Surgical Complications

Reducing the risks of complication

- Good pre-operative evaluation
- Optimizing the general condition of patients
- Medical issues
- Nutritional issues (malnutrition, obesity)
- Minimizing preoperative hospital stay
- Good surgical technique
- Early mobilization

Complications

- What operation did the patient have?
- What are the most common complications of this operation?
- What is most life-threatening?
- What co-morbidities does the patient have?

Overview

- Post op care has 3 phases
  - Immediate post op care (Recovery phase)
  - Care in the ward before discharging from the hospital
  - Continued care after discharge from the hospital

Classification

- Wound
- Thermal regulation
- Postoperative fever
- Pulmonary
- Cardiac
- Gastrointestinal
- Metabolic
- Neurological

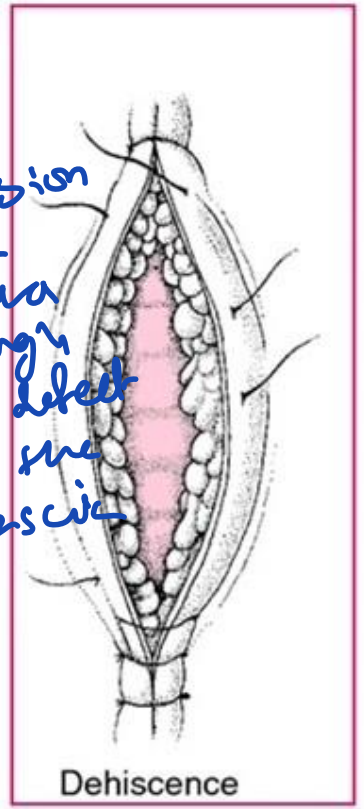
Wound Complications

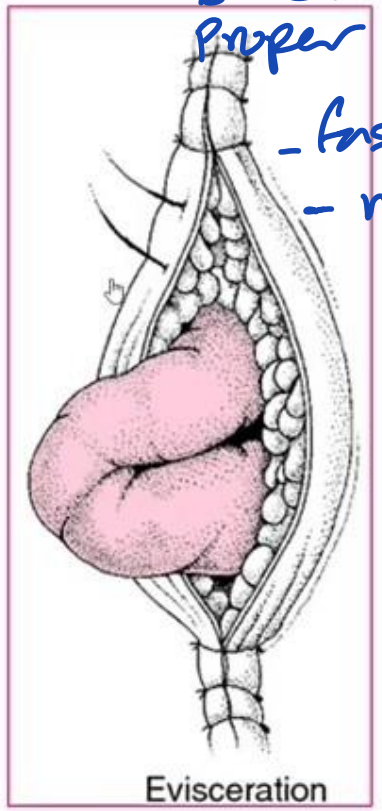
Problem in the closure of the fascia

*Most important 2 layers that should be closed in a proper way →
- fascia
- muscle

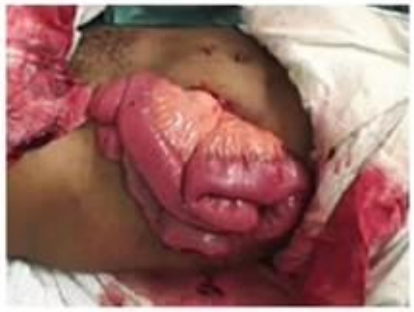
- Dehiscence
- Evisceration
- Seroma
- Hematoma
- Infection
- Incisional Hernia

→ protrusion of the viscera through the defect in the fascia


Dehiscence


Evisceration

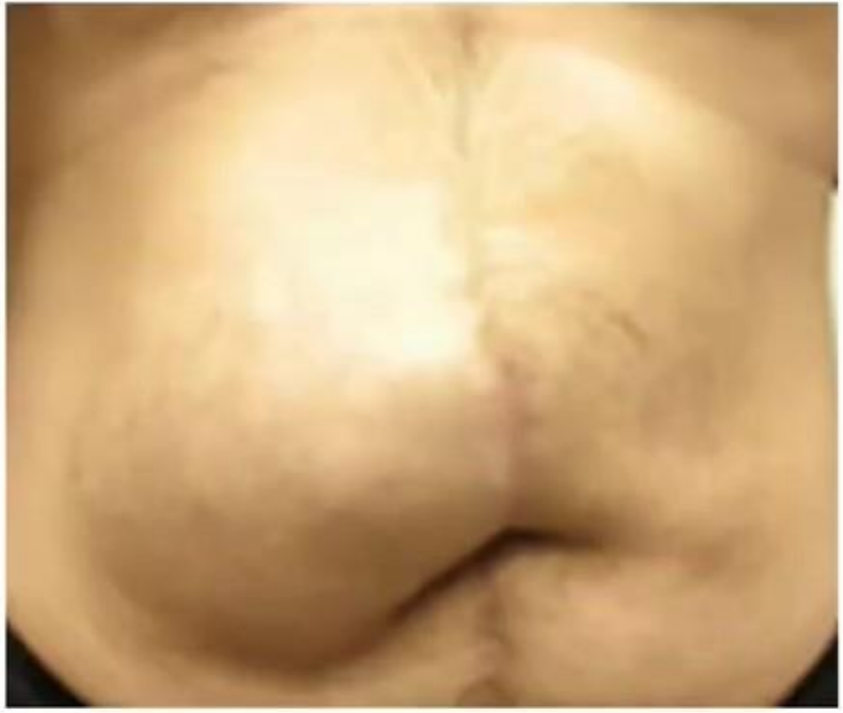
What do you do?



Evisceration

http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRw&url=http://medical-dictionary.thefreedictionary.com/dehiscence&ei=XS-lVeziGMuvggTUo4CICQ&bvm=bv.96339352,d.cWc&psig=AFQjCNEcvCFYmP3NkgXq9up1-_xS2_1j-A&ust=1435074756451535

Seroma



- Collection of liquefied fat, serum and lymphatic fluid under the incision
- Benign
- No erythema or tenderness
- **Associated procedures**: mastectomy, axillary and groin dissection
- Treatment: evacuation, pack, suction drains

Hematoma

- Abnormal collection of blood
- Presentation: discoloration of the wound edges (purple/blue), blood leaking through sutures
- Etiology: imperfect hemostasis

- What is the biggest concern with retained hematoma in the wound?

↑ superficial fascia

Necrotizing Fasciitis

Patient is sick and in pain

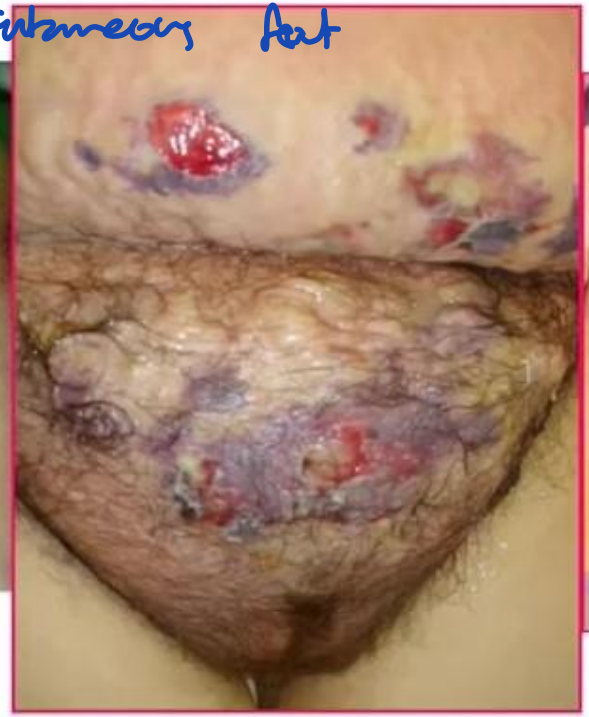
↓

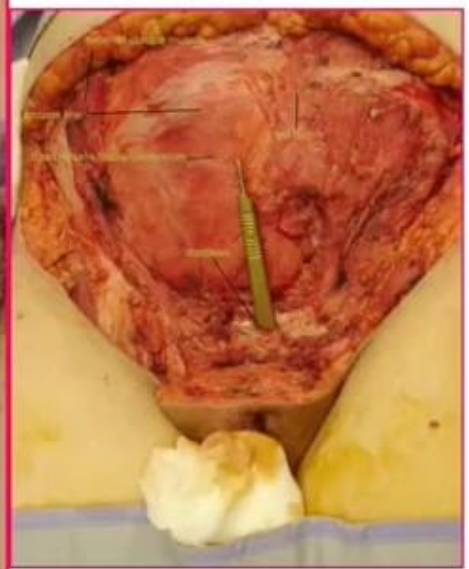
Infection of skin and subcutaneous fat

→ specific type of surgical infection → needs major surgery

* deep fascia is not involved

These large, dark, boil-like blisters are a diagnostic symptom of necrotizing fasciitis (also known as flesh-eating disease).
(Source: EMBBS, 1996)





Wound Infection

- Group A β-hemolytic streptococcal gangrene – following penetrating wounds
- Clostridial myonecrosis – postoperative abdominal wound
- Presentation: sudden onset of pain at the surgical site following abdominal surgery, crepitus → edema, tense skin, bullae = EMERGENCY
- Necrotizing fasciitis – associated with strep, Polymicrobial, associated with DM and PVD (immunocompromised patients)
- Management: aggressive early debridement, IV antibiotics (broad spectrum antibiotic)

Complications of Thermal Regulation

Hypothermia

especially intraoperatively

- Drop in temp by 2° C
- Temp below 35 ° C → coagulopathy, platelet dysfunction

- Risks:

(1) 3x risk increase of cardiac events

(2) 3x risk increase of SSI

(3) increase risk of blood loss and transfusion requirement

Malignant hyperthermia

- Autosomal dominant, rare
- Presentation: fever, tachycardia, rigidity, cyanosis
- Treatment: Dantrolene 1 to 2 mg/kg
  →10 mg/kg total until symptoms subside

Postoperative Fever

- What is the number #1 cause of fever POD #1?

Ventilation of the lung isn't optimal especially peripheral alveoli

- Atelectasis within 24 hours
- Management: IS (incentive spirometry), early ambulation

inflation of the alveoli improving the ventilation in the peripheral alveoli ↓risk of aspiration

- Work-up > 48h:
- H&P
- Blood cultures
- UA/urine culture
- CXR
- Sputum culture
- ...then Treat the Fever

* Whenever the surgery is close to the thoracic cavity higher possibility for atelectasis

- **The 6 W's**
- WIND– pneumonia, atelectasis
- WOUND – infection
- WATER – UTI
- WALKING – DVT, possible PE
- WASTE – Abscess
- **What day do we expect abscesses?**

- WONDER – medications

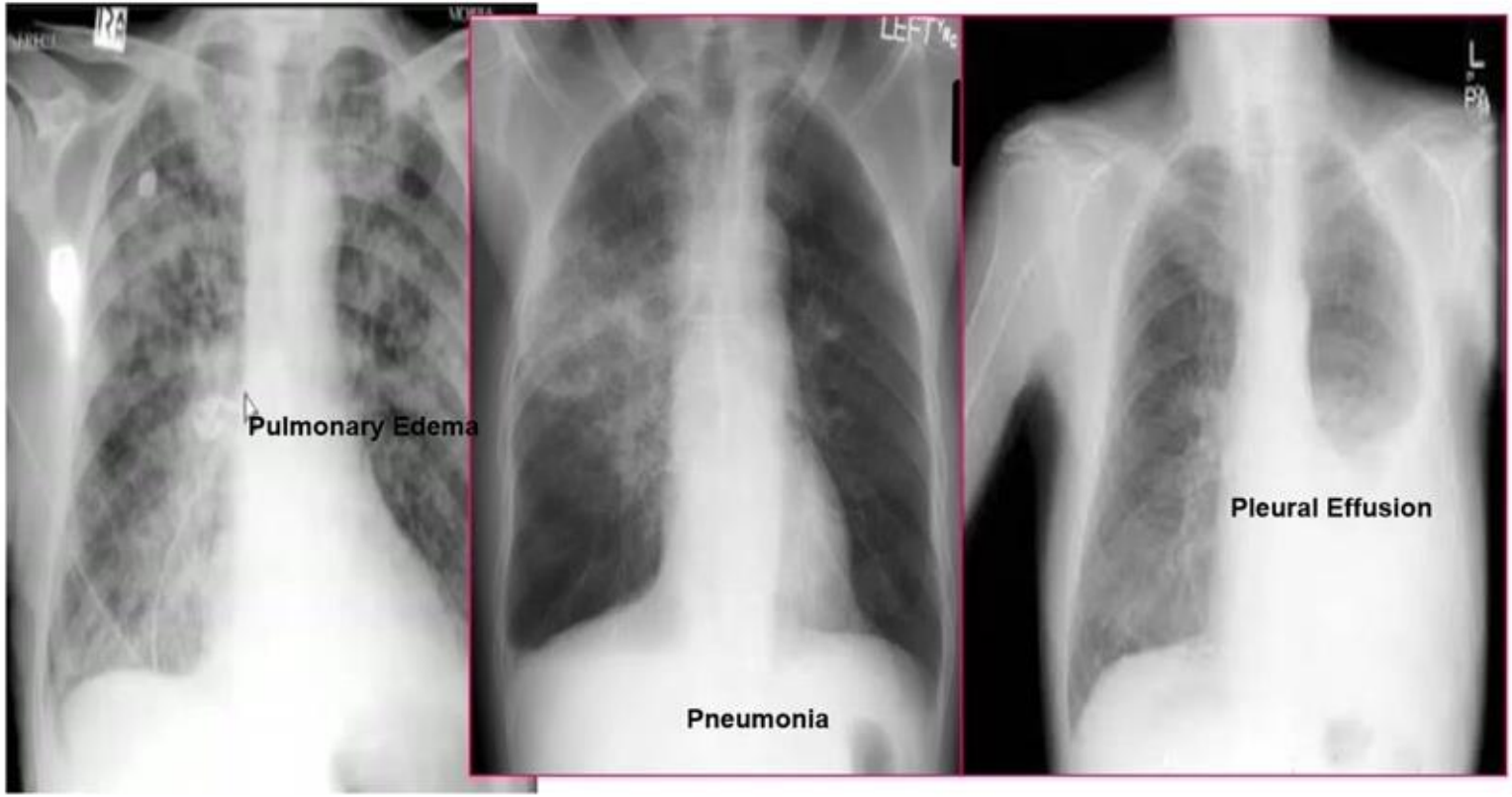
Pulmonary complications

- Atelectasis – peripheral alveolar collapse due to shallow tidal breaths, MC cause of fever within 48h
- Aspiration pneumonitis – only requires 0.3 ml per kilogram of body weight (20 to 25 ml in adults)
- Nosocomial pneumonia
- Pulmonary edema – CHF, ARDS
- Pulmonary embolus – 1/5 are fatal

greatest management = prevention

In acute events especially and they're life-threatening

Chest X-ray



Cardiac Complications

- Hypertension
- Ischemia/Infarction
- Leading cause of death in any surgical patient
- Key to treatment = prevention

- Arrhythmias
- 30 seconds of abnormal cardiac activity
- Key to treatment = correct underlying medical condition, electrolyte replacement (Mg > 2, K > 4)

Renal Complications

- Urinary retention
- Inability to evacuate urine-filled bladder after 6 hours
- 250-300 mL urine → catheterization
- >500 mL trigger foley replacement

- Acute renal failure
- Oliguria < 0.5 cc/kg/hr
- Pre-renal (FeNa < 1)
- Intrinsic (FeNa > 1)
- Post-renal (FeNa > 1)

→ Preventive measure is the best

↓

- Goal of hydration
- enough fluid intake
- prevention of dehydration especially in patients with already renal impairment

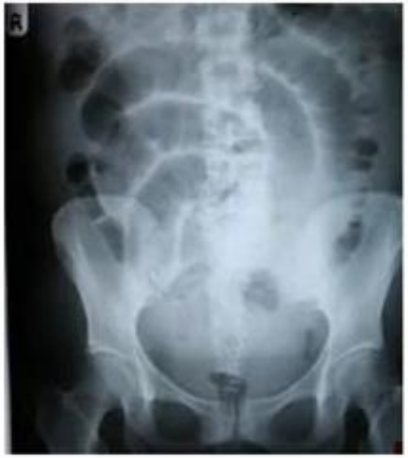
Gastrointestinal Complications

- Postoperative ileus
- GI bleeding
- Pseudomembranous colitis
- Ischemic colitis
- Anastomotic leak
- Enterocutaneous fistula

bowel isn't contraction

Postoperative Ileus

(nausea vomiting)



- Lack of function without evidence of obstruction
- Prolonged by extensive operation/manipulation, SB injury, narcotic use, abscess and pancreatitis
- Must be distinguished from SBO

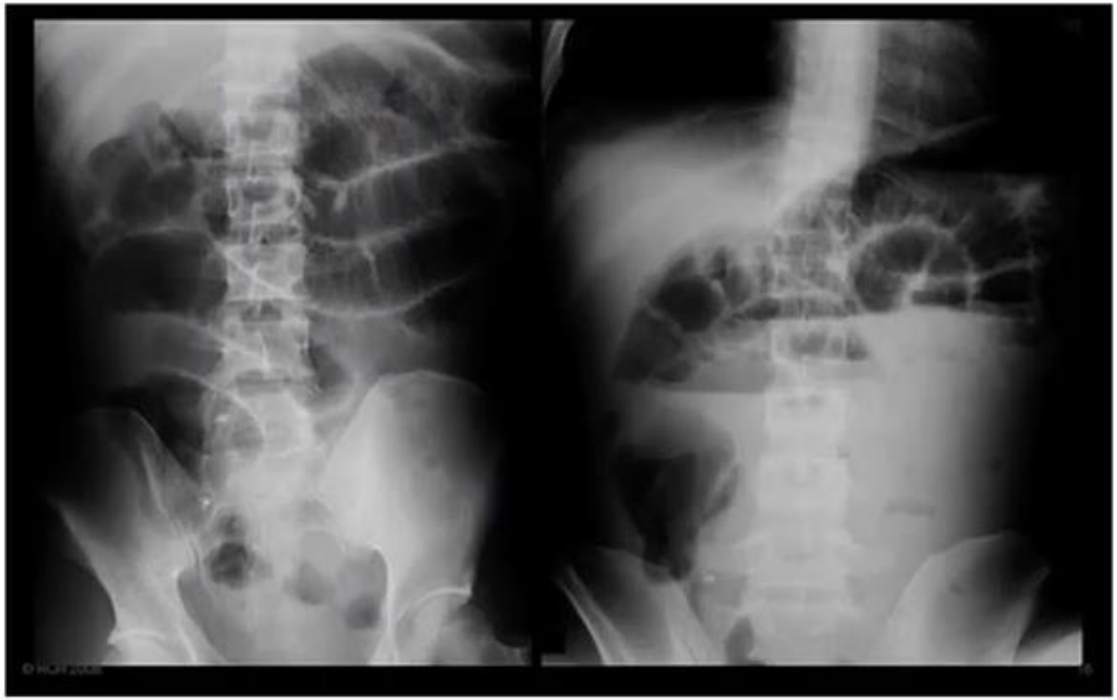
Can happen in both open and laparoscopic surgeries

(↑abdominal surgery, resection, open surgeries)

risk

Small bowel obstruction

↳ main cause : adhesions

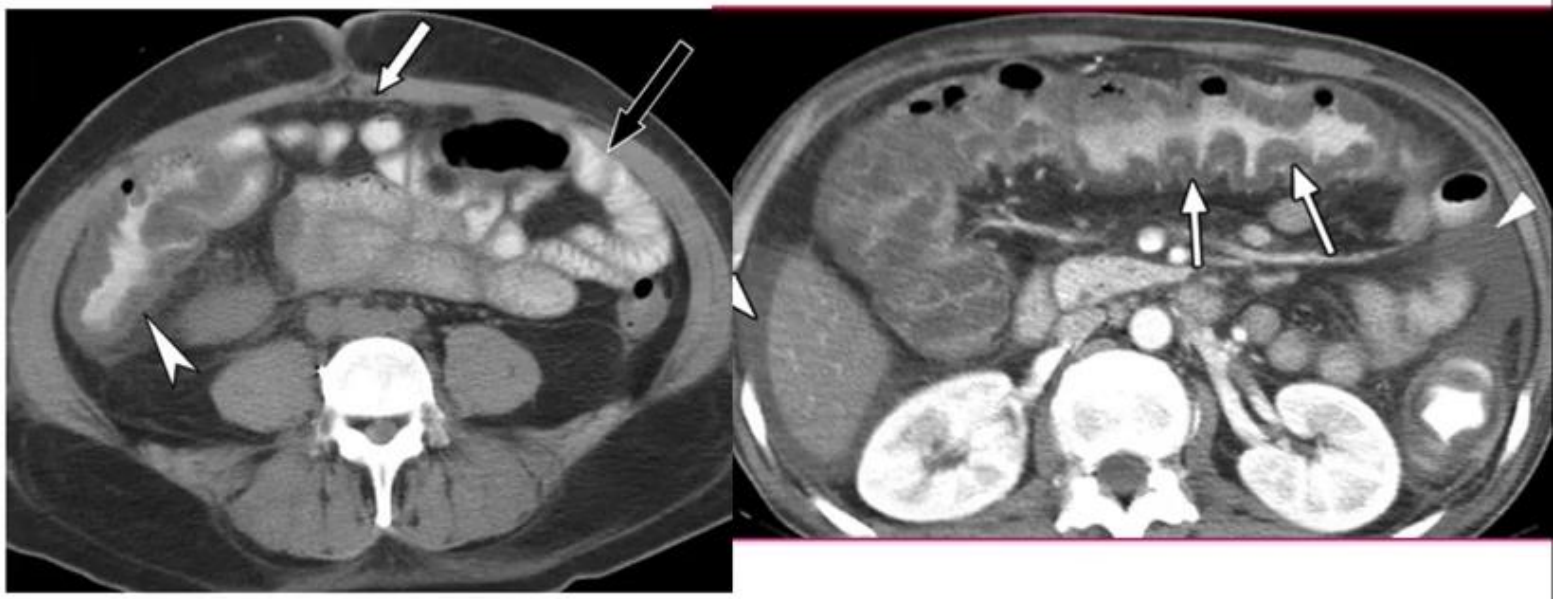


Gastrointestinal complications

- GI Bleeding
- From any source → get detailed history, place NG tube
- Etiology: Cushing's ulcer (less common with PPI use)

- Pseudomembranous colitis
- Superinfection with C difficile due to alteration in normal flora
- Toxic colitis is a surgical EMERGENCY (mortality 20-30%)

C Diff Colitis



Gastrointestinal complications

- Ischemic colitis (atherosclerosis, thromboembolism)
- Bowel affected helps determine cause
- Surgical devascularization, hypercoagulable states, hypovolemia, emboli

- Anastomotic leak — tension of anastomosis; blood supply (most important risk factors)
- POD# ?

- Enterocutaneous fistula
- The most complex and challenging complication

Metabolic complications (less common)

- Adrenal insufficiency
  - Uncommon but potentially lethal
  - Sudden cardiovascular collapse
  - Presentation: hypotension, fever, confusion, abdominal pain
  - Work-up: Stim test with administration of hydrocortisone (baseline cortisol at 30 minutes and 60 minutes)
- Hyper/Hypothyroidism (should be in euthyroid status before surgery)
  - SIADH
  - Continue ADH secretion despite hyponatremia
  - Neurosurgical procedures, trauma stroke, drugs (ACEI, NSAIDs)

Neurologic Complications

- Beware the drugs that you will be subscribing
- Delirium, dementia, psychosis
- Seizure disorders
- Stroke and TIA

→ especially in elderly with mental retardation think of infection hypoxia electrolyte imbalance

Haemorrhage

Immediate:

Inadequate haemostasis , unrecognized damage to blood vessels

Early postoperative:

defective vascular anastomosis , clotting factor deficiency , intraoperative anticoagulants

surgical re-exploring is usually required

Secondary hemorrhage:

Related to infection which erodes blood vessel Several days postoperative

treatment of infection