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SURGICAL TREATMENT OF PATIENTS WITH ACUTE SIGMOID OBSTRUCTION

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Abstract:

Progress in gastrointestinal surgery associated with the use of powerful antibiotics, new suture materials, and hardware formation of interintestinal anastomoses has not solved the problem of intestinal wall suture failure. Today in gastrointestinal surgery, single-row intestinal suture without mucosal traumatization has become widespread as in recent years many researches have proved an important role of intestinal mucosa in tissue regeneration of gastrointestinal anastomosis zone [2, 3, 6, 7].

Keywords: Gastro-Intestinal Tract, Surgical Treatment, Acute Sigmoid Obstruction

INTRODUCTION.

The problem of acute sigmoid obstruction treatment is constantly in the focus of surgical specialists' attention. The incidence of acute sigmoid obstruction makes up 3.5-4.0% of all surgical patients. And mortality in this pathology remains rather high - 18-20%, with no tendency to decrease [3,5,8].

The choice of the volume and method of surgical treatment in this pathology attracts particular attention. The majority of investigators advocate palliative interventions, such as sigmopexy, mesosigmoplasty according to Gaggen-Thorn, and Hartmann operation. It should be noted that palliative operations lead to high percentage of disease relapse (75-91%) and postoperative mortality remains high up to 30-34%. The rejection of radical operations is explained by the fact that the patient population is predominantly senile and elderly with concomitant diseases and unpreparedness of the patient and bowel [1,8].

Despite the high level of development of operative technique, continuous improvement of intestinal suture, suture material and study of morphogenesis of intestinal sutures, the incidence of failure remains high. [4]. These circumstances were the reasons for the present investigation.

THE AIM OF THE STUDY

Was to improve the results of surgical treatment of patients with acute sigmoid obstruction.

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MATERIAL AND METHODS OF INVESTIGATION.

Results of treatment results of 165 patients who underwent surgeries for acute sigmoid obstruction were analyzed. From them men made up 71 (55,5%), and women - 57 (44,5%).

All patients were operated at the department of surgical diseases, Faculty of Advanced Training of Physicians of the Andijan State Medical Institute.

The patients were diagnosed sigmoid obstruction by clinical, laboratory and instrumental methods of investigation including X-ray, ultrasound investigation and fibrocolonoscopy. The patients also underwent the Tsege-Manteufel test.

All patients were divided into two groups. The 1st control group consisted of 128 patients who underwent retorsion with sigmopexy - 34 (26,6%), retorsion with mesosigmoplasty according to Gaggen-Thorn - 46 (35,9%), retorsion in combination of mesosigmoplasty according to Gaggen-Thorn and sigmopexy - 24 (18,8%), resection with imposition of unnatural anus - 24 (18,8%) (Table 1).

The 2-nd group included 37 patients (22,4%) with acute sigmoid obstruction who underwent sigmoid resection with suggested cuff anastomoses according to end-to-end type.

During the operation we attached great importance to the decompression of gastro-intestinal tract in all patients using nasogastroduodenal tube and colon intubation. Possibility of sigmoid colon resection with application of anastomosis according to the suggested technique was determined during the operation.

The overwhelming majority of patients with acute intestinal obstruction come to the medical establishment in moderate or severe condition (according to our observations - 93%). Surgical treatment in this condition is associated with a high degree of risk. Severity of the course of obstruction dictates the necessity of making full value preoperative preparation in a short period of time.

Preoperative preparation with correction of metabolic disorders was performed in all patients operated on urgently.

RESULTS AND DISCUSSION.

While carrying out the comparative analysis of the treatment results of two groups of patients we have revealed, that in the control group of 128 patients being treated at the first surgical department. The suppuration of the postoperative wound was noted in 4 (3,1%), abdominal ejection - 1 (0,9%), postoperative pneumonia - 2 (1,6%), cardiopulmonary insufficiency with lethal outcome - 1 (0,9%).

In 37 patients who underwent colonic anastomosis resection according to our methods we didn't observe any postoperative complications (Table 2). All patients received appropriate treatment and were discharged home in satisfactory condition.

Off-term results of the treatment were studied in 90 patients (54,5%) out of 165 patients under our observation. Follow-up period was from 1 to 6 years. Moreover, out of 90 (54,5%) patients were examined 41 (45,6%) outpatiently, 49 (54,4%) patients were examined by questionnaire. We used the following rating scale to assess long-term results of treatment (Table 3)

Table 1

Distribution of patients according to the type of surgical intervention (control group, n=128)

Nature of surgical intervention	Number, abs. (%)	Statistics of difference by Student's t-test (P)
Retorsion + sigmopexy	34 (26,6)	P<0,05
Retorsion + mesosigmoplasty according to Gaggen-Thorn	46 (35,9)	P<0,01
Retorsion + mesosigmoplasty according to Gaggen-Thorn + sigmopexy	24(18,8)	P<0,05
Retorsion + application of an unnatural anus	24(18,8)	P<0,05
	128(100,0)	

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Table 2
Comparative analysis of the results of treatment of patients in the control and main groups

Indicator		Control		group Main	
		N	%	N	%
Number of onei	of patients	128	100,0	37	100,0
Postoperative complications	Festering of the postoperative wound	5	3,9	0	0,0
Postoperative complications	Eruption of internal organs	1	0,8	0	0,0
	Postoperative pneumonia	1	0,8	0	0,0
	Cardiopulmonary insufficiency	1	0,8	0	0,0
	Sepsis	1	0,8	0	0,0
	Total complications	9	7,0	0	0,0
Postoperative mortality		1	0,9	0	0,0
Total number of patients		165 (100%)			

Table 3
Scale for assessing long-term outcomes

Results	Great	Good	Satisfactory Unsatisfactory	Minor abdominal pain, flatulence General weakness, abdominal pain, flatulence.
Signs	No	No	Excluding fatty and second meals Excluding fatty and second meals	Do lighter work Do lighter work
Complaints	No	No	1 every 2-3 days 1 every 2-3 days or more.	
Diet	No	Her	Satisfactory Unsatisfactory	Minor abdominal pain, flatulence General weakness, abdominal pain, flatulence.
Physical activity	1-2 times a day	Once or twice every 2 days	Excluding fatty and second meals Excluding fatty and second meals	Do lighter work Do lighter work

When examining patients, attention was paid to the general condition of the patients, the presence of any complaints, anamnestic data, adherence to diet and physical activity restriction, palpatory examination of the abdomen, regularity of defecation. Also we paid attention to the condition of anastomosis, bowel and other abdominal organs. Blood tests, ultrasound of abdominal cavity, irrigography of the intestine were conducted.

In the distant period in the control group of 128 patients (81,0%) who were under our observation in the distant postoperative period 10 patients had excellent results of treatment. In 28 patients the results were good. And 15 patients had satisfactory treatment results (Table 4).

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Table 4

Comparative analysis of long-term outcomes of patients in the control and main groups

Treatment results	Control group		Main group		P
	№	%	№	%	
Excellent	10	18,9	32	86,5	P<0,05
Good	28	52,8	5	13,5	P<0,01
Satisfactory	15	28,3	0	0,0	P<0,05
Not satisfactory	0	0,0	0	0,0	
Total	53	100,0	37	100,0	

Analysis of the disease recurrence has shown that relapses have occurred in 31 (24,2%) patients from the total number of patients who have had palliative operations because of sigmoid colon volvulus. Of them 10 (32,3%) patients were admitted within 6 months, 6 (19,4%) - within 7-12 months, 4 (12,9%) - within 13 to 24 months, 11 (35,5%) - within 25 months and more.

From 31 patients the largest contingent included those who were treated once for relapse of sigmoid colon - 27 (87,1%), 4 (12,9%) patients were operated twice.

Intestine resection with colonic anastomosis applying according to our methods was done in the main group of 37 patients, in 32 of them the results of treatment were excellent, in 5 patients - good.

CONCLUSIONS.

Summing up the results of the conducted research we should note that palliative operations have disadvantages, such as high relapse rate. Two staged operations (after sigmoid resection and anastomosis imposition) are associated, first, with technical difficulties; second, there is a high rate of anastomosis sutures inconsistency and, third, it causes mental trauma to a patient [4].

Resection of affected intestine with primary anastomosis applying in accordance with suggested method doesn't lead to such complications as anastomosis sutures inconsistency and narrowing of anastomosis area. We should also note that no relapse of the disease is observed in the distant period; due to radical character of the surgical intervention the complicated second stage of the operation, i.e. the restoration of natural passage of intestinal content, is not required**.**

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