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ABDOMINAL SURGERY – CAN THERE BE COMPLICATIONS?

Surgeons take extraordinary precautions to prevent any form of complication occurring with all operations. Despite this however there is always a complication rate with any operative procedure. This does not mean that you as a patient having an operative procedure will definitely have a complication – far from it. It is however your right to know that certain problems can occur during an operative procedure and after an operative procedure, which may become evident to your surgeon, may require specific treatment and may delay discharge from hospital or result in some prolongation of treatment after discharge from hospital.

What complications can occur with abdominal surgery?

1. Chest infections.

Patients who smoke are more likely to get chest infections after operation than those who do not, but nobody is immune. The most effective precaution against chest infection is chest physiotherapy and pain relief after the operation so deep breathing can occur. Any signs of chest infection are treated with antibiotics.

2. Intra-abdominal infection (peritonitis).

This complication is one where there is inflammation of the lining of the abdominal cavity (peritoneum) and may be caused by leakage of intestinal or other secretions into the abdominal cavity which can then become infected. If such a complication occurs further surgery may be required to evacuate the material that is in the abdominal cavity and to take steps to ensure that it doesn't recur. Antibiotics are also usually required.

3. Wound infection

When operations are done on the intestine or organs inside the abdominal cavity, organisms or germs may be released which can infect the abdominal wound. Surgeons take special precautions to protect the edges of the wound against contamination and often use preventative antibiotics to reduce the chances of infection. If infection does occur then drainage of the infection may be required, and this can often be done in the ward or occasionally may be necessary in the operating room.

4. **Blood clots** in the legs which may sometimes lodge in the lungs (thrombosis leading to embolus). The tendency for blood to clot in the legs is increased for anybody having an operation or who may be lying in bed for a considerable period. Precautions are taken to thin the blood with small injections called Heparin™ injections, and it is now unusual for there to be problems with blood clots as a result of this treatment.

5. **Other infections or inflammations.**

In the course of post-operative management, often it's necessary to have an intravenous drip or a urinary catheter in the bladder, and sometimes these can lead to inflammation or infection in association with these small tubes, but these are rarely a major problem and can be dealt with quite promptly with removal of the tube and the use of antibiotics.

6. **Bleeding**

After any major procedure, bleeding into the abdominal cavity or from the abdominal wound is possible. This complication is unusual because of the precautions which are taken to ensure proper control of bleeding. Sometimes a certain amount of bleeding in a major procedure is unavoidable and may require blood transfusion. Unexpected bleeding during a procedure or after one, may also require blood transfusion. Uncommonly it may be necessary for a patient to be returned to the operating room for further treatment if bleeding continues at an unacceptable rate. Drainage tubes are often used after an operation to allow a small amount of blood loss to come away and this is closely monitored to determine if the rate of bleeding is acceptable or not.

7. **Confusion after operation.**

Early post-operative confusion particularly for elderly patients is not uncommon. It may also occur for those patients who are used to a moderately large alcohol intake, where for a period of time in the early post-operative period, it is not possible to provide alcohol. This condition can be very worrying for a patient's family, but with appropriate medication and intravenous therapy, rarely leads to any major difficulties and no longterm ill effects.

8. **Post-operative paralysis of the intestine (ileus).**

After abdominal operations, particularly where part of the intestine has been removed, there is usually a period of time where the intestine does not function and this is referred to as an ileus. After a major procedure the intestine may not begin to function again properly for 4 or 5, or even more days. When it does begin to function, the patient may be aware of noises returning to the abdominal cavity and the passing of wind from the bowel. Sometimes an ileus may be prolonged because the surgery has been particularly complicated or sometimes because of the development of an infection or inflammation within the abdominal cavity. With a prolonged ileus, which is quite unusual, formal intravenous feeding referred to as parenteral nutrition, may be required until such time as the intestinal function has been returned to normal.

9. **Post-operative intestinal obstruction.**

In the early post-operative period following an abdominal operation, it is possible that filmy, cobweb like adhesions can develop in the abdominal cavity which may kink the intestine and cause a partial blockage. Most times this will resolve spontaneously, although intravenous fluid

for a few days may be required. In the unlikely event that such a blockage did not resolve, further surgery may be required.

10. Urinary difficulties

Male patients in particular may have some difficulties passing urine after some abdominal operations. But usually this will settle quite spontaneously. Very occasionally prostatic surgery may be necessary to ensure normal passage of urine.

11. Other possible major complications

Complications such as heart attacks and strokes are very unusual in the post-operative period, but may occur. Close observation ensures early detection and treatment of such problems to minimise any adverse effects.

12. Possible longer term complications.

1. Adhesions – sometimes after major abdominal or even minor abdominal surgery, string-like adhesions may occur inside the abdominal cavity which can lead to blockages of the bowel. Operations are sometimes necessary to divide or remove these adhesions or to unblock the bowel.
2. Hernia formation – when there has been a lot of pressure on a healing abdominal wound, which can occur with coughing as a result of a chronic bronchitis or obesity, or even an infection in the wound, then it may be weakened and later lead to a bulge in the scar which may be uncomfortable and unsightly. Surgery can sometimes be required to treat such a hernia.
3. Erratic bowel activity – major bowel operations can sometimes be associated with unpredictable bowel activity in the post-operative period which may last for some months. In certain circumstances this may be permanent, but usually improvement can be expected for one or two years.
4. Sexual function – post-operative interference with sexual function is extremely uncommon, but may occur after treatment of tumours in the very lowest part of the rectum. This condition which is referred to as impotence, which if it occurs is usually temporary, but if permanent, can still be treated.