

Abdominal compartment syndrome

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- Surgeons are increasingly aware of the harmful effect of high - intra-abdominal pressures that can occur in severe intra- abdominal sepsis, such as pancreatitis and also following aortic aneurysm rupture. High pressure leads to reduced blood flow and tissue ischaemia, which contributes to multiorgan failure. Although the abdominal wall has elasticity , if intra-abdominal volume increases as a result of fluid, gas, pus, tissue oedema, etc., the maximal capacity may be reached and pressure rises to a critical level. Intra-abdominal pressure >20 /uni00A0 mmHg, as measured via a catheter in the urinary bladder, is diagnostic and requires intervention to avoid organ failure. Occasionally , such as after surgery for severe intraperito - neal sepsis, there is so much retroperitoneal swelling and/or - oedema of the bowel that the surgeon cannot close the abdo - men. In such cases it is often wise to leave the incision open, cover the abdominal contents with mesh or a saline-soaked dressing and plan to return at a future date to close the defect. This is called a lapar ostomy . Vacuum-assisted dressings assist in managing the large amounts of wound exudate. The patient may require repeated trips to the operating theatre, gaining a little more fascial apposition each time, before the wound can - be finally closed.

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