

Laparoscopic repair of small bowel perforation.

Sinha R¹, Sharma N, Joshi M.

Author information

1 Department of Surgery, MLB Medical College, Jhansi, India. sinha_rga@yahoo.co.in

Abstract

OBJECTIVES: For years, limiting operative wound sepsis and its resultant morbidity in patients with small bowel perforations has been a major headache for surgeons. The present study was intended to extend the benefits of minimally invasive surgery to traumatic and typhoid small bowel perforations, in terms of assessing its feasibility and limiting wound sepsis.

METHODS: Twenty-five patients (20 with typhoid ileal and 5 with traumatic small bowel perforation) presenting within 96 hours of the catastrophe were included in the study. All were explored laparoscopically, and the perforation repaired by intracorporeal suturing.

RESULTS: Time of operation varied from 45 minutes to 92 minutes. Two patients developed port-site infection. None of the patients developed postoperative fistula, and no mortalities occurred. Postoperative hospital stay was between 7 days and 10 days.

CONCLUSION: Benefits of minimally invasive surgery can be safely and efficaciously extended to select patients with small bowel perforation in terms of limiting sepsis-related wound complications.

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