



Lečenje pacijenata sa prelomom kuka i značaj zdravstvenih radnika u njihovom lečenju

Treatment of Patients with Hip Fractures and the Importance of Healthcare Workers in their Treatment

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Apstrakt

Osnovne indikacije za primarnu artroplastiku kuka su degenerativna osteoartritoza kuka, prelomi vrata butne kosti, oštećenje kuka usled razvojnog poremećaja kuka i oštećenje kuka u sklopu reumatoidnog artritisa. Broj primarnih artroplastičnih procedura na kukovima je sve veći, sa tendencijom stalnog porasta. Savremeni materijali i dizajni endoproteza koji se unapređuju iz godine u godinu dozvoljavaju bezbolan i pun obim pokreta u kuku uz dugi vek proteze.

Bolesnici sa prelomom vrata butne kosti kuka zauzimaju veliki deo posteljnog fonda ortopedskih i rehabilitacionih ustanova. Visok procenat smrtnosti nakon ovih preloma objašnjava se prisutnim pratećim komorbiditetom (bolesti kardio-vaskularnog, pulmonalnog i endokrinog sistema). Operativno lečenje preloma vrata butne kosti ugradnjom endoproteze kuka predstavlja metodu izbora uvek kad je to moguće i treba se izvesti što pre od povrede nakon adekvatne preoperativne pripreme.

Različiti tipovi endoproteza kuka za prelome vrata butne kosti (totalne, subtotalne i parcijalne) omogućavaju vrlo ranu vertikalizaciju pacijenata uz dozvoljeni oslonac na operisanu nogu. Ovo izuzetno pogoduje pacijentima, jer se vrlo rano može započeti sa rehabilitacijom.

Savremene hirurške tehnike, kvalitetne endoproteze kuka, adekvatna zdravstvena nega i rana rehabilitacija imaju za cilj da smanje postoperativni morbiditet i mortalite i da pacijente osposobe za normalan i kvalitetan život.

Pri prijemu pacijenta sa prelomom kuka, sestra ima važnu ulogu da pripremi pacijenta, upozna ga sa operativnim zahvatom i daljim tokom lečenja, kao i postoperativnom lečenju. Značaj medicinske sestre kod preloma gornjeg okrajka butne kosti se, takođe, ogleda u blagovremenoj prevenciji mogućih nastanaka komplikacija i poboljšanju kvaliteta lečenja pacijenta.

Pravilno sprovedena preoperativna nega je uslov za dobru realizaciju operativnog zahvata.

U ranom postoperativnom toku neophodno je obratiti pažnju na pojavu ranih postoperativnih komplikacija kao što su:

1. infekcija operativne rane koja može biti površna ili duboka infekcija – osteomijelitis
2. tromboza dubokih vena ekstremiteta i karlice sa posledičnom tromboembolijom pluća
3. dekubitalne rane u predelu krsta i pete
4. hipostatska pneumonija

Abstract

The main indications for primary hip arthroplasty are degenerative hip osteoarthritis, femoral neck fractures, hip damage due to developmental hip disorder, and hip damage in rheumatoid arthritis. The number of primary hip arthroplasty procedures is increasing, with a tendency of constant growth. Modern materials and designs of endoprostheses that are improved every year allow painless and full range of motion in the hip with a long life of the prosthesis.

Patients with fractures of the neck of the femur and hip occupy a large part of the bed fund of orthopedic and rehabilitation institutions. The high percentage of mortality after these fractures is explained by the accompanying comorbidity (diseases of the cardiovascular, pulmonary, and endocrine systems). Operative treatment of a femoral neck fracture by installing a hip endoprosthesis is the method of choice whenever possible and should be performed as soon as possible after the injury after adequate preoperative preparation.

Various types of hip endoprostheses for femoral neck fractures (total, subtotal, and partial) enable very early verticalization of patients with permitted support on the operated leg. This is extremely beneficial for patients because rehabilitation can be started very early.

Modern surgical techniques, high-quality hip endoprostheses, adequate health care, and early rehabilitation aim to reduce postoperative morbidity and mortality and enable patients to live a normal and quality life.

When receiving a patient with a hip fracture, the nurse has an important role to prepare the patient, and familiarize him with the surgical procedure and further treatment, as well as postoperative treatment. The importance of the nurse in case of a fracture of the upper part of the femur is also reflected in the timely prevention of possible complications and improvement of the quality of the patient's treatment.

Correctly implemented preoperative care is a condition for a good implementation of the operation.

In the early postoperative course, it is necessary to pay attention to the occurrence of early postoperative complications such as:

1. infection of the operative wound, which can be a superficial or deep infection - osteomyelitis
2. thrombosis of the deep veins of the extremities and pelvis with consequent pulmonary thromboembolism
3. decubitus wounds in the region of the sacrum and heel



5. urinarne infekcije sa urosepsom
6. luksacija proteze zgloba kuka.

U cilju prevencije infekcije uloga medicinske sestre sastoji se u redovnom previjanju sterilnim materijalom, pod svim uslovima antiseptice, i pravovremenoj upotrebi antibiotika. U prevenciji dekubitalnih rana neophodno je rano aktiviranje pacijenata. U slučajevima kada to nije moguće, neophodna je dobra nega pacijenata koja podrazumeva masažu pacijenta, redovno okretanje (na 2h), suhu posteljenu, dobro zategnute čaršave bez nabora i primenu antidekubitalnih dušeka. Zbog vezanosti pacijenta za postelju dolazi do formiranja tromba koji pri aktiviranju pacijenta može da izazove tromboemboliju pluća sa letalnim završetkom. Rana postoperativna rehabilitacija i što ranije aktiviranje u postelji predstavljaju ključ prevencije ove komplikacije.

Pravilna nega pacijenata u postoperativnom toku veoma je bitna u cilju prevencije mehaničkih komplikacija u vidu:

1. luksacije endoproteze zgloba kuka
2. dezintegracije osteosintetskog materijala
3. migracije komponenti ednoproteze
4. loma osteosintetskog materijala

Postoperativni rezultati nam pokazuju da je zdravstvena nega usmerena ka sprečavanju i umanjivanju postoperativnih komplikacija, kao i što skorijem oporavku i izlečenju bolesnika.

4. hypostatic pneumonia
5. urinary infections with urosepsis
6. hip joint prosthesis luxation.

In order to prevent infection, the nurse's role consists of regular dressing with sterile material, under all conditions of antiseptics, and timely use of antibiotics. In the prevention of decubitus wounds, early activation of patients is essential. In cases where this is not possible, good patient care is necessary, which includes massaging the patient, regular turning (every 2 hours), dry, well-tightened sheets without creases, and the use of anti-decubitus mattresses. Because the patient is tied to the bed, a thrombus is formed, which, when activated by the patient, can cause pulmonary thromboembolism with a fatal outcome. Early postoperative rehabilitation and early activation in bed are the key to preventing this complication.

Proper care of patients in the postoperative course is very important in order to prevent mechanical complications in the form of:

1. luxation of the hip joint endoprosthesis
2. disintegration of osteosynthetic material
3. migration of single-prosthesis components
4. fractures of the osteosynthetic material

Postoperative results show us that health care is aimed at preventing and reducing postoperative complications, as well as the earliest possible recovery and healing of the patient.