

HUOM! kaksi eri abstraktia!!!

"I'm not ill, just damaged for the rest of my life". Healthcare-related injuries caused by urinary retention.

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Lower urinary tract symptoms (LUTS) are common health problems. For the individual, LUTS is troublesome and can greatly affect the health-related quality-of-life (HRQOL). One cause of LUTS is urinary retention (inability to void in the presence of a full bladder); a well-known complication following hospital care. If the bladder volume exceeds 500 ml there is a risk of overdistension of the muscle fibres in the bladder wall; bladder distension. This can result in motility problems with post-void residual volumes, urinary tract infections and an inability to void. If the bladder becomes stretched too far, or for a long period, the bladder may be permanently damaged and lose its ability to contract sufficiently for the rest of the person's life. Bladder damage due to overdistension can be classified as a patient injury; harm caused to a patient as a result of their healthcare, and which could have been avoided.

During the lecture there will be a brief review of a qualitative study with narrative interviews of 20 patients who had reported a healthcare-related injury to the Swedish Patient Insurance LÖF, and who had had their injury classified as avoidable bladder damage due to over-distension. The result showed that micturition problems after bladder distension affected the everyday life through several practical and social constraints. Suffering from pain and infections, impaired sex life and strong concerns for the future were other findings. Lack of knowledge, insufficient routines, mistrust and poor communication between the staff and the patient were contributing factors leading to the injury.

Update on new anticoagulants and treatment of severe bleeding

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In recent years, several new oral anticoagulants (NOAC) and platelet inhibitors have begun to be used to more and more patients, e.g., as thromboprophylaxis after hip and knee surgery, stroke prevention in patients with atrial fibrillation and treatment of deep vein thrombosis and pulmonary embolism. This means new challenges for the health care as these drugs increase the risk of bleeding complications and impedes an ongoing bleeding. The handling of bleedings in trauma patients and surgery is complex and difficult because the ability to monitor the drug effect is limited. The usual laboratory tests are of little value and special analyzes that are not available in all laboratories are required. Specific antidotes are missing for the majority of the drugs but are under development with promising preliminary results.

What do we do if the patient is bleeding? How can we monitor severe bleeding and how can we face emergent surgery when the patient is at risk for bleeding?