

Outcome Analysis of Various Management Strategies for Ileal Perforation

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Abstract : Introduction: Ileal perforation is a common cause for peritonitis in developing countries. Surgery is the ideal treatment as it eliminates soilage of peritoneal cavity in an effort to lessen the toxaemia and enhance the recovery of the patient. However, there is no uniformity of standardized operative procedure that is most effective for management. Material and method: The study was conducted on 66 patients of perforation peritonitis from November 2013 to February 2015 in Lok Nayak Hospital. Data of each patient were recorded on a pre-determined proforma. The methods used for repair were Primary repair, Resection anastomosis (RA) and Ileostomy. Result: Male preponderance was noticed among the patients with majority in their third decade. Of all perforations 40.9% were tubercular and 34.8% were typhoid. Amongst operated cases 27.3% underwent primary repair, RA was performed in 45.5%, Ileostomy in 27.3% patients. The average time taken for RA and ileostomy was more than primary repair. The type of repair bear no significance to size or no of perforation but was significant statistically for distance from I/C valve ($P=.005$) and edema of bowel wall ($p=.002$) when analysed for post op complications. Wound infection, dehiscence, intra-abdominal collections were complications observed bearing no significance to type of repair. Ileostomy per se has its own complications peristomal skin excoriation seen in 83.3%, electrolyte imbalance in 33.3%, duration for closure averaged 188 days (median 150 days, range 85-400 days). Conclusion: Primary closure is preferable in patients with single, small perforations. RA is advocated in patients with multiple or large perforation, perforation proximal to stricture. Ileostomy should not be considered as primary definitive procedure and reserved only for moribund patients as a lifesaving procedure. It has more morbidity and requires a second surgery for closure increasing the cost of treatment as well.

Keywords : ileal perforation, ileostomy, perforation peritonitis, typhoid perforation management

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