

WOMENS HEALTH AND MIDWIFERY

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Postoperative fever

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Approximately 50% of patients get post-operative fever. Fever may have infectious or non-infectious causes. Post-operative fever is commonly attributed to non-infectious reasons and is typically thought to be benign. Particular attention should be paid to infectious reasons when a fever develops more than 48 hours following surgery. It's critical to rule out infectious causes of post-operative fever because they might have much more serious effects and require entirely different types of treatment. The most typical explanation for early postoperative fever is a non-infectious aetiology. Further evaluation is necessary if a patient's fever persists after 96 hours following surgery. In chronological order, the five "Ws" have been linked to significant causes of postoperative fever. Reactionary fever, pneumonia, urinary tract infection, surgical site infection, thrombosis, fever after blood transfusion, thrombophlebitis, and medication fever are significant causes of postoperative fever. Retained foreign bodies, adrenal insufficiency, and alcohol withdrawal are rare causes. Prophylactic antibiotics shouldn't be continued for long periods of time, nor should empiric antibiotic therapy be started. Unknown fevers will go away on their own over time without specific therapeutic measures. A systematic approach and knowledge of differential diagnosis help in reducing the differential diagnosis and implementing appropriate management.

Recent Publications:

1. Bavini, S., Mittal, R. & Mendiratta, S.L. Ultrasonographic measurement of the transcerebellar diameter for gestational age estimation in the third trimester. *J Ultrasound* 25, 281–287 (2022). <https://doi.org/10.1007/s40477-021-00564-0>
2. Mendiratta SL, Anand S, Mittal R, Khan F, Nargotra N. Primary ovarian pregnancy: early diagnosis still a myth. *Int J Reprod Contracept Obstet Gynecol* 2016;5:3238-41.
3. Mendiratta S, Dash S, Mittal R, Dath S, Sharma M, Sahai RN. Cervical fibroid: an uncommon presentation. *Int J Reprod Contracept Obstet Gynecol* 2017;6:4161-3.

Biography

Rajni Mittal has 30 years' experience in the specialty of Obstetrics and Gynaecology. She is a Chief Medical Officer (SAG) in Delhi, India. In her early studies, she completed her MBBS from Maulana Azad Medical College, New Delhi. Further, she passed part 1 and 2 of MRCOG (Member of the Royal College of Obstetricians and Gynaecologists) also did MD from Lady Hardinge Medical College. She took further post-graduation training in Association of minimal access surgeons of India, Women's health initiative training program in Gynaecology endoscopy in association with All of Medical Sciences, Laparoscopy and Hysteroscopy skills course in AMASI, and basic and advanced Laparoscopic and Hysteroscopic Surgery. She is currently working in NDMC Medical College and Hindu Rao Hospital in department of Obstetrics and Gynaecology. She has acquired awards in her field; some of them are RULA AWARDS: Research Peace Award, Prestigious IRDP Award – Best Paper International Award. She is also a National Board of Examination (NBE) faculty. She is an editorial board member and also board member of Gynecology and Obstetrics journal and various associations such as World Research Council, Indian Medical Association, Association of Obstetricians and Gynecologists of Delhi, and Federation of Obstetric and Gynecological Society of India. She has 10+ publications.

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