

Poster presentation

Suicide attempt: a problem for a surgical department

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Background

In surgical departments, patterns of suicide include Knife-cutting, ingestion of caustic liquids and fall from heights. The most common self-destructive incident is knife-cutting. The admission of suicide attempters consists a common cause of problems for the medical staff and nurses, because these patients need intensive psychiatric care. Psychiatrists visit the surgical department but surgeons have to deal with these special patients in the longer part of their stay inside Hospital.

Materials and methods

During the period 1990–2005, in total 8 patients were admitted due to a suicide attempt. Two women were admitted for hemorrhage because of cutting the wrist arteries, one 30 year old woman was admitted for ingestion of caustic agents and 5 patients because of fall from heights, 3 men and 2 women respectively. The age of the suicides attempters varied from adolescent girls to an old man of 72 years old, with a median age of 47 years old. Four of the suicide attempters suffered from depression and there was known suicide ideation, while one of them had been admitted for auto-aggressive behaviour in the past.

Results

The total of cases was treated in the Surgical Department until their full recovery and during their stay they caused various problems to doctors, nurses, other patients and their relatives. Panic attacks or psychotic reactions occurred especially during the night shift.

Discussion

It is a matter of survival to admit a suicide attempter in a surgical clinic but his psychiatric problem sometimes is more urgent than the surgical one. Close supervision of

high-risk patients should be mandatory within the first 2 weeks following admission, especially during the night shift. These patients should be accepted in psychiatric departments as soon as the danger for death has passed.

References

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