

MANAGEMENT OF POSTOPERATIVE COMPLICATIONS AND IMPLICATIONS: A CASE STUDY

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Introduction. Postoperative complications contribute to increased mortality, length of stay and need for an increased level of care at discharge. In these complex cases, a multiple organ support therapy might be currently seen as a feasible approach.

Patient case. We present a case of a 71-year-old female who underwent bypass surgery due to CAD. After 6 weeks she was admitted to our clinics due to severe progressing dyspnoe, fatigue and weakness. On primary survey, her general condition was very severe, patient was lying, passive and frail, respiratory rate was 20/min, oxygen saturation of 90% beyond oxygenotherapy; diuresis 300 ml per day, GFR 40 ml/min (by MDRD). HR was 86 bpm, irregular (atrial fibrillation), TA 90/80 mm Hg. Chest CT demonstrated bothsided hydrothorax and right sided atelectasis with infiltration. The patient underwent pleural puncture, cytology of punctate revealed transudate, no malignant cells. Physyterapeutic evaluation reported: functional assessment measure level - complete assistance is necessary, balance disorder by Berg scale accounted 0 points, sitting balance by Leahy was 1 point, Rivermade mobility index 1-3. Management approach included strict fluid balance control, 50 mg Torasemid once a day, activization, verticalization.

Results. After 2 weeks general condition improved - no dyspnoe, TA 130/80 mm Hg, no need of oxygen, diuresis 1700 ml with no diuretics, GFR (by MDRD formula) 81,87 ml/min, functional assessment measure level- modified independent (requires an assistive device), balance disorder by Berg scale 10 points, sitting balance by Leahy - 3, Rivermade mobility index- 4-7.

Conclusions. This case illustrates the prompt and accurate management of MODS and frailty leading to optimal patient outcome.

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