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Pre-analytical errors in clinical laboratory: Role of a nurse in reducing the same

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Laboratory results play a very important role in patient care and about 70% of the clinician decisions for treatment are dependent on laboratory evaluation. Errors can occur at any phase of investigation and are classified as pre-analytical, analytical and post-analytical. Pre-analytical errors account for 75% of all the laboratory testing errors and could occur during patient preparation, specimen collection, handling/transportation, processing, storage, physiological influences and/or interference factors. Since blood collection is the first step, any error in this step will jeopardize the test results no matter how accurately the tests are analyzed. Since most of the pre-analytical errors are due to human interference, they can be avoided with proper education and training. Nurses along with others involved in health care including doctors, phlebotomists, laboratory personnel and transport service play a significant role in occurrence of pre-analytical errors. Since errors can occur during sample collection in the ward for inpatient samples and 60% of pre-analytical errors are attributed to insufficient specimen quality or quantity, nurses should be aware of the importance of pre-analytical errors and make all efforts to reduce the same. Nurses should have a good knowledge about the importance of proper collection of samples and their effect on patient results which in turn might affect treatment and care as rightly said a bad sample is worse than no sample.

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Laparoscopic adenomyomectomy under transient occlusion of uterine arteries with an endoscopic vascular clip: Single surgeon's experience

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Background: To introduce the safe and effective surgical technique of laparoscopic adenomyomectomy with transient occlusion of uterine arteries (TOUA) in patients with symptomatic uterine adenomyoma.

Materials & Methods: In a prospective case study, we examined all cases of laparoscopic adenomyomectomy with TOUA performed by a single surgeon at Ulsan University Hospital, Ulsan, Korea, between May 2011 and February 2014. Surgical outcomes included operative time, intraoperative injury of blood vessels, nerves and pelvic organs, as well as intraoperative blood loss. We assessed the degree of improvement in dysmenorrhea and menorrhagia and the recurrence of adenomyomic lesions by ultrasonography at the 6-month follow-up after laparoscopic adenomyomectomy with TOUA.

Results: Seventy-one women who were refractory to medical treatment or who wanted surgical treatment for preserving their uterus underwent laparoscopic adenomyomectomy with TOUA using an endoscopic vascular clip. The mean age was 42.9 ± 5.35 years (mean age \pm standard deviation). The mean diameter of the adenomyomas was 3.2 ± 2.16 cm. The mean operation time, and hospital stay were 84.09 ± 31.48 minutes and 5.42 ± 1.54 days, respectively. The mean estimated blood loss was 184.35 ± 134.25 mL, and no injury to the uterine arteries or pelvic nerves occurred. No cases of conversion to a laparotomy or major complications occurred. At the 6-month follow-up, complete remission of dysmenorrhea and menorrhagia occurred in 94.5% and 86.5% of patients, respectively. The mean follow-up period was 18.7 months. During this period, recurrence rate was 5 cases (7%) and one of these 5 recurred cases was undertaken the operation (laparoscopic hysterectomy).

Conclusions: Laparoscopic adenomyomectomy with TOUA could be a safe and effective surgical method for women with symptomatic uterine adenomyoma who want to preserve their fertility.

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