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CLOSING THE OPEN ABDOMEN DeCosta A., Gleeson J.W.

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Introduction: The baseline treatment of Abdominal Compartment Syndrome is laparostomy. While this is a life saving procedure, the resulting open abdomen (OA) introduces its own challenges, mainly enteric fistula and complex ventral hernia.

We propose that the incidence of these complications is proportional to the length of time the abdomen remains open. The corollary is that OA wounds should be closed as soon as practicable.

We examine the different models of abdominal wound healing, and how they can be exploited and modified to obtain early closure of the open abdomen.

References

- 1. DeCosta A. Making a virtue of necessity: managing the open abdomen. ANZ. J. Surg. 2006: 76: 356-63.
- Miller PR, Meredith JW, Johnson JC, Chang MC. Prospective evaluation of vacuum-assisted fascial closure after open abdomen: planned ventral hernia rate is substantially reduced. Ann. Surg. 2004; 239: 608-14.
- Barker DE, Kaufman HJ, Smith LA, Ciraulo DL, Richart CL, Burns RP. Vacuum pack technique of temporary abdominal closure: a 7-year experience with 112 patients. J. Trauma 2001; 48: 201-6.

- 4. Losanoff JE, Richman BW, Jones JW. Temporary abdominal coverage and reclosure of the open abdomen: frequently asked questions. J. Am. Coll. Surg. 2002; 195(1): 105-15.
- Scott BG, Feanny MA, Hirshberg A. Early definitive closure of the open abdomen: a quiet revolution. Scand. J. Surg. 2005; 94: 9-15.