516 cases from male and (43.29%) 394 cases from female as appeared in table no.02. The surgical crises were from urban populace (65%) 588 cases and (35%) 322 cases from provincial populaces as appeared in table no.03.

Table No.4: Type of Surgical Emergencies

Sr No	Type of Surgical Emergencies	Male (%)	Female (%)
1	Open Appendectomy (positive)	102 (11.20%)	139 (15.27%)
2	Exploratory Laprotomy for Typhoid Perforation	10 (1.1%)	5 (0.54%)
3	Excision of Soft Tissue Lesions	91 (10%)	86(9.45%)
4	Diabetic foot Debridement	36(3.95%)	25(2.74%)
5	Chest intubation	32(3.51%)	01(0.10%)
6	Tendon Repair	18(1.97%)	01(0.10%)
7	Hemostasis+ vascular repair	06(0.65%)	01(0.10%)
8	Simple Sutures	02(0.22%)	01(0.10%)
9	Exploratory Laparotomy	02(0.22%)	04(0.43%)
10	Foreign body	22(2.41%)	07(0.76%)
11	Below Knee Amputation	04(0.43%)	03(0.32%)
12	Exploratory Laparotomy for Duodenal Ulcer	12(1.31%)	06(0.65%)
13	Exploratory Lapraotomy for Gunshot	10(1.1%)	01(0.10%)
14	Exploratory Laprotomy for Stab	05(0.54%)	02(0.22%)
15	Exploratory Laprotomy for Blunt Abdominal Trauma	04(0.43%)	02(0.22%)
16	Herniorraphy	11(1.20%)	03(0.32%)
17	Excision of Carbuncle	03(0.32%)	07(0.76%)
18	Incision and Drainage	92(10.10%)	74(8.13%)
19	Debridement	51(5.60%)	29(3.18%)
	<b>Total</b>	<b>513(56.37%)</b>	<b>397(43.62)</b>

The frequency of open appendectomy was at the highest (11.20%) 102 cases in male and (15.27%) 139 cases and there was lowest rate (0.1%) 1 in case of chest intubation, tendon repair, vascular repair, and exploratory laparotomy for gun shot in ladies as presented in table no.04. There were (10%) 91 cases from male and (9.45%) 86 cases from female of emergency excision of soft problem wounds, (10.10%) 92 cases from male and (8.13%) 74 cases from female in case of cut and drainage emergency. The experimental laparotomy for typhoid perforation, duodenal ulcer, stab injury and blunt abdominal disturbance was the second most common emergencies expected at the surgical emergency unit of Allama Iqbal Memorial Teaching Hospital, Sialkot as presented in table no.04.

### DISCUSSION:

Outcomes of this study indicated that the (50%) cases existing in emergency department were of common surgery. The appendicitis is the most common abdominal emergency all over the world.<sup>7</sup> In our study also, the most regular specific diagnosis is appendicitis.

The most recurrent operation done was appendectomy 102 (11.20%) patients in male and 139 (15.27%) in female. The similar trend was also observed in other cities [6]. The most common operations were appendectomy (27%), incision drainage (19%), debridement (09%), laparotomy (10%), herniorrhaphy (2%), below knee amputation (1%), muscle repair (2%) vascular repair (1%), removal of soft tissue lesions (19.45%), diabetic foot debridement (6%) foreign body (3%) and chest intubation was (4%).

The leader of the trauma crew is general surgeon. The Advanced Trauma and Life Support (ATLS) guiding principles and references of the Royal College of Surgeons of England state that a trauma team should comprise a general surgeon. However, only a minority of all upset patients need assessment for abdominal and vascular damages by a general surgeon, with even fewer demanding surgical involvement. A study indicated that general surgeons evaluated 30.1% trauma call patients; only 12.3% patients were admitted under the general surgeons. 9.6% patients required operative surgical intervention, while 2.7% patients were admitted for observations. In another study, trauma contained almost 2% of the overall general surgical emergency load in which general surgeons were involved in the assessment of 25% of harshly injured patients, out of which less than 10% patients required surgery<sup>10</sup>. Study accomplished to discover the 'Unseen' on-call workload of a general surgical team indicated that up

to 5.5 hours per day on-call was spent assessing appointments. These studies have strengthened our observation that there is a greater capacity than discovered by inspection of just surgical admissions and operations alone.

Another study stated on-call night activity of surgical occupant and determined that it contains, primarily of activities of regular living, patient assessment, and communication.

It was also reported that when heart rate is used as an indicator of mutual physiologic and psychologic anxiety, surgical people attain stress levels of tachycardia "on call." Surgical residents also display a growth in circulating WBC count "on call."

### CONCLUSION:

The main workload of an on-call surgical emergency team deals with the severe disorders of abdomen with appendectomy being the most common operation executed. The outcomes of this study are supportive in planning better emergency service supply to patients and in concentrating and improving the teaching of surgical residents. Government at several levels should deliver modern diagnostic tools for the exact preoperative diagnosis of surgical emergencies in tertiary care public hospitals. These actions will help to develop the management and consequence of surgical emergencies.

**Conflict of Interest:** The study has no conflict of concentration to declare by any writer.

### REFERENCES:

1. Masiira-Mukasa N, Ombito BR. Surgical admissions to the rift valley provincial general hospital, Kenya. *East Afr Med J.* 2002; 79:373–8.
2. Capewell S. The continuing rise in emergency admissions. *BMJ.* 1996; 312:991–2.
3. Campbell WB, Lee EJ, Van de Sijpe K, Gooding J, Cooper MJ. A 25-year study of emergency surgical admissions. *Ann R Coll Surg Engl.* 2002; 84:273–7.
4. Al-Mulhim AA. Emergency general surgical admissions: Prospective institutional experience in non-traumatic acute abdomen: Implications for education, training and service. *Saudi Med J.* 2006; 27:1674–9.
5. Dawson EJ, Paterson-Brown S. Emergency general surgery and the implications for specialisation. *Surgeon.* 2004; 2:165–70.
6. Ritchie WP Jr, Rhodes RS, Biester TW. Workloads and practice patterns of general surgeons in the United States, 1995-1997: a report from the American Board of Surgery. *Ann Surg* 1999; 230: 533-42.

7. Humber N, Frecker T. Rural surgery in British Columbia: is there anybody out there? Can J

Surg 2008; 51: 179-84.