

Early X-ray Diagnosis Post-operative Peritonitis

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ABSTRACT

The author proposes a simple method for early diagnosis of operating peritonitis, based on physiological abilities of the gastrointestinal tract to rebuild peristalsis on the second day after the operation, if the abdomen is not peritonitis. If this complication beginning to emerge, peristalsis is absent. After the operation, the monitoring function of the bowel is achieved by introducing during the operation in the lumen of the duodenum contrasting labels as gauze ball size 1 x 1 cm, stitched 3-4 Staples, which are used for mechanical gastro-intestinal stitch. Then superimposed a gastro-intestinal anastomosis. On postoperative day 2 reviews is performed abdominal radiography. If the patient began to develop peritonitis, the label does not leave the duodenum and must take action to save the patient's life. If peritonitis has no, the label moves into the small intestine.

Key words: Contrasting the label review radiography, peristalsis, peritonitis

INTRODUCTION

Diagnosis of post-operative peritonitis is one of the most difficult activities in emergency abdominal surgery.^[1,2] The fact of the matter is that the leading symptom of this disease, namely the presence of intestinal peristalsis, is inhibited during injury of the nervous apparatus of abdominal organs and tissues.^[3,4] For this reason, the development of peritonitis occurs gradually, i.e., malosimptomno. without the normal development of its clinical symptoms-symptoms of irritation of the peritoneum, the tension in the muscles of the anterior abdominal wall, the emergence or reinforcement of abdominal pain. Appearing the same abdominal effusion accumulates in the pelvic cavity and into the flanks and abdomen, and identify it with ultrasound and radiography review cannot [1,8]. Emerging abdominal effusion accumulates in the pelvic cavity and into the flanks and abdomen and identifies it with ultrasound and radiography review cannot.^[5,6]

Usually, the situation clears up when you see free liquid between the intestinal loops, but this symptom appears on 4–5 days, i.e., too late.^[7,8] Given this fact, surgeons began to look for an early way of staging this type of peritonitis and stopped on the definition of intra-abdominal pressure rises due to the absence of the patient of intestinal peristalsis.^[9,10,11] For this purpose, usually bladder cavity is used.^[1] We have developed a method for visually determining the presence or absence of peristalsis of the bowel. It was used in patients who have an operation was performed with the intention sshivaemyh injured tissues, that is a threat to the development of insolvency seams anastomosis.^[10] The technique was described in the monograph “treatment of acute peritonitis,” which was published in the year 2004. However, so far, it has found no proper application in the clinic.

MATERIALS AND METHODS

The above method has been applied 15 patients who carried out surgery on gastroduodenal zone affected pronounced ulcerative

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process. All operation was performed by a technique of Billroth I. Age of patients was from 44 to 63 years. All were men.

Technique

Before the formation of gastro-intestinal anastomosis in the lumen of the duodenum introduced contrast label that represented themselves, gauze ball 1.0 cm × 1.0 cm, stitched 3–4 Staples, which apply to mechanical joint. After the introduction of tags, the wounds of the stomach and duodenum certainty among themselves using precision seam. Within 1 day after surgery for patients was carried out routine surveillance.

The results of the research

Post-operative abdominal radiography review on 2 days after surgery was performed at four patients, 2 of them because of clinical interest (with their consent) and 2 on suspicion the development of peritonitis. The study showed that all four patients' tags migrated from the duodenum into the small intestine. The post-operative course of all 15 patients had no complications.

CONCLUSIONS

Monitoring method described for bowel function, post-production, and operation is very simple in execution but allows identifying the development of peritonitis. When doubts as superimposed gastrointestinal anastomosis, it can recommend surgical practice for early post-operative peritonitis recognition.

The relevance of the research described, linked to the search for ways of early diagnosis of postoperative peritonitis.

The aim of the research is the study of diagnostic Possibilities of how suboperacionnoj implantation Into the lumen of the duodenum accent marks, which must be or move into the small intestine for 2 days after the operation (due to resumption of peristalsis intestine), or remain in place when it Absence, what happens when the development of peritonitis.

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