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GENERAL INFORMATION

Intestinal obstruction secondary to postoperative adhesion formation in abdominal surgery. Review literature[☆]



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KEYWORDS

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Abstract Intestinal obstruction development after upper and lower abdominal surgery is part of the daily life of every surgeon. Despite this one, there are very few good quality studies that enable the frequency of intestinal obstruction to be assessed, even though postoperative adhesions are the cause of considerable direct and indirect morbidity and its prevention can be considered a public health problem. And yet, in Mexico, at this time, there is no validated recommendation on the prevention of adhesions, or more particularly, in connection with the use of a variety of anti-adhesion commercial products which have been marketed for at least a decade.

Intraperitoneal adhesions develop between surfaces without peritoneum of the abdominal organs, mesentery, and abdominal wall. The most common site of adhesions is between the greater omentum and anterior abdominal wall. Despite the frequency of adhesions and their direct and indirect consequences, there is only one published recommendation (from gynaecological literature), regarding peritoneal adhesion prevention.

As concerning colorectal surgery, more than 250,000 colorectal resections are performed annually in the United States, and 24% to 35% of them will develop a complication.

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PALABRAS CLAVE

Cirugía colorrectal;
Obstrucción
intestinal;
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The clinical and financial burden of these complications is enormous, and colorectal surgery has been specifically highlighted as a potential prevention point of surgical morbidity.

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Obstrucción intestinal secundaria a formación de adherencias postoperatorias en cirugía abdominal. Revisión de la literatura

Resumen El desarrollo de oclusión intestinal después de la cirugía abdominal superior e inferior es parte de la vida cotidiana de cada cirujano. Existen pocos estudios de calidad que permiten una apreciación de la frecuencia de la oclusión intestinal postoperatoria. Las adherencias postoperatorias son causa de una considerable morbilidad y su prevención se puede considerar un problema de salud pública. En México, no hay ninguna recomendación validada (que en relación al trato gentil a los tejidos, por lo obvio no se menciona) sobre la prevención de las adherencias ni, más en particular, en relación con el uso de una variedad de productos comerciales antiadhesión que han sido comercializados durante al menos una década.

Las adherencias intraperitoneales se desarrollan entre las superficies sin peritoneo de los órganos abdominales, mesenterios, y la pared abdominal; el sitio más común de formación de adherencias es entre el epiplón mayor, y la pared abdominal anterior. A pesar de la frecuencia de adherencias y sus consecuencias directas e indirectas, solo hay una recomendación publicada (a partir de la literatura ginecológica), en relación con la prevención de adherencias peritoneales. Respecto a la cirugía colorrectal se realizan más de 250,000 resecciones colorrectales anualmente en los Estados Unidos, y del 24 a 35% de ellos desarrollarán una complicación. La carga clínica y económica de estas complicaciones es enorme, y las cirugías colorrectales se han puesto de relieve específicamente como un punto de morbilidad quirúrgica potencialmente prevenibles.

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Definition

Adherences account for 75% of the intestinal obstruction causes, as well as chronic pelvic pain and infertility in women with previous abdominal surgery. According to estimates, in the United States every year more than 300,000 patients are operated on to treat obstruction of the small intestine, induced by adherences. This produces work incapacity and an increase in the number of hospitalisations derived from this problem, in patients receiving medical treatment as a first measure.

Several agents have been used to prevent adherences, including anti-inflammatory agents, antibiotics, biochemical agents and physical barriers; unfortunately, none of these have been efficient in the prevention of postoperative adherences.

Intra-peritoneal adherences are defined as any congenital or post-traumatic scars occurring between two adjacent peritoneal surfaces that are normally separated. After surgical interventions that cause a peritoneal trauma, tissue from the abnormal scar can develop between the normally

free peritoneal surfaces, leading to the formation of definite adherences.¹

Incidence of postoperative adherences

The frequency of adherences formation after the peritoneal abdominal surgery is difficult to assess, due to the lack of high-level evidence studies in this area.

Frequency of postoperative adherences after superior abdominal surgery

Based on the available data, peritoneal adherences develop in 93–100% of the cases after a laparotomy for superior abdominal surgery in adults.^{2,3} The laparoscopic approach seems to diminish risk in 45%.⁴ The frequency of surgical re-intervention for symptoms related to adhesion varies based on the initial procedure time, but in all cases remains below 10% in adult patients between 6.4 and 10%.⁵⁻⁸

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