PATIENTSOUTCOME AFTER EMERGENT COLONIC SURGERY

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Background

Emergent colorectal surgery is being offered to a wide range of patients with curative or palliative intent. The complication rate after surgery is high due to nature of the diseases, the surgical procedures and patient related factors.

Aim

The aim of this study was to determine short and long-term morbidity and mortality after emergent colonic surgery for benign, malignant and traumatic colonic lesions...

Patients and Methods

This study was carried out on 90 patients presented with emergent colonic lesions; who managed at Emergency Hospital, Department of General Surgery, Tanta University, Tanta, Egypt throughout the period from November 2016 to August 2019. Patients included in the study had traumatic or pathological acute colonic lesions with no multiorgan injuries. Patients subjected to: history taking, vital signs, general and local abdominal examination, blood group, complete blood picture, serum electrolytes, arterial blood gases, plain X – Ray to chest and abdomen and CT abdomen in vitally stable patients. Patients' characteristics, mod of injury, intraopertaive and postoperative management were evaluated in order to define the factors predictive for the outcome.

Results

The patient's age ranged between 18 – 66 years with a mean age of 35 years. Males constitute 86 % of the patients, 43.3% had right side colonic lesions and 56.7% had left side colonic lesions, 43 % presented with penetrating injury, 37% presented with pathological colonic lesions and 20% presented with blunt injury. As regard patients complications; surgical site infection (SSI) occurred in 12%, anastamotic leak in 6%, peritonitis in 6%, wound dehiscence in 5%, stomal prolaps in 5%, stomal retraction in 4 %, stomal bleeding in 4% and incisional hernia in 4%. Patients >55 years old, obese patients with BMI>29, diabetic patients, patients with low haemoglobin level <10g/dl, patients with serum creatinine level >1.4mg/dl, patients who received pre or. intraoperative blood transfusion, contaminated wound and large size colonic lesions >1/3 of the circumference, all increased the risk factor for postoperative complications after emergent colonic surgery.

Conclusion

Emergent colonic surgery needs optimization of the patients' conditions with meticulous care to decrease the risk of complications and improve patient's outcome.