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Damage control surgery for management of abdominal severe injuries

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Background: Damage control surgery (DCS) is one of the major advances in surgical techniques used in polytrauma patients from the past 25 years. The central principle of DCS is to avoid the situation in which patients are more likely to die from the “lethal triad” of hypothermia, coagulopathy and metabolic acidosis than from a failure to complete operative repairs. The goal of the DCS is to identify injuries, control haemorrhage, and to control contamination. In patients with major abdominal trauma DCS avoids extensive procedures on unstable patients, stabilizes potentially fatal problems at initial operation, and applies staged surgery after successful initial resuscitation. In this retrospective study we evaluated the results of DCS in patients with severe injury to the abdominal organs.

Materials & Methods: The evaluated group include 20 patients with severe abdominal trauma who underwent damage control laparotomy in between 2008 to 2014. There were 17 men and 3 women; the age range was 21 to 62 years. DCS was indicated in the patients with blunt abdominal trauma (13 patients) or penetrating trauma (7 patients). DCS include simple surgery (rapid abdominal exploration with haemorrhage and contamination control, temporary abdominal wall closure without tension), resuscitation in the intensive care unit (correction of hypothermia, acidosis and coagulopathy) and definitive surgery.

Results: DCS was most frequently performed for liver injury (11 patients), which was associated with multiple injuries to the other abdominal organs and retroperitoneum in 9 patients. Repeated surgeries were carried out within 24 to 72 hours. Perioperative mortality was 15% (3/20). The reasons of death were progressive traumatic haemorrhagic shock in one case and brain oedema after concussion in two cases. The perioperative complication rate was 40% (8/20). The Complications were: biliary leakage and fistula formation in 3 cases, anastomotic leakage and fistula formation in 2 cases, rebleeding in abdominal cavity in 2 cases and intra-abdominal abscess formation in 1 case.

Conclusions: DCS is an effective method in the treatment of severe trauma to the abdominal organs in critically injured patients. With an organized approach, DCS can lead to improved patient survival.

Biography

Zaza Demetrashvili received his MD status and completed his PhD at Tbilisi State Medical University. He is Associate Professor of Surgery, of Tbilisi State Medical University and Senior General Surgeon of Kipshidze Central University Hospital (Tbilisi, Georgia). He has published more than 80 scientific articles in international peer reviewed journals. He is also serving as an Editorial Board Member and as a reviewer to various international medical journals. He is a member of several international surgical associations.

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