

Meeting abstract

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Laparoscopic adhesiolysis in the elderly patient

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Background

The aim of this work is to evaluate the reliability and the immediate results of laparoscopy versus conventional open surgery for acute small bowel obstructions by postoperative adhesions.

Materials and methods

We considered 190 patients (median age 78 years, 64–93) operated for acute small bowel obstruction by postoperative adhesions in the Unit of General and Emergency Surgery. We performed preoperative urgent blood tests and abdominal x-ray to all the patients; 163 patients were treated with traditional laparotomic access, while 27 selected patients underwent laparoscopy.

Results

For 3 (11.1%) of the 27 patients treated with laparoscopy a conversion was necessary because of the adhesions localization in the posterior abdominal wall. The median stay in hospital was 4.7 days for patients who underwent laparoscopy and 14.3 days for patients treated with traditional laparotomy. None of the first group's patients were reoperated on within 30 days of surgery, while 5 patients (3.1%) of the patients who underwent laparotomy needed to be reoperated because of obstruction recurrence by new adhesions.

Conclusion

Laparoscopic adhesiolysis is possible only after a careful selection and in these selected patients it shows more

advantages than open surgery, otherwise in unselected cases it can be disadvantageous. Morbidity is low if the operation is performed by skilled. The immediate benefits are a rapid intestinal motility and a shorter stay in hospital. Long-term effect is the prevention of small bowel obstruction recurrence by postoperative adhesions.