

SURGERY OF THE INTESTINE (3)

By

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(الدَّهْرُ يَوْمَانِ ذَا أَمْنٍ وَذَا خَطَرٍ *
* وَالْعَيْشُ عَيْشَانِ ذَا صَفْوٍ... وَذَا كَدْرٍ)
(أَمَا تَرَى الْبَحْرَ تَعْلُو فَوْقَهُ جَيْفٌ *
* وَتَسْتَقِرُّ بِأَفْصَى قَاعِهِ الذَّرَرُ)
(وَفِي السَّمَاءِ نُجُومٌ لَا عِدَادَ لَهَا *
* وَلَيْسَ يُكْسَفُ إِلَّا الشَّمْسُ وَالْقَمَرُ)
الشافعي

Internal strangulation (internal herniation)

?? Diaphragmatic hernias (cong. Or acquired)

- A- Bands
- B- Peritoneal holes
- C- Peritoneal foramina
- D- Retro-peritoneal fossae



Paralytic ileus

Reflex sympathetic stimulation e.g post op., post delivery, visceral injuries or torsion, spinal injuries

Anoxic inhibition e.g operative hypoxia, prolonged distention

Toxic inhibition e.g peritonitis, typhoid fever, uraemia

Biochemical inhibition e.g hypo-proteinaemia, hyponatraemia, hypokalaemia, or hypovitaminosis

Mechanical inhibition (massive adhesions)

Clinical presentations Diagnosis

Treatment:

Conservation treatment

Prokinetics - Sips of water and foods - Enemata

Surgical treatment

Intestinal ischaemia

- (1) Acute mesenteric vascular occlusion.
- (2) Non-occlusive intestinal infarction.
- (3) Abdominal angina
- (4) Ischaemic colitis (gangrenous type, stenosing type, and transient type)
- (5) Abdominal apoplexy

Acute mesenteric vascular occlusion

Aetiology: *-Arterial embolism

*-Arterial thrombosis

*-Venous thrombosis

Pathology:

C/P: Acute pain – collapse – pallor – vomiting – melena – abdominal tenderness – rigidity – rebound tenderness

Investigations: *- Abdominal X-Ray

*- Abdominal sonar, paracentesis

*- Leucocytic count ↑ , Amylase ↑

Treatment:

Urgent laparotomy after careful preparation

*- Evident gangrene ---> **Resection and anastomosis of the affected segment** (up to 70% of small bowel can be resected without serious digestive disturbance).

*- Questionable (reversible) --->, **embolectomy, thrombendartrectomy, or Vascular reconstruction e.g patch graft.**

*- **Second look operation procedure ???**

*- **Meticulous postoperative observation, fluid correction, electrolytes, antibiotics, and anticoagulants ??**



Source: Bonnard FC, Anderson DK, Biller TK, Dore DL, Hunter JS, Matthews JB, Tolson RR: Schwartz's Principles of Surgery, 9th Edition. The CTVision Company, LLC. Copyright © The McGraw-Hill Companies, Inc. All rights reserved.

Serial transverse enterostomy procedure. This illustration depicts the serial transverse enterostomy procedure. Lengthening of dilated small intestine is accomplished by serial applications of an intestinal stapling device, with rings oriented perpendicular to the long axis of the intestine.



Diverticulum of the colon

Rare in Egypt but common in Western

Pathology: Common in sigmoid colon (50%) due to its small caliber (law of Laplace)

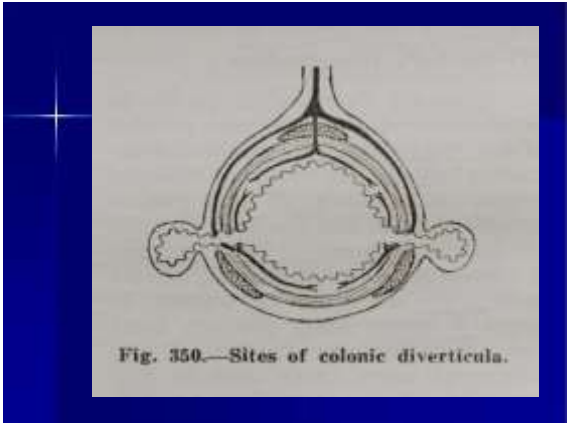
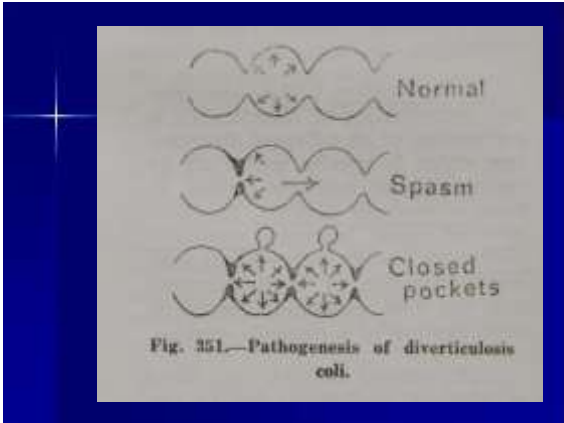
Common in Europeans, rare in Africans and Asians

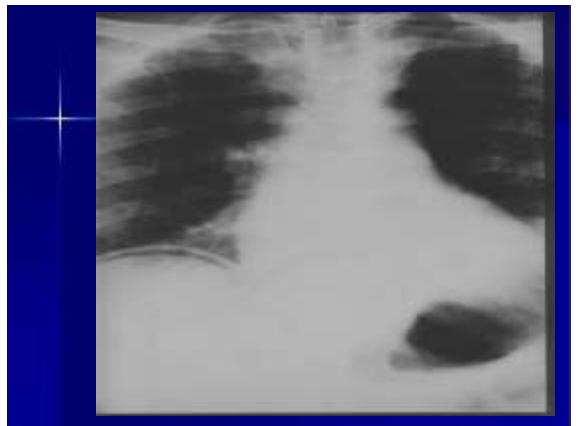
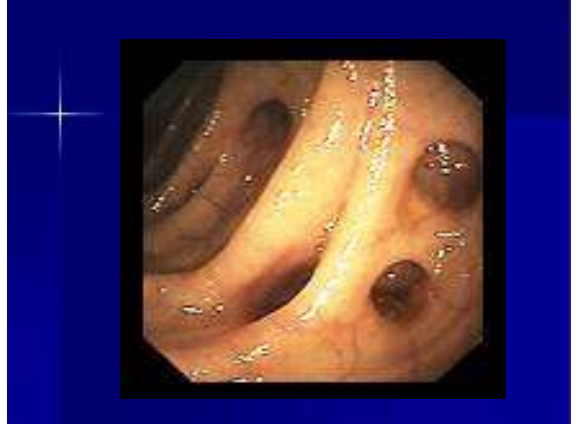
C/P: *- Asymptomatic *- I.B.S

*- Complications:

infection : (25-40%) ----->Lt sided appendicitis

Perforation: -----> Pericolic abscess, peritonitis, fistula, and bleeding





Diagnosis:

C/P Plain X-Ray
Barium enema Colonoscopy

Treatment

I- Asymptomatic cases:

- *-High residual diet e.g wholemeal bread, vegetables
- *-Bulk formers e.g bran, isogel
- *-Antispasmodics

II-Complicated cases:

- *-Conservative ttt -----> ??? Antibiotics, fluid, ..etc

***-Surgical ttt -----> operative tactics**

- *-Myotomy
- *-Simple closure of fistula
- *-One stage resection and anastomosis
- *-Two stages resection ???
- *-Three stages resection ???
- *-Four stages resection ???



Thank you