

Use of a Laparoscopic Approach in Urgent Adhesive Small Bowel Obstructions

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Abstract : Adhesive small bowel obstruction (ASBO) accounts for 20% of emergency surgical procedures and intraabdominal adhesions account for 65% of such cases. In a 10-year post-operative period of abdominal surgery patients, around 35% of them will be readmitted because of ASBO. The first step in approaching ASBOs is using the Bologna guidelines, which include a thorough initial evaluation to diagnose or rule out an ASBO and then proceed with either further imaging studies or emergency surgery, which can be either open or laparoscopic. The contraindications for a laparoscopic approach include hemodynamic instability of the patient and infections in the peritoneum or port sites. Studies have shown that a laparoscopic approach to adhesiolysis is linked with a significantly smaller risk of readmissions and reoperations as well as with faster recovery time and fewer postoperative infections, but has a higher risk of bowel injuries, so a careful selection of patients is required. Although studies favor a laparoscopic approach, many countries still prefer a laparotomy, often because a laparoscopic approach requires surgeons to be highly skilled in the procedure. In the US and UK, between 50 and 60% of surgeons would approach an ASBO with laparoscopy, while in Italy, this number is around 15% and it is most likely similar in Slovenia. We believe that in the right cases and in the right patients, a laparoscopic approach can be equally feasible for treating ASBOs and is associated with fewer intraoperative and postoperative complications.

Keywords : adhesive small bowel obstruction, laparoscopy, adhesions, adhesiolysis

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