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Title: Is requirement of open abdomen management following emergency abdominal surgery a risk factor for mortality? A retrospective analysis of indications and mortality.

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Topic: Abdominal Emergency Surgery

START COUNT

Background: Emergency abdominal surgery occasionally requires open abdomen management. We analyse the indications and outcomes in these patients.

Aim: To analyse indications and outcomes in mortality in patients who underwent open abdomen management following emergency abdominal surgery.

Methods: We retrospectively analysed data of patients who underwent open abdomen management, performed during the last 84 months (April 2011 to December 2018). Key parameters which we analysed were indications for surgery, indications for open abdomen management and mortality.

Results: During this period, 17 patients underwent open abdomen management following emergency abdominal surgery. In all patients, open abdomen management was done using the Bogota bag technique. In these 17 patients, the indication for emergency surgery was Acute Intestinal Obstruction (n=7), Sub-Acute Intestinal Obstruction with Perforative Peritonitis (n=4), Damage Control Surgery (n=3), Acute Perforative Peritonitis (n=1), Blunt trauma to abdomen (n=1), Penetrating trauma to abdominal wall with Perforative Peritonitis and evisceration of bowel (n=1). Out of the 17 patients, 9 died post-surgery.

Discussion: In these 17 patients, open abdomen management was done due to inability to approximate the wound edges (n=14) and anticipated need for re-entry into abdomen (n=3). Among the 9 patients who died, the indication for emergency surgery was Acute Intestinal Obstruction (n=5), Sub-Acute Intestinal Obstruction with Perforative Peritonitis (n=3) and Damage Control Surgery (n=1). In the 5 patients with Acute Intestinal obstruction, the cause was malignancy (n=4), and multiple benign strictures due to Crohn's disease (n=1). In the 3 patients with Sub-Acute Intestinal Obstruction with Perforative Peritonitis, the cause was malignancy (n=3). Death following Damage Control Surgery was due to complications of haemorrhagic shock. Majority of deaths were due to the primary disease (n=8), and one death was due to a complication of the open abdomen management (n=1). We conclude that the requirement of open abdomen management following emergency abdominal surgery performed for an indication caused secondarily to malignancy could be considered a risk factor for mortality.

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Position presenting author: underlined

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