

# Wound dehiscence

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Wound dehiscence is disruption of any or all of the layers in a wound. Dehiscence may occur in up to 3% of abdominal wounds, increases the risk of postoperative mortality and is very distressing to the patient. Wound dehiscence most commonly occurs from the fifth to the eighth postoperative day when the strength of the wound is at its weakest. It may herald an underlying abscess and usually presents with a serosanguinous discharge. The patient may have felt a popping sensation during straining or coughing. Most patients with a full thickness dehiscence of an abdominal wound will need to return to the operating theatre for resuturing. In patients in whom tissues are suspected to be infected, of poor quality or under excessive tension, it may be appropriate to leave the wound open and treat with dressings or vacuum-assisted closure pumps. Summary box 24.7

Risk factors in wound dehiscence /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

General Malnourishment Sepsis Diabetes Cancer Obesity Treatment with steroids Renal failure Emergency surgery Jaundice Local Inadequate or poor closure of wound or closure of a wound under tension Poor local wound healing, e.g. because of infection, haematoma or seroma Increased intra-abdominal pressure, e.g. in postoperative patients with chronic obstructive airway disease, during excessive coughing

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