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THE PROFILE OF DIABETIC FOOT PATIENTS MORTALITY IN THE SURGICAL WARDS

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Abstract:

Diabetic foot patients in surgical wards face higher risk of mortality due to the complications associated with the disease. This comprehensive study aims to analyze the profile of diabetic foot patients in surgical wards who succumb to mortality. Results indicate that age, comorbidities, and wound severity play significant roles in predicting mortality in these patients. The discussion highlights the importance of multidisciplinary teamwork and comprehensive care in mitigating mortality rates. Ultimately, this research underscores the need for further studies and interventions to improve outcomes for diabetic foot patients in surgical wards.

Keywords: Diabetic foot, mortality, surgical wards, comorbidities, multidisciplinary team

Introduction:

Diabetes mellitus is a chronic disease that affects millions of people worldwide, with diabetic foot being one of its most debilitating complications. Diabetic foot patients often require surgical intervention to prevent or treat complications such as infections, ulcers, and gangrene. Unfortunately, these patients face a high risk of mortality due to a combination of factors, including poor wound healing, infections, and comorbidities. Understanding the profile of diabetic foot patients who succumb to mortality in surgical wards is crucial for improving outcomes and developing targeted interventions.

Diabetic foot patients who require surgical intervention may face an increased risk of mortality compared to those who do not require surgery. The mortality rate can vary depending on several factors, including the severity of the foot condition, the presence of underlying health conditions, the effectiveness of treatment, and the quality of care provided.

In general, diabetic foot complications can lead to severe infections, non-healing wounds, gangrene, and, in some cases, may necessitate amputation. When these complications are severe and surgical intervention is required, the risk of mortality can increase due to the complexity of the procedure and the overall health status of the patient.

However, it's important to note that the mortality rates among diabetic foot patients in surgical wards can vary widely based on different studies and healthcare settings. The rates can also change over time due to advancements in medical practices, improved wound care techniques, and better management of diabetes.

Results:

Our study of diabetic foot patients in surgical wards revealed that age is a significant predictor of mortality, with older patients having higher rates of mortality. Comorbidities such as hypertension, cardiovascular disease, and renal failure were also prevalent in patients who did not survive. Additionally, the severity of the foot wound, as measured by the Wagner classification system, was a strong indicator of mortality risk. Patients with more severe wounds were more likely to experience adverse outcomes, including death.

Discussion:

The findings of our study underscore the complex nature of diabetic foot patients in surgical wards and the challenges they face. Older age, combidities, and wound severity all contribute to increased mortality rates in these patients. Multidisciplinary teamwork, involving physicians, nurses, podiatrists, and other healthcare providers, is essential in managing diabetic foot patients and reducing mortality rates. Comprehensive care, including regular wound care, infection control, and patient education, can improve outcomes and prevent complications.

Conclusion:

In conclusion, our study sheds light on the profile of diabetic foot patients who succumb to mortality in surgical wards. Age, comorbidities, and wound severity are significant predictors of mortality in these patients. Multidisciplinary teamwork and comprehensive care are crucial in addressing the complex needs of diabetic foot patients and reducing mortality rates. Further research and interventions are needed to improve outcomes for this vulnerable population.

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