



Tell the WSACS why you leave the abdomen open in trauma and acute care surgery



**Dr. Joao Rezende Neto, MD,
PhD, FRCSC, FACS**

*****@***smh.ca

Trauma and Acute Care General
Surgery - St. Michael's Hospital
Toronto, Canada
Associate Professor of Surgery -
University of Toronto

You are being asked to [complete a survey](#) as part of a study about “why we leave the abdomen open in trauma and acute care surgery”. The aim of this survey is to help simplify the utilization of the open abdomen through a pragmatic approach.

Your participation in this study is entirely voluntary. Your name and other identifying information will never be connected to the response you provide.

The Indications to leave the abdomen open at the end of an operation are poorly defined. We reviewed over 100 publications, from experts in the field, and found multiple reasons to leave the abdomen open in trauma and acute care surgery. We hypothesize that any indication for the open abdomen, at the end of an operation, can be organized into just three categories: Anatomical, Physiological, and or Logistical. These categories can occur either individually or in any combination:

- **Anatomical indications:** pertain to any inability to bring the fascial edges together (for example:

significant bowel oedema, unbridgeable abdominal wall defect, risk of abdominal compartment syndrome)

- **Physiological indications:** relate to features of severe physiologic dysfunction (for example: severe coagulopathy, need to “bail out” and transfer patient to intensive care)
- **Logistical indications:** involve any anticipated surgical re-intervention in the abdomen while preserving fascia (for example: re-operation for pack/sponge removal, second look procedures).

You are being asked to categorize 11 clinical situations into just 3 indications to leave the abdomen open (Anatomical, Physiological, and Logistical). You may choose one or more than one indication for the open abdomen in each clinical situation.

You may also choose the option “Other” and add an additional indication. Finally, you can choose “This is not a reason to leave the abdomen open” if you think that the open abdomen is not indicated.

Thank you for your help and collaboration in this endeavour to improve patient care.

Link to Survey

The [survey is available online](#) - please note it closes 31st May 2018.

Published on : Tue, 24 Apr 2018