#214 - Clinical Study / Posters

Incidence Of Urinary Tract Infection After Surgery For Fractured Hip

Trauma / Hip & Femur Trauma / Complications

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Background
To prevent urinary tract infections (UTI), The National Clinical Guidelines for patients with Hip Fracture - recommends e.g. early and systematic mobilization and no use of indwelling catheter. Since 2003, these recommendations have existed and been implemented in the ward. Besides serious individual implications, hip fracture is also associated with substantial health costs.

Objectives
To describe the number of patients developing an UTI during admission and patients mobilized within 24 hours after surgery.
Study Design & Methods
There were used a descriptive prospective design, including 65 patients. This study was conducted from October 2015 to december 2016.
Inclusions criteria were adult patients who had surgery for fracured hip. Exclusions criteria were patients discharged to other departments than orthopedics, diagnosed dementia, not being able to talk and understand the Danish language, patients with catheter a demure, usually catherization, or patients in antibiotic treatment on admission. Age, gender, type of fracture, comorbidity, form of anesthesia and waiting time for surgery were collected and included.
In this study, all patients had urine samples collected on admission and at discharge, using sterile intermittent cauterization.
Results
The findings showed that 29, 2% (n = 19) of patients with a fractures hip had a positive urine culture on admission to hospital. 6, 2 % (n = 5) contracted nosocomial urinary tract infection during admission. None of these patients had catheter a demure at hospitalization. All the patients with a diagnosed UTI received antibiotics for the infection, during their hospital stay. At discharge, 20 % (n = 13) of the patients had a positive urine sample, but no symptoms. 13 patients were given a catheter a demure under hospitalization. 4 patients had Catheter a Demure beneath 24 hours (mean 14.75 hours). 9 patients had Catheter a Demure in more than 24 hours (mean 93.11 hours). None of those had urinary tract infection. The chi- square test used, testing whether patients with UTI and indwelling catheter, more often had an UTI than those, who not have been catheterized. Significance level was 0.898 and thus not significant.
Urine cultivation was performed on 96.9% of patients after hospitalization within 6 hours of arrival at the emergency room. 83 % got it examinet at discharge. Five patients were treated for UVI during hospitalization. 4 patients did not wanted to use intermittent catherization upon discharge, because of no symptoms and therefore didn´t wanted the intervention.
Patient with UTI 9.2 % were intermitted catherized. These patients were catherized from 0- 23 times, exept the two times, which were part of the project. 55.5 % of patients were not intermitted catherized.

Out of the 27 patients who were intermittent catherized more than once, 5, 4 % received an urinary tract infection.
At first mobilization, nurse noted data and time. Mobilized patients within 24 hours postoperatively, were 52.3% of the patients. One patient didn´t want mobilization. The rest of not mobilized patients, reason was not possible finding
Patients mobilized within 24 hours and who received an UTI, were 36.9 %

Conclusions

The two departments who took part in this study do not have a higher number of UTI than other departments.
All patients, which had UTI were mobilized within 24 hours. This is not consistent with evidence that early mobilization is important to prevent UTI.