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Topic : Adhesion Prevention

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Attitudes and strategies for adhesion prevention in Sweden – A survey

Peritoneal adhesions is a long recognized clinical problem. Today it is generally accepted that minimally traumatic surgical technique leads to less adhesions. Adhesions cannot be avoided sufficiently using atraumatic methods alone. Additional adjuncts are needed. Today, several medical devices for adhesion control are available. They do not seem to have reached widespread use among general surgeons. To investigate the attitudes to adhesion prevention, and strategies adopted amongst surgeons to deal with adhesion formation, a survey was sent out to general surgeons practising in both university hospitals and county council hospitals.

An enquiry including 10 multiple-choice questions concerning attitudes to, and strategies for adhesion prevention was sent out to 300 experienced mainly colorectal and upper gastrointestinal tract surgeons in Sweden. 81,2% was specialists since more than 10 years. esMaker© was used to prepare the questionnaire and to analyse the results of the enquiry.

The response rate was 52%. 37% sometimes and 60% never use adhesion reducing agents. 15% consider their use when a second laparotomy is planned, 22% in operations where adhesiolysis is needed. 14% doesn't have any strategies and 39% never even consider their use. For 23% the reason is lack of knowledge about the products and for 40% lack of evidence in favour of their use. Half of the surgeons wants a 25-50% adhesion reduction to consider it worth while using an adhesion reducing agent. Another third would like a 50-75% reduction. Preferably, they would also like evidence that the product reduces bowel obstruction and female infertility.

Many surgeons never use adhesion reducing agents, because they find there is a lack of evidence of their efficacy, and because they simply don't have strategies for adhesion control. There are products available that meets the majority of the surgeons' demands when it comes to adhesion reducing effect, each with limitations. The question is if it is justified to completely avoid their use, in the light of the cost and clinical burden adhesion formation constitutes. There is a need for studies with clinical endpoints such as effect on SBO, but also education about the products available for adhesion reduction.