

A DECADAL ANALYSIS OF RE-EXPLORATION LAPAROTOMIES IN OBSTETRICS AND GYNAECOLOGY: A RETROSPECTIVE STUDY FROM A TERTIARY CARE CENTRE IN A METROPOLITAN CITY.

Dr.Sonali Deshmukh (Asst. Prof, GGMC Mumbai)

Under the guidance of Dr Ashok Anand professor and former HOD OBGY

INTRODUCTION

UNEXPECTED RETURN TO OPERATION THEATRE CARRIES A HIGH RATE MORBIDITY AND MORTALITY FOR PATIENT IN ADDITION TO A LONGER HOSPITAL STAY. A CLOSE LOOK AT SUCH CASES WILL HELP IN IDENTIFYING HIGH RISK PATIENTS THUS IMPROVING OUTCOME.

OBJECTIVE

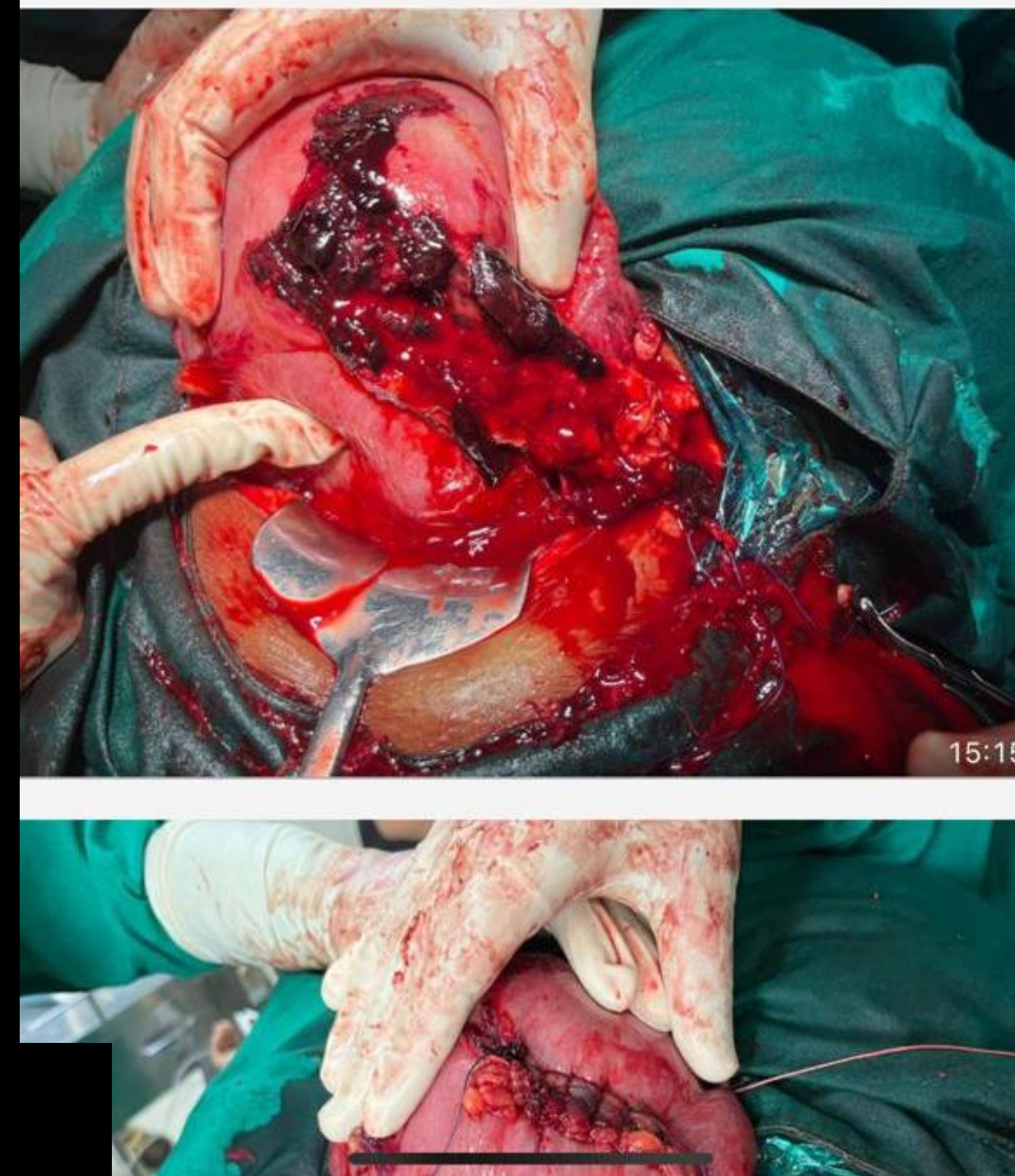
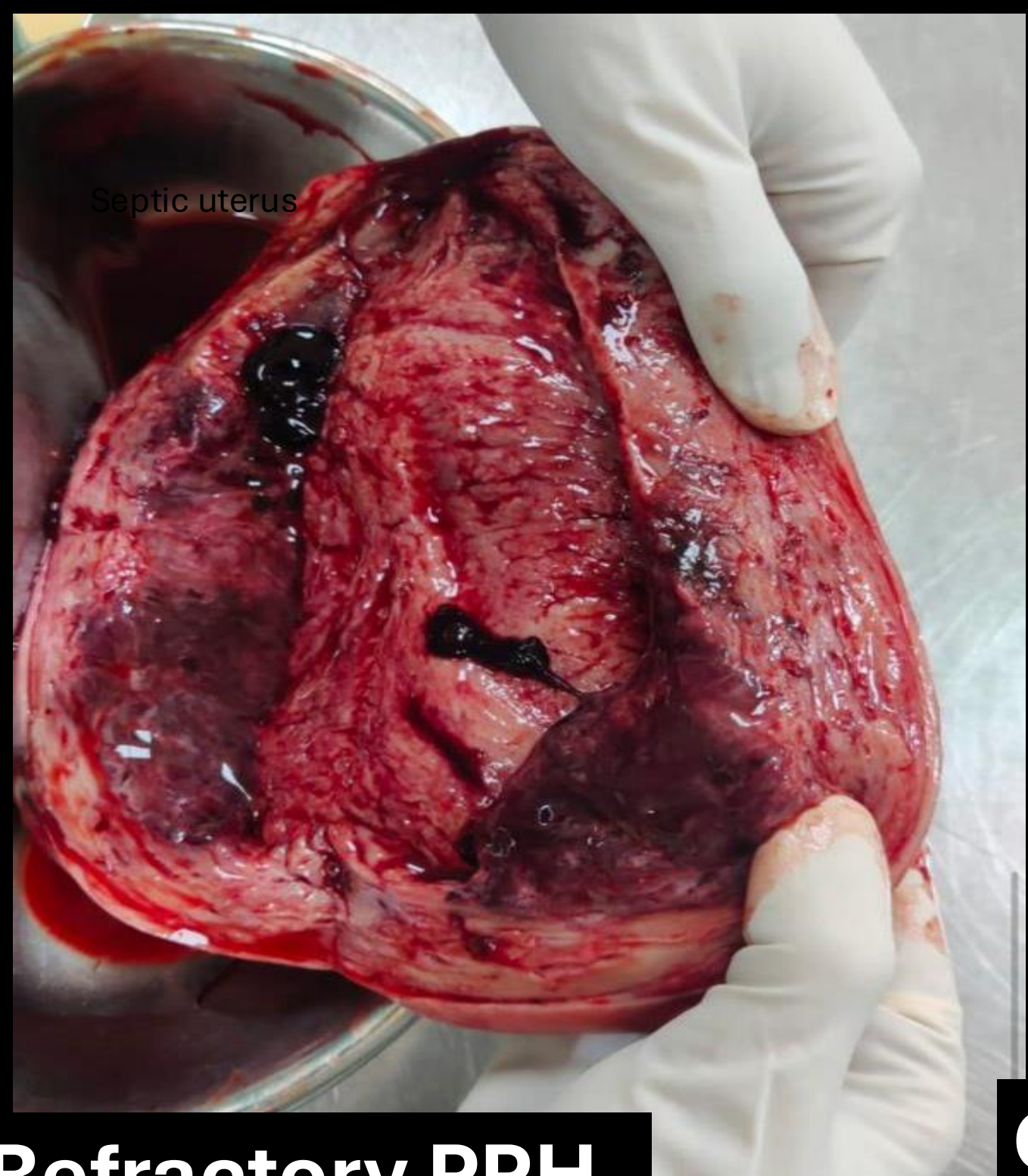
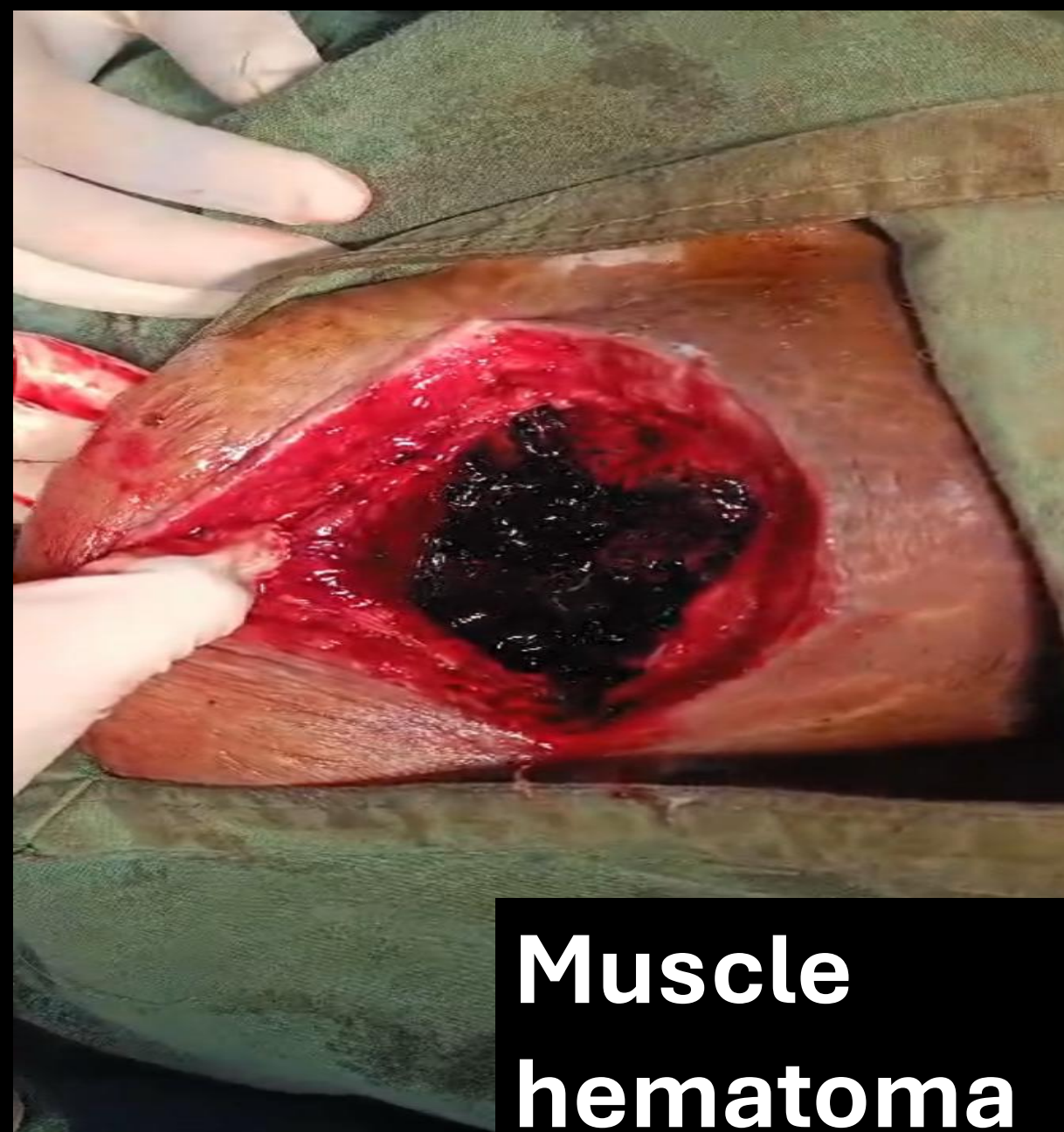
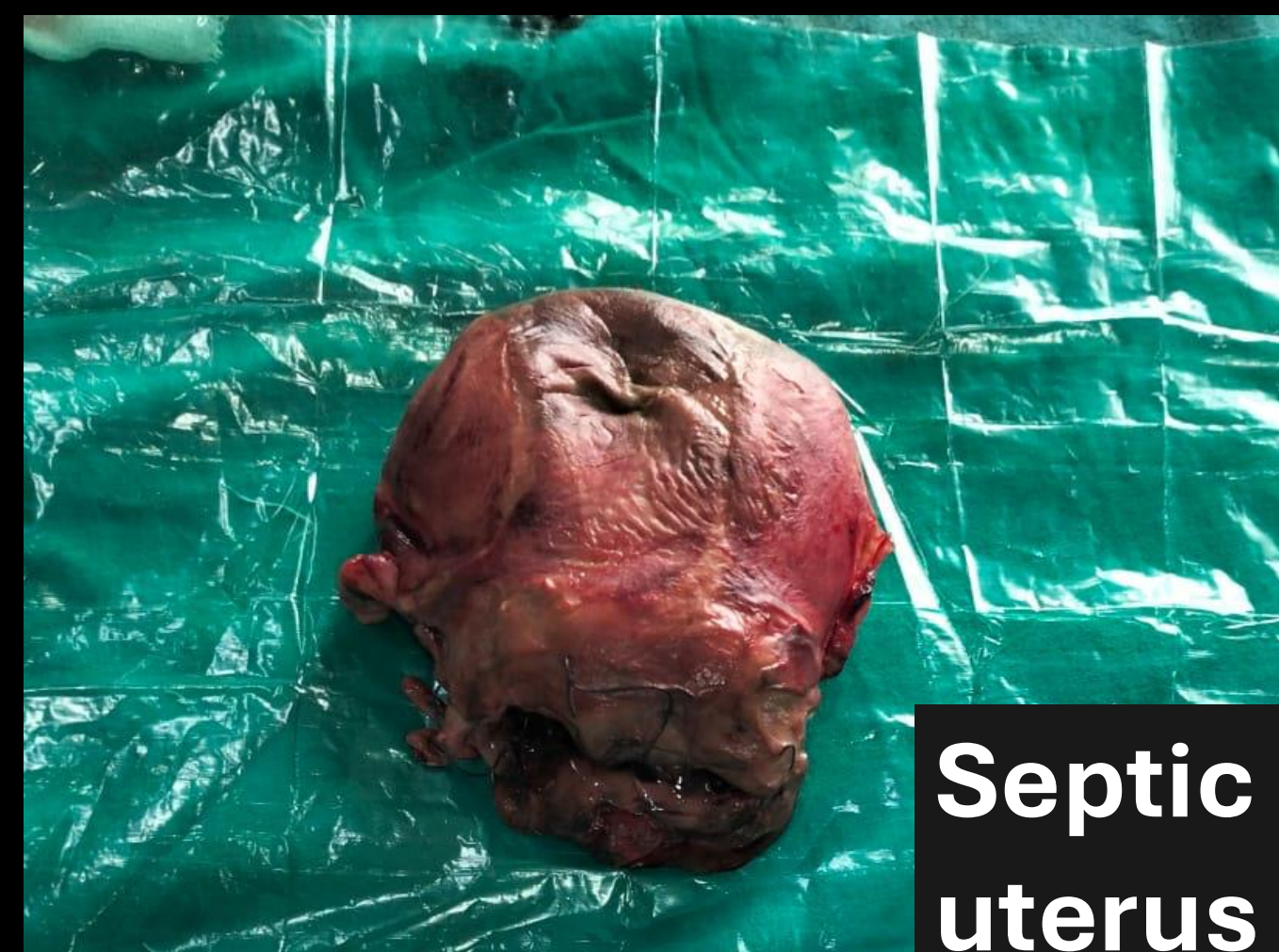
The aim is to analyse the incidence, aetiologies, and outcomes of re-exploratory laparotomies performed over ten years (2014–2024) in the Department of Obstetrics and Gynaecology at a tertiary care centre

DESIGN

A retrospective observational study based on patient records from 2014 to 2024 to study its

METHODS

This retrospective study was conducted using patient data from the Department of Obstetrics and Gynaecology at a tertiary care centre in a metropolitan city. Among 33,220 surgeries performed during this period, 148 cases of re-exploratory laparotomies were identified. Indications for this re-exploration and their trends were studied and analysed using SPSS version 21.0 to calculate frequencies, proportions, and outcome correlations.



Refractory PPH

Closure for septic burst abdomen with bagota bag

RESULT

The incidence of re-exploratory laparotomy was 0.45% (148/33,220). The cases predominantly included 42 (28.4%) post-lower segment caesarean section (LSCS) obstetric hysterectomy (OH) for atonic postpartum haemorrhage, 29 (19.6%) muscle hematoma, 18 (12.2%) burst abdomen, 13 (8.8%) bladder rent repair, 11 (7.43%) pelvic hematoma post-LSCS, 8 (5.4%) post total abdominal hysterectomy (TAH), 7 (4.7%) post-LSCS, 6 (4.05%) pelvic hematoma followed by myomectomy, 6 (4.05%) septic uterus in burst abdomen cases in whom OH was done, 4 (2.7%) hematoma secondary to hysterectomy, 4 (2.7%) fistula following hysterectomy and in cases of cervical fibroid following a supra-Wertheim procedure. Most patients recovered after timely surgical intervention, though the procedure was associated with significant morbidity.

CONCLUSION

The most common indication for re-exploratory laparotomy was observed to be post-LSCS OH, followed by muscle hematoma and burst abdomen. This study highlights the need for meticulous surgical techniques and vigilant postoperative monitoring to minimize the incidence of re-exploratory laparotomies. Early identification and prompt management of complications are critical for improving patient outcomes. These findings underscore the importance of standardized perioperative care protocols, especially for high-risk procedures in obstetrics and gynaecology.

REFERENCES:

- Med Arch 2014 Feb 20;68(1):41-43. doi: [10.5455/medarh.2014.68.41-43](https://doi.org/10.5455/medarh.2014.68.41-43)
- Re-laparotomy After Cesarean Section: Risk, Indications and Management Options
[Ahmed E Raagab](#) 1,2,3, , [Yasir H Mesbah](#) 1,2,3, [Rafik I Brakat](#) 1,2,3, [Abdelhadi A Zayed](#) 1,2,3, [Mohamed Alkhatim Alsaammani](#) 1,2,3
 - IJRCOG VOL. 7 NO. 4 (2018): APRIL 2018 /
 - Re-laparotomy in OBG: a clinical study
 - Authors
 - Bhagyashree Bijjaragi Department of Obstetrics and Gynecology, KIMS, Koppal, Karnataka, India
 - Amulya M. N. Department of Obstetrics and Gynecology, KIMS, Koppal, Karnataka, India
 - International Journal of Gynecology & Obstetrics
 - Volume 88, Issue 3 p. 253-257
 - Clinical articles
 - Re-laparotomy after Cesarean section
 - IJRCOG An analysis of relaparotomy in operative obstetrics Archana Kumari*, Anubha Vidyarthi Department of Obstetrics and Gynecology, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India Received: 01 April 2020 Accepted: 07 April 2020
 - IJRCOG Vijay Laxmi, VOL. 6 NO. 10 (2017): OCTOBER 2017 /
 - Original Research Articles