Causes Of Early Complications in Abdominal Surgery

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ABSTRACT

Despite the introduction of modern diagnostic methods, tactics and treatment, the risk of developing early postoperative complications remains high. One of the most difficult moments in practical surgery is making a decision about the need for repeated surgery if complications develop in the early postoperative period. According to the literature, the frequency of relaptomies паротомийvaries from 0.5 to 8% of the total. h1a ofsurgical interventions performed on the abdominal organs, with a mortality rate of up to 70% [1, 2, 3, 4]. Difficulties in diagnosing complications in the early postoperative period are caused by a smaller expression of the clinical picture, erasure. withimptoma on the background of intensive care. Relaparotomy is a repeated section of the abdominal cavity, which is performed with the introduction of complications.

Keywords: relaparotomy, causes, early postoperative period.

Introduction. Despite the introduction of modern diagnostic methods, tactics and treatment, the risk of developing early postoperative complications remains high. One of the most difficult moments in practical surgery is making a decision about the need for repeated surgery if complications develop in the early postoperative period. According to the literature, the frequency of relaptomies паротомийvaries from 0.5 to 8% of the total. h1a ofsurgical interventions performed on the abdominal organs, with a mortality rate of up to 70% [1, 2, 3, 4]. Difficulties in diagnosing complications in the early postoperative period are caused by a smaller expression of the clinical picture, erasure. withimptoma on the background of intensive care. Relaparotomy is a repeated section of the abdominal cavity, which is performed with the introduction of complications. There is also a slightly different definition of relaparotomy, namely: repeated laparotomy performed in the postoperative period shortly after the first operation once or repeatedly for the underlying disease. Opinions differ as to the time frame during which these operations are performed. Some authors релапаротомииrefer those operative ones to relaparotomy. interventions performed in the early postoperative period for complications that occurred before the patient's discharge from the hospital.Atthe same time, other opponents expand this concept by dividing the time frame for performing a repeated operation into separate periods, including early and late. Distinguish between relaparotomy "on demand" and relaparotomy "according to the program" Indications for programmed relaparotomy are determined during the first surgical intervention, leaving an intraoperative assessment of the severity of the destructive inflammatory process in the abdominal cavity.

Relaparotomy "on demand" is performed urgently in case of an unfavorable course, despite the seemingly effective operation [5, 6, 7]. A number of authors believe that repeated surgical interventions in the early postoperative period can also be minimally invasive and in some cases correspond to surgical treatment adequate to traditional "open" surgery [6].

Research objective

Clarification of the causes of early postoperative oacute complications in patients with laparotomy and the timing of their implementation.

Materials and methods of research

We analyzed 1907 case histories of patients operated on for urgent indications in the 1-emergency abdominal surgical department of Ferghana branch of RSCEMC over the past 10 years. In the early postoperative period (1-21 days after surgery), relaparotomy was performed in 73 patients (3,83%). Among those who underwent repeated surgery, 61% were men and 39% were women; the average age was 43 years. Relaparotomy was performed on the 1st day after surgery in 3 patients, on the 4th-5th day-in 59 patients, on the 6th-8th day-in 7 patients, and in 2 patients programmed relaparotomies were performed.

Research results and discussion

The main disease for which выполнены relaparotomies were performedwas acute appendicitis (37); relaparotomy was performed for the following reasons:

* progression of appendicular peritonitis – in 10 patients,
* early adhesive intestinal obstruction.

in 13 patients,

* abdominal abscesses - in 3 patients,
* infiltrate of the abdominal cavity — in 3 patients,
* abdominal bleeding - in 3 patients;
* failure of the stump of the vermiform sprout - in 1 patient;
• other diseases of the abdominal organs that were not detected during the operation.

in 4 patients (rupture or torsion of the carpal ovary, Meckel's diverticulum).

In our opinion, the current diagnosis of "early adhesive intestinal obstruction" can be rationally interpreted as a form of flow after surgical peritonitis. Then, in 62% of cases of relaparotomy in acute appendicitis , it was caused by postoperative peritonitis.

Unfortunately, today there are no well-founded criteria that can reliably differentiate between progressive preoperative peritonitis and postoperative peritonitis in the postoperative period, as a complication of intraoperative errors and errors in the technique, tactics, or features of the disease in a particular patient.

In second place were patients with breakthrough pyloroduodenal ulcer – 16 cases; the reasons for relaparotomy were:

• progression of peritonitis — in 8 patients • * early adhesive intestinal obstruction.

in 4 patients,

* abdominal abscesses - in 3 patients,
* suture failure – in 1 patient.

As we can see, для релапаротомииpostoperative widespread peritonitis was also indicated for relaparotomy in 75% of patients. The third place was taken by patients operated on for pinched hernias of different localization (7 patients) with the following indications for relapse rotomy:

* necrosis of the pinched intestinal loop

in 4 patients,

* early adhesive intestinal obstruction.

for 1 patient,

* abdominal abscesses-in 1 pack.ента
* failure of the anastomosis sutures — in 1 patient.

This group of patients differs significantly from the previous ones - in 86% of cases (if we combine groups 1, 3 and 4), relaparotomy was caused by an error in determining the impaired viability of the intestinal loop.

Patients operated on for different types of cancer

acute intestinal obstruction was ranked fourth (9); the causes of relaparotomy were:

* postoperative peritonitis - in 2 patients,
* early adhesive intestinal obstruction - in 2,
* bleeding in the abdominal cavity – in 1,
* failure of seams – in 3;

* eventration-in 1.
In this group, peritonitis was also the main one. the cause of relaparotomy.
In two cases, relaparotomy was performed for recurrent gastrointestinal infection.
bleeding of ulcerative etiology.EEven in two casesрелапаротомии, no pathology was detected during relaparotomy, there was an overdiagnosis of postoperative peritonitis in one case and suture failure in the other.
In all cases, relaparotomy was performed from the median access with a thorough revision of the region of operation for technical errors.
Analysis of the obtained data makes it possible to classify the causes of relaparotomies as follows: I. Complication of the underlying disease:
* progression of the underlying disease;
* complication of the underlying disease, developed after surgery.
II. Complication of the operation:
* errors in surgical technique during the operation;
* errors in surgical tactics during the operation;
* errors in postoperative management of patients (early removal of drains, inadequate antibacterial therapy, etc.);
III. Diseases not diagnosed during pregnancy operations.
IV. False relaparotomy:
* due to overdiagnosis of complications;
* planned, but without corresponding indications.
The most difficult diagnosis was the failure of anastomotic sutures after resection of the small intestine, which was due to the low-symptomatic course of this complication against the background of antibiotic therapy, intubated intestines, and elderly or senile patients. The validity and effectiveness of programmed relaparotomies is difficult to assess due to the small number of observations.

Conclusions.

1. The main reason for relaparotomy in emergency abdominal surgery is the progression of preoperative peritonitis.
2. The second most important pathology is early postoperative adhesive intestinal obstruction.
3. Errors in intraoperative diagnosis, tactics and techniques are the third most important cause of early relaparotomy.

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