EXPLORATORY LAPAROTOMY FOR SMALL BOWEL OBSTRUCTION IN A CENTARIAN

Jacob Dautel, MD[1]; Eddy P Lincango Naranjo, MD[1]; Sarah Hay, BS[2]; Raymond Henderson, MD[3];
[1]UCF/HCA GME Consortium of Greater Orlando; [2]UCF School of Medicine; [3]Orlando VA Medical Center

Background

- Small bowel obstruction (SBO) is among the most common indications for emergency laparotomy. While immediate surgical intervention is a treatment option, SBO may be managed conservatively either initially or completely until resolution. This case report details the presentation and decision-making for conservative vs. surgical management for acute SBO in a 90+ year old male and highlights the challenges of weighing the risks and benefits of major abdominal surgery in geriatric patients.

Case Presentation

This patient was a very elderly male with a history of open cholecystectomy, prostate cancer, hypertension, diabetes mellitus and hypothyroidism who presented with a week of abdominal pain, and two days of nausea, vomiting and obstipation. After confirmation of SBO with CT scan, patient was made NPO with nasogastric tube placement for decompression. After three days without symptom improvement and worsened abdominal pain, An exploratory laparotomy was performed. Jejunal adhesions were lysed, resulting in improvement of symptoms. Our patient experienced post-operative pneumonia and a mild AKI, treated with antibiotics and fluids, respectively, and was successfully discharged to a rehabilitation facility on post-op day 9.

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

Discussion

For patients with SBO, the treatment goal is to achieve resolution of the obstruction while minimizing morbidity and mortality. Nonoperative management is typically preferred for the older patient given associated increased risk of poor outcomes with emergency surgery. However, with no improvement with conservative management, it is imperative that surgical intervention be considered, regardless of age. In the preoperative evaluation of a patient undergoing emergency abdominal surgery, the American College of Surgeons-National Surgical Quality Improvement Project (ACS-NSQIP) has been used to assess operative morbidity and mortality risk. It has also been validated in the veteran population, making this the most accurate risk calculator for this patient. Alternatives to exploratory laparotomy, which include laparoscopic or robotic exploration, should also be considered in these patients, however these operations also carry risks in patients with distended bowel.

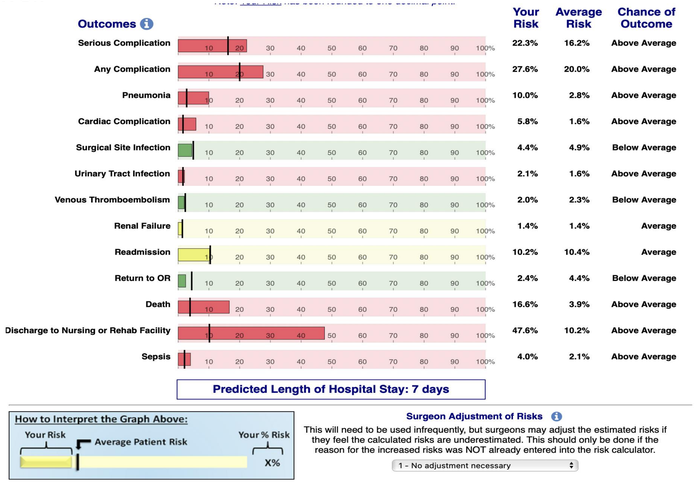


Figure 1 shows the average risk associated with an exploratory laparotomy given For this patient calculated by ACS-NSQIP Morbidity and Mortality Calculator.

Results

For patients with SBO, the treatment goal is to achieve resolution of the obstruction while minimizing morbidity and mortality. Nonoperative management is typically preferred for the older patient given associated increased risk of poor outcomes with emergency surgery. However, with no improvement with conservative management, it is imperative that surgical intervention be considered, regardless of age. In the preoperative evaluation of a patient undergoing emergency abdominal surgery, the American College of Surgeons-National Surgical Quality Improvement Project (ACS-NSQIP) has been used to assess operative morbidity and mortality risk. It has also been validated in the veteran population, making this the most accurate risk calculator for this patient. Alternatives to exploratory laparotomy, which include laparoscopic or robotic exploration, should also be considered in these patients, however these operations also carry risks in patients with distended bowel.

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