LAPAROSCOPIC ADHESIOLYSIS IN TREATMENT OF ACUTE ADHESIVE INTESTINAL OBSTRUCTION

T. T. Mansurov, F. A. Daminov
Samarkand branch of RSCEMP

Introduction.

The steady increase in the number of operations on the abdominal organs and the expansion of their volume is naturally accompanied by a progressive increase in the number of patients with acute intestinal obstruction (AIO). It is adhesive disease that is the main cause of intestinal obstruction in developed countries, and in developing countries the share of AIO is approximately at the same level as a strangulated hernia in the structure of the etiology of this disease (Malik AM et al., 2010; Agodirin O. et al., 2013; Eren T. et al., 2015).

In recent decades, the role of trauma of the peritoneum, infection and the presence of foreign bodies in the development of adhesions in the abdominal cavity has been shown; many different methods of prevention of adhesion have been proposed and tested. However, today there is no clear algorithm governing diagnostic and therapeutic measures using laparoscopic technologies.

Purpose of the study: to improve the results of diagnostics and surgical treatment of patients with acute adhesive intestinal obstruction by introducing modern endovideosurgical technologies into clinical practice.

Materials and Methods:

The analysis of the results of surgical treatment of 762 patients with acute intestinal obstruction, operated on in the Samarkand branch of the RSCEMP for the period from 2010 to 2019. The ratio of men and women was approximately 1 to 1 - 399 (52.4%) versus 363 (47.6%), respectively. The average age of the patients was 45.8 ± 18.1 years with a range from 16 to 92 years. In the structure of AIO, adhesive intestinal obstruction was absolutely predominant, which was diagnosed in 640 (84.0%) patients. Obstructive AIO, which occurred in 93 (12.2%) patients, as well as dolichosigmoid volvulus and various forms of intussusception (in 29 (3.8%) cases), were much less common. Of the total number of operated patients (n = 762), 529 (69.4%) patients underwent primary open interventions. In 233 (30.6%) cases, surgical intervention began with the use of laparoscopic techniques, including in 192 (25.2) patients - with adhesive intestinal obstruction, in 31 (4.1%) - with obstructive AIO and in 10 (1.3%) - with volvulus and intussusception. In 14 patients an early postoperative adhesive ISI was noted. In all of them diagnostic laparoscopy was used. In 45 patients ISI was eliminated, using laparoscopic method, in 14--the conversion was performed, including the small intestine resection in 8 of them. One patient died (lethality 1.7%). In one patient the adhesive ISI recurrence have occurred in 8 months after laparoscopic adhesiolysis performance. Minimal trauma, short duration of the operation, good cosmetic results, uncomplicated course of postoperative period witnesses the efficacy of laparoscopic adhesiolysis in the treatment of an acute adhesive ISI.

Results:

34 (42.5%) men and 46 (57.5%) women were operated on for adhesive AIO in the main group of 80 patients. The patients' age was 18^88, mean 50.8 ± 1.8 years. Depending on the volume of surgical intervention, this category of patients was divided into 3 groups: laparoscopic adhesiolysis - 63 (78.7%), laparoscopically-assisted adhesiolysis - 10 (12.5%) and conversion - 7 (8.8%). Intra-abdominal adhesions secondary to abdominal operations remain major problem and is associated with many pathological conditions such as chronic abdominal pain, ventral hernia, intestinal motility disorders, infertility, and dyspareunia, especially acute mechanical bowel obstruction.The most frequent surgical morbidity caused by intra-abdominal adhesions is MBO. In Western countries, the most common cause of MBO is post-operative intra-abdominal adhesions.Adhesion occurs in 50–70% of patients received abdominal surgeries. However, only 20-30% of them are presented with clinical symptoms. After numerous previous abdominal surgeries, the incidence of intra-abdominal adhesions can reach up to 93%.

There were no significant differences in the process of rehabilitation of patients operated on laparoscopically and laparoscopically-assisted in our study. The average bed-day after laparoscopic and laparoscopically-assisted operations was 3^17, average 7.7 ± 0.2 days, and after conversions - 10^15, average 13.0 ± 2.6 days.

Conclusions:

Laparoscopic adhesiolysis and laparoscopically-assisted adhesiolysis is a safe method of surgical treatment for adhesive intestinal obstruction

Literature:

1. William A, Michael G. Intestinal Obstruction Shackelford's surgery of the alimentary tract. Philadelphia 1996.
2. van den Beukel BA, de Ree R, van Leuven S, Bakkum EA, Strik C, van Goor H, et al. Surgical treatment of adhesion-related chronic abdominal 2017
3. Perry JF Jr, Smith Ga, Yonehiro Eg. Intestinal obstruction caused by adhesion. Ann Surg 1955
4. Alfred SG, Charles LP. Serosal hipofibrinoliysis. Am J Surg 1973;