Emergency Laparoscopic Surgery

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Classification of Emergency Surgery.

- CEPOD definition
- Planned
- Unplanned
- Most types of elective surgery can present as an emergency

Perforated Duodenal Ulcer

- Types of surgery
  - Suction and irrigation
  - Omental patch
  - Tissue glue
- Patient position

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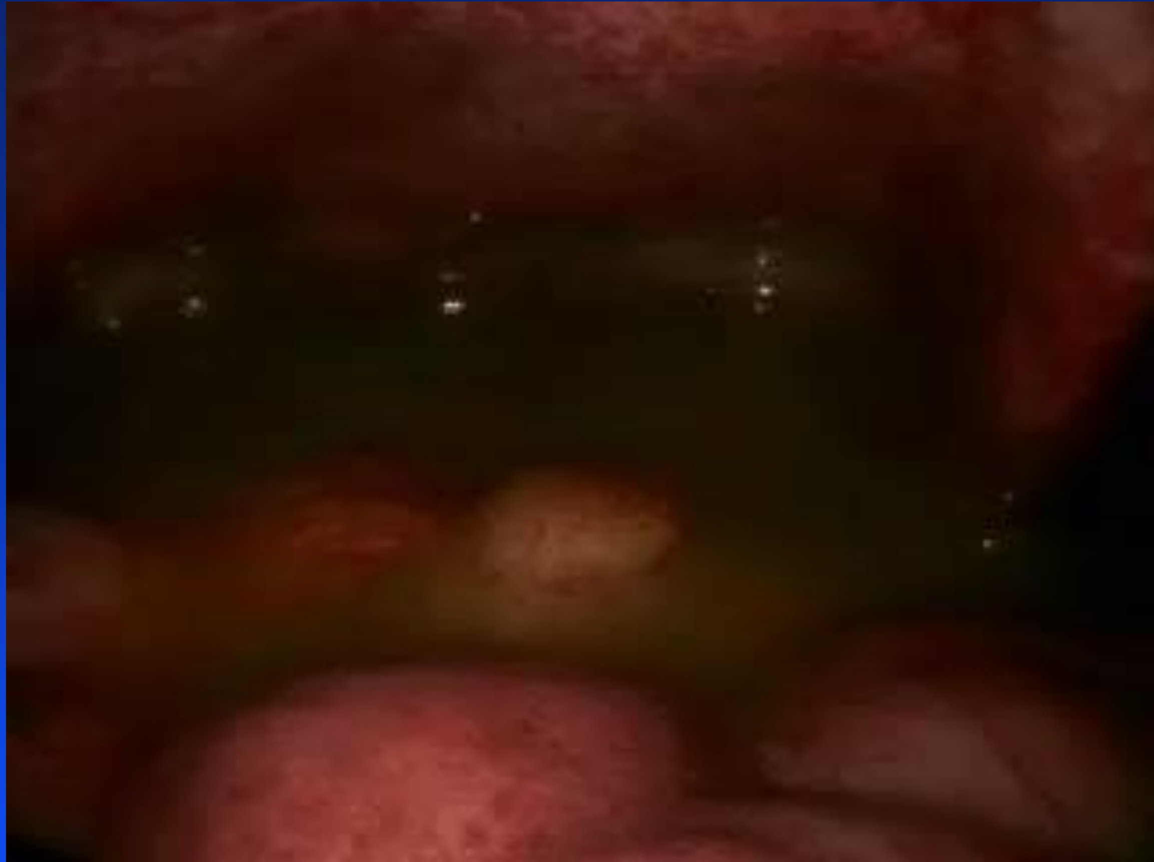

Acute Cholecystitis

- Gangrenous gallbladder
- Partial cholecystectomy
- Operate in first 24-48hrs
  - Otherwise leave for 6 weeks

Stones in common Bile Duct

- Not always an emergency
  - Jaundice
- ERCP
  - Pancreatitis
  - Need to have cholecystectomy

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Incarcerated Hernia

- Incisionial
- Inguinal
- Femoral
- Additional complication of small bowel resection

Crohn's Disease

- Lap ileo caec caecal resection
- Stricturoplasty
- Resection after previous laparotomy

Ulcerative Colitis

- Subtotal colectomy ileorectal anastomosis, probable loop ileostomy if done under emergency circumstances.
- Subtotal colectomy, end ileostomy.
  - Place rectal stump under abdo incision
  - Return for an elective restorative procedure.

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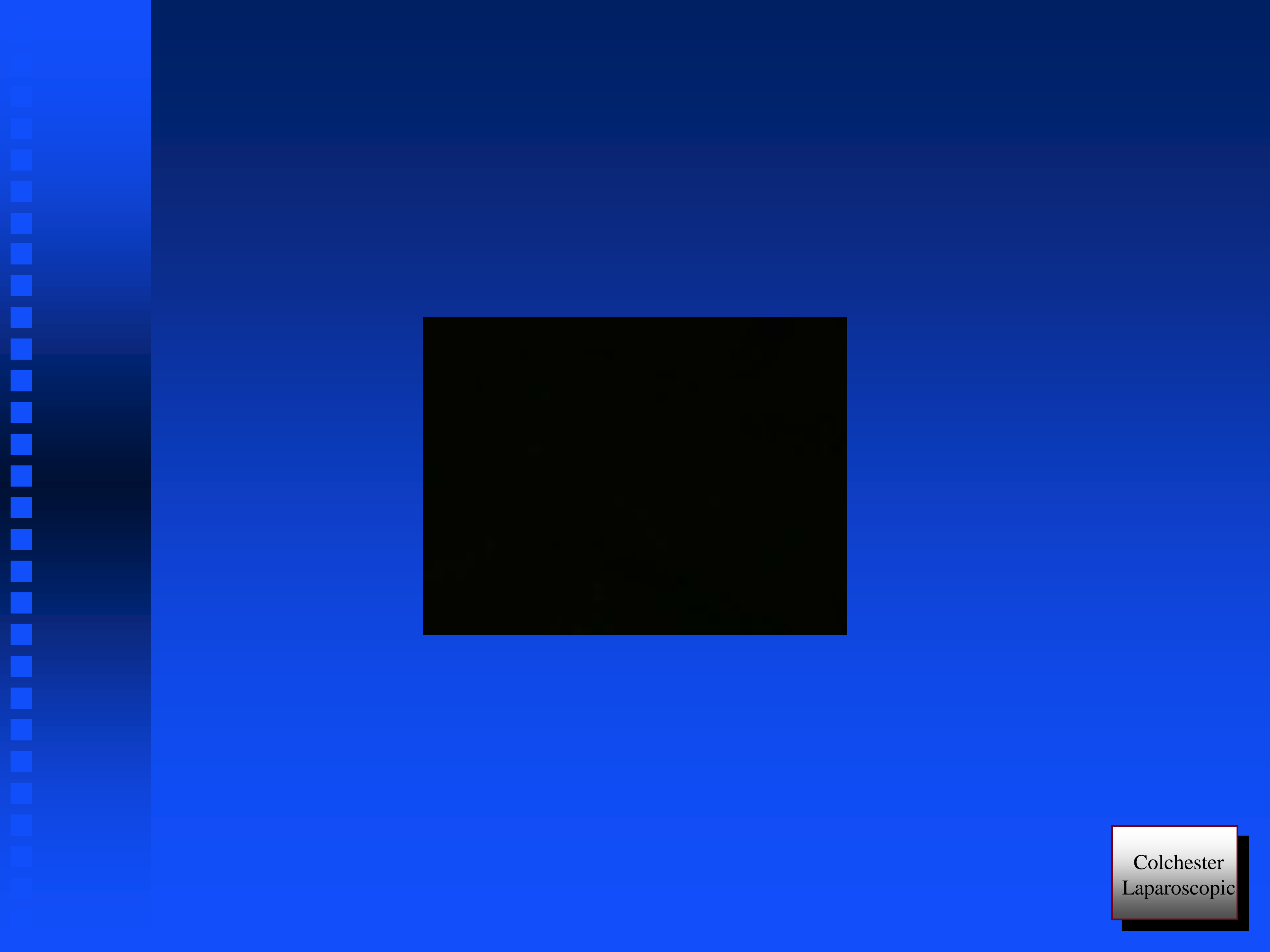
Diverticular Disease

- Perforated sigmoid colon
  - Sigmoid colectomy end to end anastomosis
- Obstruction due to stenosis of colon
- Sometimes difficult to differentiate between diverticular disease and carcinoma, although if perforated poor prognosis.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Carcinoma of Colon

- Any carcinoma can cause obstruction
  - Dependant on amount of dilated bowel as to success of a laparoscopic procedure.
- Resection not always operation of choice
  - Formation of stoma and chemo/radiotherapy and perform resection at a later date.

Small Bowel Obstruction

- Dependant on how much dilated bowel.
- Not easy to visualise pathology, may miss something
- Good for band adhesion, but may be difficult to locate
- Obstruction due to foreign body

Anaesthetic Considerations

- Culture of needs an "open operation".
- Not fit for a laparoscopic procedure.
- Informed consent: often no provision for formal preadmission.
- Immune response directly correlated to the size of the incision.

Pneumoperitoneum, CO_2 Absorption

- Patient position
  - ↑ venous return & CVP
- Introduction CO_2
  - hypercarbia
- Increased intra abdominal pressure.
  - Affects all systems

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Post Operative Considerations

- **PONV**; IV fluids, ondansetron & dexamethasone.
- Shoulder tip pain / abdominal pain.
  - Diclofenac
  - Codydramol

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Enhanced Recovery Programme

- Adopt the same principles as for electives, if it isn't tolerated by patient revert to "old fashioned principles".
- No more 30mls per hour

Any Questions?

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