Chirurgia (Bucur). 2013;108(6):855-858

Is Prosthetic Repair of the Abdominal Wall in Clean-Contaminated Surgical Interventions Possible?

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Abstract

The present study tries to provide an expressive, customized answer to the question in the title. The study relies on a ten-year experience (2000-2009), evaluated retrospectively on a group of 488 prosthetic repairs of incisional herniae, out of which 432 were performed in a clean environment and 56 cases in a clean-contaminated one. The two groups are super imposable based on the Apache score. The visceral surgical procedures associated to the surgery of the parietal defect were varied (cholecystectomy, appendectomy, enterectomy/enterorrhaphy, colectomy/ colotomy-colorrhaphy, hysterectomy with adnexectomy). The assessment of postoperative suppurative complications showed no significant differences between the two groups ($p<0.001$). These results lead us to the idea of defining the indication for parietal prosthetic repair in a contaminated environment. The major factors of this decision are: the nature, the source and the amount of the septic inoculum, the duration of exposure, the intensity of the host inflammatory response (more difficult to quantify), and finally the surgical judgment. The last mentioned factor will evaluate the above-mentioned data and will take into account that not all bacterial contaminations are necessarily followed by an established infection. Thus, additional exaggerations - which would mean taking useless, ineffective precautions – as well as negative exaggerations - which would mean hazardous boldness – will be avoided.

Key words: prosthesis, abdominal wall, clean surgeries, contaminated surgeries

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