INCIDENCE AND SYMPTOMATOLOGY ASSOCIATED WITH POST-OPERATIVE ADHESIONS

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ABSTRACT

Adhesions are fibrous bands that connect anatomical sites at locations where there should not be connections. It aims to study the incidence and symptomology associated with post-operative adhesions, duration taken for symptomatic presentation of post-operative adhesions and modalities of management.

Key words: Post-Operative Adhesions, Symptoms, Management.

INTRODUCTION

Adhesions are fibrous bands that connect anatomic sites at locations where there should not be connections. Post-operative adhesions account for more than 90% of the total intra-abdominal adhesions [1-9]. The aims of the study are to study the incidence and symptomatology associated with post-operative adhesions and to analyze the duration taken for the symptomatic presentation of post-operative adhesions and the modalities of management of post-operative adhesions.

MATERIALS AND METHODS

The study included 100 patients with chronic abdominal pain, small lower obstruction and infertility. The inclusion criteria are the patient should have undergone an abdominal surgery prior to presentation, normal ultrasoundogram of the abdomen at presentation, normal upper G.I. endoscopy at presentation, normal serum amylase and liver function test one another part of study entails that analysis of post-operative adhesions based on the type of incision used in the previous surgery and also the structures involved in the adhesions [10-18].

OBSERVATIONS AND DISCUSSION

Out of 100 patients, 57 presented with chronic abdominal pain as their dominant symptom. Out of 100 patients, 64 patients had a emergency procedure (Group A) and 36 of them had a elective surgery. Among 100 individuals 58 were male and 42 were female out of 100 patients, 62 presented with in 5 years, 79 within 10 years, 91 within 15 years and 98 within 20 years.

In group A, 19 patients presented following appendectomy while 17 followed duodenal perforation closure and 10 followed small intestinal resection and anastomosis, 8 followed colectomy and 5 followed cholecystectomy and Ovariectomy. In group B, a patients followed cholecystectomy and an equal number followed abdominal hysterectomy, presentations followed gastrojejunostomy, 5 presentations followed appendectomy 3 each followed colectomy and small bowel resection. In Group A, 44 had a midline incision, 15 had a long incision 5 had Kocher’s incision. In group B, out of 36 patients 10 had a midline incision, 9 each had fenistil incision and Kocher’s incisions, 5 had lans incision and 3 had, transverse incision, out of the 100 patients, 78 patients got relieved by conservative management, while 22 patients went in for adhesiolysis surgery [19-27].

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CONCLUSION
The 60 – 70% of symptoms adhesions occur following emergency procedures, symptoms adhesions occur more in females, chronic abdomen / pelvic pain and features of intestinal obstruction are two most common symptoms produced by adhesions, appendectomy and pelvic surgeries produce the most no. of adhesion related problems adhesions are more common following midline incisions, most of the adhesions are managed conservatively, bowel injuries occur in about 1 in 5 cases of adhesiolysis.

REFERENCES