A COMPREHENSIVE CLINICAL APPROACH FOR PATIENTS REQUIRING A TEMPORARY OPEN ABDOMEN TREATMENT (OA) IN THE ICU

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Objective

We report an intensive-clinical approach in OA-treatments.

Patients-and-methods

28 ICU-admissions (1996-2010): Clean-OA(3), contaminated OA(25). Blunt/penetrating trauma(1), aortic surgery(1), acute pancreatitis(15), primary or secondary peritonitis(11). Age 61±13; SAPS-II median-(IQR) 41(33-49); SOFA median-(IQR) 8(7-9).

Results

The indication for OA was bladder-pressure>20 mmHg. ICU-stay [median-(IQR)]-was 48(35-84) days. About ¼ of the overall1958-ICU-days were in severe-sepsis/septic-shock explaining a long-lasting high-level-of-treatment: 73.6% of days; 19% with vasoactives.

Abdominal-dressing**:** Vacuum-assisted-OA +abdominal revisions/washouts +, in contaminated-cavity (25out-of- 28pts),continuous-lavage (57% ICU-days) with 10-15L/day of isotonic-dialysis-solution (1st-day pancreatitis:35-40L)+iodopovidon-10% (10ml/L fluid) or chloramines (5g/L).

Control-infection: Lavage+antibiotic-treatment. 25% of-days was atb-free according-to procalcitonin plasma-levels.

Gut-management**:** all-patients had NGT, 25 NJT to overcome gastric intolerance and minimize inhalation. Reinfusions of enteric-aspirate was performed in 28% of days.

Artificial-nutrition**:** EN was performed in 48% ICU-days, mixed-nutrition in 42. 68% of days had >20 kcal/kg. Blood-glucose range was 1.20-1.50g/L with 1IU insulin/2-4 g glucose or carbohydrate administered.

Conclusion

A favorable outcome cannot be reached without careful and continuous titrated therapy of the several unbalances in vital functions. Nevertheless, overall mortality remains high. Notably, all our patients surviving the acute intensive phase (17 out of 28) were discharged alive from hospital, even if after a long stay.