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## ORIGINAL ARTICLE

# Abdominal re-operations: Prevalence in elective and emergency surgery<sup>☆</sup>

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### KEYWORDS

Laparotomy;  
Postoperative  
complications;  
Re-operation

### Abstract

**Background:** The word "re-laparotomy" defines the surgical procedure in which the abdominal cavity is re-explored to resolve the complications of the disease or initial surgery.

**Objective:** To determine the prevalence of abdominal re-operations in patients undergoing elective and emergency surgery in the General Hospital of Matamoros.

**Material and methods:** A retrospective, observational, longitudinal study was conducted by reviewing the medical records of patients with a re-operation from January 2014 to January 2015, statistically analysing the variables: age, sex, type of surgery, complications, and postoperative course.

**Results:** A total of 21 re-operated patients were found, the majority of whom were women (52.38%). The cases were more common in ages between 70 and 79 years old, in both sexes. Almost two-thirds (61.91%) of re-operations were after an emergency surgery. The residual abscess (23.8%) and evisceration (23.8%) were the most frequent indications for re-intervention. There were postoperative complications in 23.8%, with wound dehiscence (60%) being the most frequent. There was an 85.6% survival rate after the re-intervention.

**Conclusions:** The study showed a low incidence of re-interventions and a low mortality. There is evidence of major occurrence of abdominal re-interventions in advanced ages, in female patients, and emergency surgery.

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**PALABRAS CLAVE**

Laparotomía;  
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postoperatoria;  
Reoperación

**Reintervenciones abdominales: prevalencia en cirugías electivas y urgencias****Resumen**

*Antecedentes:* El término «relaparotomía» define el procedimiento quirúrgico en el cual la cavidad abdominal es reexplorada, con el objetivo de resolver las complicaciones de la enfermedad o cirugía inicial.

*Objetivo:* Determinar la prevalencia de reintervenciones abdominales en pacientes intervenidos mediante cirugías electivas y de urgencia en el Hospital General de Matamoros.

*Material y métodos:* Se realizó un estudio retrospectivo, observacional y longitudinal, revisando los expedientes clínicos de pacientes reintervenidos de enero de 2014 a enero de 2015, analizando estadísticamente las variables: edad, sexo, tipo de cirugía, complicaciones y evolución postoperatoria.

*Resultados:* La población fue de 21 pacientes reintervenidos; la mayoría mujeres (52.38%), El grupo de edad con mayor número de reintervención fue el de los 70-79 años. El 61.91% fueron reintervenidos después de una cirugía de urgencia. La colección intraabdominal (23.8%) y la evisceración (23.8%) fueron las indicaciones para las reintervenciones más frecuentes. El 23.8% presentaron complicaciones postoperatorias; la más frecuente fue la dehiscencia de herida con un 60%. El 85.6% sobrevivió a la reintervención.

*Conclusiones:* Se revela un porcentaje de reintervenciones y una mortalidad baja. Se observa mayor frecuencia en las reintervenciones abdominales en edades avanzadas, en el sexo femenino y en cirugías de urgencia.

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**Background**

The term “relaparotomy” defines the surgical procedure in which the abdominal cavity is re-explored in order to resolve complications of initial disease or surgery.<sup>1</sup> This is a laparotomy performed in a patient who has been operated previously and has presented with a complication in the first 2 months postoperatively.<sup>2</sup> Relaparotomies are performed for different reasons in surgery of the digestive system, both emergency and elective, as a consequence of complications.<sup>3</sup>

Abdominal reoperation usually follows a surgical procedure that might not have been satisfactory or when a problem is detected that could not be resolved initially because of the patient’s haemodynamic or ventilatory condition<sup>4</sup> or postsurgical complications due to intrinsic or extrinsic factors, such as: haemorrhage, infection, malnutrition or even shortcomings of the surgical technique itself.<sup>5</sup>

Abdominal reoperations are divided into 2 categories: emergency and scheduled. Emergency reoperations are performed immediately in the first 24 h post-operatively; early reoperations take place during the same hospital stay and, less often, late reoperations are performed when the patient has already left hospital. They are due to foreseeable complications according to the patient’s disease and the surgery performed, or they are unforeseeable, in patients who were expected to have satisfactory outcomes.<sup>6</sup>

There have been increasing numbers of publications over the past 30 years on abdominal reoperation, under different surgical circumstances and after various procedures. At the beginning of the 80s, the strategy of damage control surgery for trauma<sup>7</sup> came into existence and common practice,

with its implicit need to re-open the peritoneal cavity, which resulted in an increased frequency of relaparotomies. However, it was in the 90s that the strategy became popular when the results of the large series started a decade earlier were published.<sup>8-10</sup>

Despite the technological advances enabling strict monitoring of patients’ haemodynamic, ventilatory and nutritional variables, the morbidity and mortality of abdominal reoperations remains high.<sup>4</sup> In the economically productive age group, it causes hospitalisation days, greater absenteeism from work and increased medical input costs for both patients and institutions. Hence the need to generate knowledge for the application of measures to optimise resources and promote better quality of care.<sup>5</sup>

There are few publications that refer to surgical reoperations in abdominal surgery, despite the problems in diagnosis and the indication for surgery in patients who have been operated previously.<sup>2</sup>

**Material and methods**

A retrospective, observational and longitudinal study was undertaken, with a review of clinical case records from 1 January 2014 to 1 January 2015 in the *Hospital General Dr. Alfredo Pumarejo Lafaurie* in the city of H. Matamoros (Tamaulipas).

We analysed the clinical case reports obtained from the outpatients’ archive of all the patients who underwent abdominal surgery in the General Surgery Department and who required abdominal reoperation. Clinical records were selected that contained the surgical datasheets and clinical

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