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Research Article

FREQUENCY OF POST OPERATIVE MORTALITY AFTER EMERGENCY LAPAROTOMY AT TEACHING HOSPITAL

¹Dr. Ahmed Ali Danish, ²Dr. Abdul Salam Memon, ²Dr. Arshad Hussain Abro,
³Dr. Hamid Nawaz Ali Memon, ¹Dr. Samar Raza and ^{*2}Muhammad Jan Khetran
¹Liaquat University Hospital Hyderabad / Jamshoro, ²Liaquat University of Medical and Health
Sciences (LUMHS) Jamshoro, ³Zulekha Hospital Dubai United Arab Emirates

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Abstract:

Objective: To determine the frequency of post operative mortality after emergency laparotomy at teaching hospital.

Patients And Methods: A total of fifty patients underwent for surgery were included in this study. Patients were interrogated in detail regarding their particulars, presenting complaints, past history, treatment received, any previous surgery done etc. Patients were resuscitated by IV fluid, antibiotic and supportive treatments. Diagnostic investigations like X- ray abdomen, USG abdomen were done; other essential investigations like hemoglobin, TLC, DLC, blood sugar, LFT, blood urea, serum creatinine etc were done. Patients were regularly monitored and Post complications were recorded based on investigative and clinical findings. Patients were treated accordingly. Mortality was recorded and incidence was calculated whereas the frequency / percentages (%) and means \pm SD computed for study variables.

Results: During six month study period total fifty patients who underwent emergency laparotomy were explored and study. The mean \pm SD for age of population was 54.72 ± 6.93 respectively. Regarding gender male 32 (64%), female 18 (36%) and diagnosis Ileal perforation peritonitis 11 (22%), appendicular perforation 12 (24%) and abdominal tuberculosis 09 (18%) while complications observed as gastrointestinal 10 (20%), Renal 13 (26%) and Pulmonary 09 (18%) and mortality was identified as 08 (16%).

Conclusion: The effective result of a laparotomy depends of patients factors, pre operative biochemical parameters.

KeyWords: Mortality and Emergency laparotomy.

Corresponding author:

***Dr. Muhammad Jan Khetran,**

Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro.

Email: zulfikar229@hotmail.com

QR code



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INTRODUCTION:

The term 'emergency laparotomy' depicts an exploratory method for which the clinical introduction, hidden pathology, anatomical site of medical procedure, and perioperative administration shift impressively [1]. The absolute number of surgeries that can be coded inside this crisis laparotomy populace surpasses 400 mirroring the different idea of this careful cohort [2]. The variety in careful pathology, combined with the constrained timeframe in which to streamline co-morbidities, is probably going to contribute fundamentally to postoperative dismalness and mortality [3]. Khuri and associates found that the greater part of the most grounded indicators of mortality following real medical procedure were postoperative inconveniences and that the event of any complexity was a more significant indicator than any pre-or intra-employable factor [4]. To make propels in consideration, there is a need first for a strong comprehension of the nature, type and rate of postoperative inconveniences in this high-hazard patient gathering.

PATIENT AND METHODS:

A total of fifty patients underwent for surgery were included in this study. Patients were interrogated in detail regarding their particulars, presenting complaints, past history, treatment received, any previous surgery done etc. Patients were resuscitated by IV fluid, antibiotic and supportive treatments. Diagnostic investigations like X- ray abdomen, USG abdomen were done; other essential investigations like hemoglobin, TLC, DLC, blood sugar, LFT, blood urea, serum creatinine etc were done. Patients were regularly monitored and Post complications were recorded based on investigative and clinical findings. Patients were treated accordingly. Mortality was recorded and incidence was calculated. The data was collected on pre-designed proforma and analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During six month study period total fifty patients who underwent emergency laparotomy were explored and study. The mean \pm SD for age (yrs) of population was 54.72 ± 6.93 . The demographical and clinical profile of study population is presented in Table 1.

TABLE 1: The Demographical And Clinical Profile Of Study Population

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
20-29	05	10
30-39	08	16
40-49	19	38
50-59	13	26
60+	05	10
GENDER		
Male	32	64
Female	18	36
RESIDENCE		
Urban	30	60
Rural	20	40
DIAGNOSIS		
Peptic perforation peritonitis	07	14
Ileal perforation peritonitis	11	22
Trauma	06	12
Abdominal Tuberculosis	09	18
Appendicular perforation	12	24
Miscellaneous	05	10
COMPLICATIONS		
Gastrointestinal	10	20
Renal	13	26
Cardiovascular	08	16
Pulmonary	09	18
Local complications	10	20
MORTALITY		
Yes	08	16
No	42	84

DISCUSSION:

By and large mortality saw in our study was 16% with male and female as 10% and 6% which can be comparative by the UK Emergency Laparotomy Network (ELN) [5]. For the older (≥ 70 years), 30-day mortality was 33.3% (24.4% in the ELN), affirming the discoveries of past study that these patients 'peri-operative mortality hazard is among the most noteworthy of any careful gathering [6]. Clarke An et al [7] announced that mortality after emergency laparotomy was high, and exceptionally high in patients over 80 years old. The greatest mortality usually happened among the patients of intestinal obstruction. It was seen that in impediment cases because of volvulus or bond, after the derotation of the gut or discharging of the band, there is sudden absorption of toxins and these patients usually die in the early post-operative period due to toxemia and lung complications. Vivekanand KH, et al [8] reported as the patient's age increases the mortality also increases.

CONCLUSION:

The effective result of a laparotomy depends of patient's factors, pre-operative biochemical parameters. A few elements are possibly modifiable; brief intercession and rectification of those elements can fundamentally decrease complications following laparotomy.

REFERENCES:

1. Saunders D, Murray D, Pichel AC, Varley S, Peden CJ, members of the UK Emergency Laparotomy Network. Variations in mortality after emergency laparotomy: the first report of the UK Emergency Laparotomy Network. *British journal of anaesthesia*. 2012 Jun 22;109(3):368-75.
2. Clarke A, Murdoch H, Thomas MJ, Cook TM, Peden CJ. Mortality and postoperative care after emergency laparotomy. *European Journal of Anaesthesiology (EJA)*. 2011 Jan 1;28(1):16-9.
3. Vester-Andersen M, Lundstrøm LH, Møller MH, Waldau T, Rosenberg J, Møller AM, Danish Anaesthesia Database. Mortality and postoperative care pathways after emergency gastrointestinal surgery in 2904 patients: a population-based cohort study. *British journal of anaesthesia*. 2014 Feb 10;112(5):860-70.
4. Khuri SF, Henderson WG, DePalma RG, Mosca C, Healey NA, Kumbhani DJ. Participants in the VA National Surgical Quality Improvement Program. Determinants of long-term survival after major surgery and the adverse effect of postoperative complications. *Annals of Surgery* 2005;24: 326-43
5. Clarke A, Murdoch H, Thomas MJ, Cook TM, Peden CJ. Mortality and postoperative care after emergency laparotomy. *European Journal of Anaesthesiology* 2011;28:16-9
6. Ford PN, Thomas I, Cook TM, Whitley E, Peden CJ. Determinants of outcome in critically ill octogenarians after surgery: an observational study. *British Journal of Anaesthesia* 2007; 99: 824-9.
7. Clarke A, Murdoch H, Thomas MJ, Cook TM, Peden CJ. Mortality and postoperative care after emergency laparotomy. *Eur J Anaesthesiol*. 2011 Jan; 28(1):16-9.
8. Vivekanand KH, et al. Clinical Outcome of Emergency Laparotomy: Our Experience at tertiary care centre (A case series) *International Journal of Biomedical and Advance Research* 2015; 6(10): 709-714.