

MORBIDITY COLORECTAL SURGERY

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Complications of colorectal surgery

- Wound infection: 5-10%
- Intrabdominal abscess: 1-5%
- Anastomotic leak: 3-21%
- Ureteral injury: 1-2%
- Hernia: 15-20%
- Stricture: up to 20%
- Sexual dysfunction: 15-50% in APR (Males)

Complication of CRS

- Bowel obstruction: up to 16%
- Ileus: up to 20%
- Fistulas
- DVT: 3%
- Life threatening Postoperative bleeding: Rare

Common Causes of Post op bleeding

- Surgical technique
- Incomplete hemostasis
- Anticoagulation medication
- Coagulopathy
- Pelvic dissection

Intraoperative considerations

- Meticulous dissection within the avascular plane
- Avoid blunt finger dissection
- Avoid clamping and lifting bleeding vessels cause vascular injury
- Double check and triple check for hemostasis

Patterns of Postop bleeding

- Anastomotic bleeding from suture or staple lines
- Bleeding from specific vessel or group of vessels
- Suture displacement
- Inadequate occlusion by a suture
- Iatrogenic injuries (ex. Spleen laceration)
- Diffuse bleeding from raw surfaces is often the most challenging

Recognition of Postop bleeding

- Clinical signs:

Hemodynamic instability

Hematocrit drop

Abdominal distention

Up to 70% of reexplorations were performed within 24hrs of 1st surgery.

Take home message

- The decision to return to the OR should be based on whether the patient's estimated postopt blood loss exceeds the expectations of the operative surgeon [1]
- Reexploration is a judgment call.
- It is base on surgeon's experience. There is no definite criteria to determine when a patient should be explore due to ongoing intrabdominal bleeding.

Literature

Surgical Hemorrhage, Damage control, and the Abdominal compartment syndrome. Kerry L. Hammond and David A. Margolin, Clinics in Colon and Rectal Surgery 2006 Nov; 188-194

The ASCRS Textbook of Colon and Rectal Surgery Bruce G. Wolff, pag 141-155

ASCRS, Complications in Colorectal Surgery.

David W. Dietz

Randomized, controlled trial of LMWH vs no DVT prophylaxis for major colon and rectal surgery in Asian patients. Yik-Hong Ho, Department of Colorectal Surgery, Singapore General Hospital

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