

To Study the Aetiological Factors and Outcomes of Urgent Re-Laparotomy in Himalayan Hospital

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Abstract

Background: Treatment of a number of complications that occur after abdominal surgeries may require that Urgent Re-laparotomy (UR), the life-saving and obligatory operations, are performed. The objectives of this study were to evaluate the reasons for performing URs, their outcomes and factors that affect mortality.

Methods: Observational, Prospective Study. The study included all the patients who underwent urgent re-laparotomy following laparotomy (emergency, elective) in Himalayan Hospital from 01.01.2013 to 01.06.2014 and excluded those who underwent laparotomy outside.

Results: UR was performed for 40 out of 1050 patients (4.2%), of which males were 25 and females 15. The average time interval between the index laparotomy and urgent re-exploration was 6.4 days. The most common reason for mortality was multi organ failure with septic shock. The most common criteria for re-exploration were anastomotic leak (n=13), followed by pyoperitoneum (n=11) and persistent peritonitis (n=6). Comparing the index surgery, lower gastro-intestinal procedures were most usually involved (n=21, 47.7%), followed by hepato-pancreato-biliary surgeries (n=8, 18.2%). There were 6 cases of upper gastro-intestinal surgeries that re-explored (13.6%).

Conclusion: UR that is performed following complicated abdominal surgeries has high mortality rates. In particular, they have higher mortality rates following GIS surgeries or when infectious complications occur.

Key words: Urgent Re-laparotomy, index laparotomy, anastomotic leak, pyoperitoneum, peritonitis, morbidity, mortality