

## ORIGINAL ARTICLE

# Dealing with attempted suicide: a psycho-surgical issue

Irene Christodoulou, Dimitrios Babalis, Dimitrios Gymnopoulos

*Sismanoglion Hospital, Komotini, Thrace, Greece*

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## ABSTRACT

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### Background-Aim

In surgical departments, admissions for attempted suicide cases include examples of knife-cutting, ingestion of caustic liquids and falls from heights. The most common method used is knife-cutting. The admission of patients who have attempted suicide often presents problems for medical staff and nurses because these patients need intensive psychiatric care. Psychiatrists visit the surgical departments as visitors during their stay in the surgical department, but surgeons have to deal with these special patients for the greater duration of their stay in hospital. The aim of this study was to describe the problems caused in surgical departments by attempted suicides and to discuss the origin of these problems and their possible solutions.

### Material-Methods

During the period 1990 - 2005, 8 attempted suicides were admitted to the surgical department of Sismanoglion Hospital, in Komotini, Thrace. Two young girls were admitted for acute haemorrhage from cutting their wrist arteries, one 30-year old woman was admitted for ingestion of caustic agents and 5 more patients because of falls from heights, 3 men and 2 women respectively. The ages of the individuals who attempted suicide and were documented within the study varied from 14-53 years old. Four of the patients had already been diagnosed as suffering from depression and there were records of suicidal thoughts while one of them had been admitted in the past for auto-aggressive behaviour.

### Results

All cases were treated in the Surgical Department until their full recovery and all of them created various problems for doctors, nurses, other patients and their relatives. Panic attacks and psychotic reactions occurred especially during the night shift, in all of the cases studied. Due to the lack of empty wards, the patients of the "suicide ward" were discharged from the Hospital as soon as possible in order to avoid the the negative effects created by the new patients. Two cancer patients

developed suicidal thoughts whilst in the hospital during the same period.

### Conclusions

It is in the interests of survival that a person who has attempted suicide is admitted to a surgical clinic but the psychiatric problem is more urgent than the surgical one, in most cases. 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 admitted to psychiatric departments as soon as they have recovered beyond mortal danger.

**Keywords:** *attempted suicide, surgical department, rural hospital, panic attack, psychotic disorders*

### INTRODUCTION

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. In surgical departments, admissions for attempted suicide cases include examples of knife-cutting, ingestion of caustic liquids and falls from heights. The most common method used is knife-cutting. The admission of patients who have attempted suicide often presents problems for medical staff and nurses because these patients need intensive psychiatric care. As the security staff is commonly limited in public Hospitals along with nurses and assisting staff, it is common to face scenarios of self-violence or at least inconvenience for health workers and non-psychiatric patients.

Generally, psychiatrists are on call after the admission of a patient for a suicide attempt and take care of the patient's medication. However, surgeons have to deal with these special patients on a 24- hour basis for the greater part of their stay in the hospital. This special chapter of General Surgery, where primary surgical care is offered in the great majority of cases, is an issue of argument between Psychiatric and Surgical Departments. In multiple injuries, as falls from heights, the long stay of the psychiatric patient in a Surgical Department exacerbates the problem between the "special patient" and the surgeon. Whether legal or not, these patients are treated in a Department for surgical patients, while they simultaneously undergo a crisis of a long standing psychiatric disease or at least are in danger of a second suicide attempt.<sup>1,2</sup>

The aim of this study is to present the situation caused in eight cases treated in the Surgical Department of

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**Corresponding author:** Irene Christodoulou,  
Heronias 8, Sikies, 56625,  
Thessaloniki, Greece.  
Tel:00302310613736  
E-mail: irene-christodoulou@hotmail.com