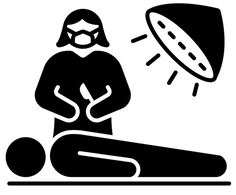
ASSOCIATION BETWEEN CLINICAL AND SURGICAL VARIABLES WITH POSTOPERATIVE OUTCOMES IN INTESTINAL OBSTRUCTION

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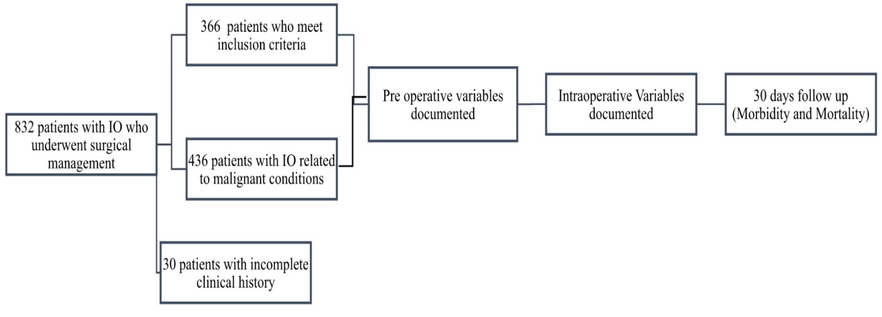
Background

Intestinal obstruction (IO) is a common surgical pathology that is associated to previous surgical procedures, that if not solved, can lead to ischemia and death. Therefore we aimed to describe the factors that are related to morbidity and mortality regarding the management of IO.



Methodology

Retrospective observational study with a prospective database, in which we described patients from a single-center experience who underwent surgical management due to IO between 2004 and 2015. Demographics, perioperative data, surgical outcomes, morbidity, and mortality were described.



Results

Figure 1. Comparison between mean count of preoperatively administered liquids and mortality.

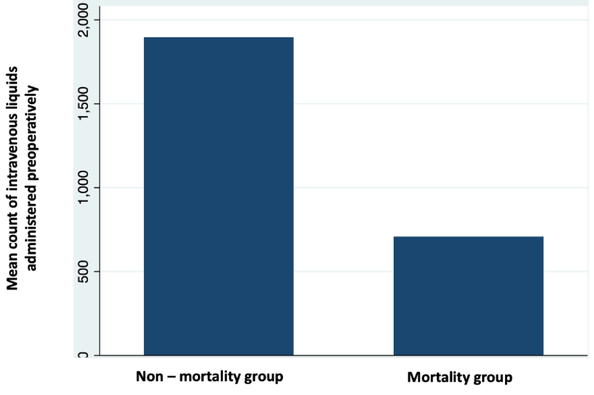
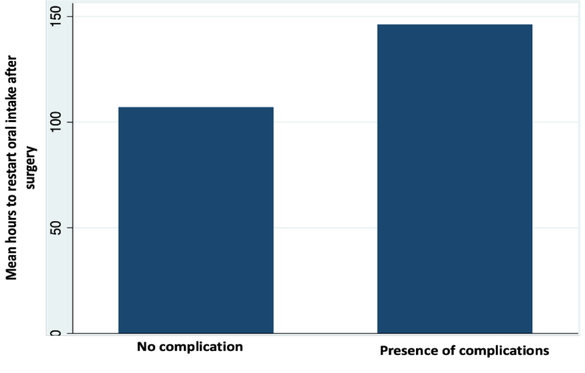


Figure 2. Comparison between mean hours of oral intake after surgery and complications.



Results (continued)

366 patients. Female 54.6%. Mean age 61.26 years. Laparoscopic approach was done in 21.8 % , conversion rate of 17.2%. Intestinal resection in 37.9% of the cases. Postoperative complications were observed in 18.85%. Reintervention rate was and mortality rate was 4.1%. Laparoscopic approach showed lesser time of intestinal transit (mean 28.67 vs mean 41.95 hours), and restart of oral intake after surgery (mean 96.06 vs mean 119.65) compared with open approach. Increased heart rate (p 0.01) was related to mortality, same as intensive care unit (ICU) length of stay (p 0.000). For morbidity, laparotomy and need and duration of ICU stay were related with any complication statistically significant (p 0.02, 0.008, 0.000 respectively).

Conclusions

Patients with increased heart rate, decreased intravenous fluids, need and higher length of stay in the ICU, and delay in resuming oral intake after surgery appear to have poor outcomes. The laparoscopic approach seems to be a safe and feasible approach for intestinal obstruction.

