



Characteristics of Patients Admitted to the Thoracic Surgery Outpatient Clinic of a Secondary Public Hospital

İkincil Devlet Hastanesi Göğüs Cerrahisi Polikliniğine Başvuran Hastaların Özellikleri

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ABSTRACT

Aim: Thoracic surgery is the department that handles the diagnosis, treatment, and follow-up of thoracic pathologies and thoracic traumas. This study aimed to reveal the characteristics of the patients admitted to a thoracic surgery outpatient clinic in a public hospital.

Material And Method: The patients admitted to the thoracic surgery outpatient clinic of the public hospital between June-July 2018 were retrospectively analyzed. The patients who were admitted to emergency service and referred from another clinics as a consultation, and patients who made an appointment by mistaking it as a breast polyclinic and chest diseases polyclinic were excluded from the study.

Results: There were 106 (31 female, 75 male) patients admitted to the outpatient clinic. 68 of 106 patients (64.1%) admitted directly. The most common complaint was chest pain in 71 patients (67%). Seventy of the patients (66%) admitted with trauma. Eighty-seven patients (82%) were treated with medical treatment, and seven patients (6.6%) underwent surgery.

Conclusion: Thoracic surgery outpatient clinic is a specific, non-intensive branch of patients who admit primary to the outpatient clinic in public hospitals. Although awareness of trauma has occurred in the community, it has revealed that the area in which chest surgery is concerned should be explained to society more clearly.

Keywords: Outpatient clinic, thoracic surgery, secondary public hospital

ÖZ

Amaç: Göğüs cerrahisi toraks patolojileri ile ilgilenen, toraks travmaları ve cerrahi hastalıklarının tanı, tedavi ve takiplerini yapan bölümdür. Bu çalışmada ikinci basamak bir devlet hastanesinde göğüs cerrahisi polikliniğine başvuran hasta profiline ortaya konulması amaçlanmıştır.

Gereç ve Yöntem: Haziran-Temmuz 2018 tarihleri arasında göğüs cerrahisi polikliniğine başvuran hastalar retrospektif olarak incelendi. Acil servis başvurusu olan ve diğer kliniklerden konsültasyon şeklinde refere edilen hastalar, meme polikliniği ve göğüs hastalıkları polikliniği zannederek başvuran hastalar çalışma dışında tutuldu.

Bulgular: Çalışmada polikliniğe ayaktan başvuran 106 (31 kadın, 75 erkek) hasta vardı. 106 hastanın 68'i (%64,1) göğüs cerrahisi polikliniğine doğrudan kendisi başvurdu. En çok karşılaşılan yakınma olarak 71 hastada (%67) göğüs ağrısı olarak saptandı. Hastaların 70'i (%66) travma ile başvurdu. 87 hasta (%82) medikal tedavi ile, 7 hasta (%6,6) cerrahi olarak ile tedavi edildi.

Sonuç: Göğüs cerrahisi polikliniği ikinci basamak sağlık hizmeti veren hastanelerde polikliniğe birincil başvuran hasta sayısı yoğun olmayan, spesifik bir branştır. Toplumda travma ile ilgili bir farkındalık oluşmuş olsa da göğüs cerrahisinin ilgilendiği alanın topluma daha net anlatılması gerektiği bu çalışmada ortaya konmuştur.

Anahtar Kelimeler: Göğüs cerrahisi, poliklinik, ikinci basamak devlet hastanesi

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INTRODUCTION

Thoracic surgery is the department that cares about the diagnosis, treatment, and follow-up of thoracic pathologies and thoracic traumas. As per the decision of the medical specialty board, thoracic surgery specialists should have clinical and interventional competence in the fields of lung diseases, chest wall diseases, mediastinum, pleura, trachea, esophagus, diaphragm and thoracic trauma (1). Thoracic surgery, separated from cardiovascular surgery and became an independent major in 2002, is a relatively new branch to other branches. This study aimed to present the characteristics of the patients admitted to a thoracic surgery outpatient clinic in a secondary public hospital.

MATERIAL AND METHOD

Patients admitted to the thoracic surgery outpatient clinic of the secondary public hospital between June and July 2018 were reviewed. Emergency department admissions, consultations from other clinics, patients who made an appointment by mistaking it as a breast polyclinic and chest diseases polyclinic were not included in the study. The age, gender, smoking status, admission methods to the outpatient clinic, reasons for admission, complaints, diagnoses, and treatments of the patients were recorded. The study was carried out with the permission of Selçuk University Ethics Committee (Date: 23.06.2021, Decision No: 2021/351). This study was designed in accordance with the principles of the Declaration of Helsinki. Because the study was retrospective, no written informed consent form was obtained from patients.

RESULTS

One hundred and six patients included in the study, as 31 (29.2%) female and 75 (70.8%) male, with a mean age of 43.64 years (5-92). Twenty-six (24.5%) of the patients included in the study were active smokers, and there was an average smoking rate of 17.5 packs/year (5-35 packs/year). Sixty-eight (64.1%) of 106 patients were admitted directly to the thoracic surgery outpatient clinic. Fifteen patients (14.1%) were referred to our outpatient clinic from another clinic. Seven patients (6.6%) were admitted to the outpatient clinic for post-trauma control, six patients (5.6%) for postoperative control, five patients (4.7%) for the forensic report, four patients (3.7%) to show the result, and one patient (0.9%) for the report of medical board.

Chest pain was the most common complaint in 71 patients (67%) (**Table 1**). 70 (66%) of the patients were admitted due to trauma. Of the trauma patients, 21 (30%) were admitted due to falling, and 15 (21.4%) due to in-vehicle traffic accidents (**Table 2**). Fifteen (21.4%) of these patients had rib fractures, two (2.8%) had sternum and rib fractures, and two (2.8%) had only sternum fracture. Soft tissue trauma was detected in 44 patients (62.8%).

Table 1. Outpatient clinic admission complaints of patients

Complaint	n (%)
Chest pain	71 (66.98%)
Dyspnea	9 (8.49%)
Protrusion on the chest wall	5 (4.71%)
Excessive sweating in the hands and feet	2 (1.88%)
Depression on the chest wall	1 (0.94%)
Exudate at the surgical incision	1 (0.94%)
No complaint	17 (16.03%)
Total	106 (100%)

Table 2. Trauma occurrence type of patients admitted

Type of trauma	n (%)
Falls	21 (30%)
Traffic accident (Inside of a vehicle)	15 (21.42%)
Overtaxing/Heavy lifting	6 (8.57%)
Impact/Compression	4 (5.71%)
Accidental prank injury	4 (5.71%)
Penetrating thoracic trauma	3 (4.28%)
Traffic accident (Pedestrian)	3 (4.28%)
Assault	3 (4.28%)
Back massage with foot	2 (2.85%)
Motorcycle accident	2 (2.85%)
Valsalva	1 (1.42%)
Suspected trauma	6 (8.57%)
Total	70 (100%)

Eighty-seven patients (82%) evaluated in the outpatient clinic were treated with medical treatment, and seven patients (6.6%) underwent surgery. Complaints of 12 (11.3%) patients admitted were not directly related to thoracic surgery; therefore, those four patients were referred to chest diseases, two patients to cardiology, one patient to physical therapy and rehabilitation, two patients to neurosurgery, one patient to general surgery, one patient to dermatology and one patient to oncology outpatient clinics.

DISCUSSION

Although thoracic surgery is old as a branch, it is newer compared to other branches. For this reason, patients admitted to the outpatient clinic may not have enough awareness regarding thoracic surgery fields such as hyperhidrosis and esophageal diseases. In a survey in the literature applied to assistant healthcare staff other than nurses, the rate of knowledge about lung surgeries performed by a thoracic surgeon was 50-68.6% (2). Moreover, in the study conducted by Aktin et al., specialist physicians were asked questions about thoracic surgery, and it was shown that specialist physicians had inaccurate and incomplete information about the area of interest of thoracic surgery and its interventions (3). Akçay also stated that less than 60% of physicians marked diseases such as hyperhidrosis and bronchiectasis as the area of interest of thoracic surgery and showed that more than

40% of physicians had never heard of mediastinoscopy and videothoracoscopy before (4). In another study conducted with medical students in the literature, it was reported that awareness of thoracic surgery is higher in upper grades, but it is still not sufficient (5).

In light of these, the outpatient characteristics of thoracic surgery also vary. For example, in hospitals where there are no branches, such as pediatrics and medical oncology, thoracic surgery practice mainly consists of trauma. In this study, it was found that 66% of the patients admitted with trauma. Traumas caused by falls and traffic accidents accounted for more than half of the traumas. Afacan et al. evaluated patients with blunt thoracic trauma admitted to the emergency department and found traffic accidents and falls as primary causes (6). Emergency cases constitute the intensity of thoracic surgery clinics. Therefore, it can be expected that there will be more patients admitting to the outpatient clinic for control after being evaluated and treated under emergency conditions. Nevertheless, it was determined that 6.6% of the patients admitted in this way, and 66% of them were able to admit to the relevant polyclinic after suffering a trauma associated with thoracic surgery. This result was interpreted as the awareness of thoracic surgery's duties related to trauma is not too weak. However, thoracic surgery patients admitting with trauma often require a multidisciplinary approach. These patients may have been referred to the outpatient clinic for pathologies related to thoracic surgery after receiving emergency treatment in neurosurgery, general surgery, or orthopedics and traumatology clinics. However, in this study, the rate of patients referred by another branch was found to be 14.1%.

11.3% of the patients in this study applied with a complaint other than diseases related to thoracic surgery. This rate is not low. This revealed that thoracic surgery should be explained more clearly to the public.

CONCLUSION

Thoracic surgery is a specific clinic that does not have a large number of primary patients admitted to the outpatient clinic in hospitals providing secondary health care services. Associated with trauma, although there has been some level of awareness about what thoracic surgery performs, it is clear that the admission to thoracic surgery still continues with complaints that are not related to thoracic surgery.

ETHICAL DECLARATIONS

Ethics Committee Approval: The study was carried out with the permission of Selçuk University Ethics Committee (Date: 23.06.2021, Decision No: 2021/351).

Informed Consent: Because the study was designed retrospectively, no written informed consent form was obtained from patients.

Referee Evaluation Process: Externally peer-reviewed.

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Author Contributions: All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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