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The extra time needed to divide adhesions caused by previous surgery

The epidemiology, workload and cost of postoperative adhesion-related problems have been well documented. However, only limited amount of data has been published regarding difficulties encountered when re-entering the abdomen. The aim of this study was to evaluate accurately the time needed to divide postoperative adhesions and peroperative complications related to adhesions in a general surgical practice including both open and laparoscopic colorectal procedures.

A consecutive series of 111 patients scheduled for elective colorectal surgery and who had had prior abdominal or pelvic surgery were included in the study. Information regarding patient demographics, previous surgery, time taken to divide relevant adhesions during the operation and adhesiolysis-related complications were prospectively collected. In laparoscopic operations the extra time needed to fill the abdominal cavity with carbon dioxide and to insert the first trocar was measured as well. The adhesion division time was measured by stopwatch.

Patients had had altogether 189 previous abdominal or pelvic operations. 64 patients had had one, 23 two, 17 three, five patients had had 4 and two patients more than four previous operations. 12 of the previous operations had been performed laparoscopically. The mean and median time to divide adhesions were in open operations 20.9 min and 11.0 min, respectively. The corresponding times for laparoscopic operations were 9.1 and 3.6 min. The mean extra time needed for first trocar insertion was 1.0 min (range 0-8). There were two conversions due to adhesions, one inadvertent enterotomy and two serosal lesions requiring suturation.

The adhesions induced by previous surgery result in markedly increased surgery time, need for conversions to open surgery and peroperative complications. The incidence of serious peroperative complications is relatively low. The laparoscopic surgery in patients with previous abdominal operations is safe.