[Application of the staged radical operation for obstruction colonic cancer]
https://arctichealth.org/en/permalink/ahliterature21251

Author: B O Matviichuk
Date: 1998
Language: Ukrainian
Publication Type: Article
Keywords: Adolescent
          Adult
          Aged
          Aged, 80 and over
          Colonic Neoplasms - complications - surgery
          English Abstract
          Female
          Humans
          Intestinal Obstruction - etiology - surgery
          Male
          Middle Aged
          Retrospective Studies

Abstract: The results of treatment of 202 patients with an acute ileus due to colonic malignancy are adduced. The total five year survival index was 20% and a ten year one--1.5%.

PubMed ID: 9989040 View in PubMed

[Causes of intestinal obstruction in children]
https://arctichealth.org/en/permalink/ahliterature43926

Author: N S Kernitskaia
Date: 1971
Language: Ukrainian
Publication Type: Article
Keywords: Ascariasis - complications
          Child
          Child, Preschool
          Female
          Humans
          Intestinal Obstruction - etiology - surgery
          Laparotomy
          Male

PubMed ID: 5560599 View in PubMed
Complications of peptic ulcer disease before and after the introduction of H2-receptor antagonists.

https://arctichealth.org/en/permalink/ahliterature224093

Author: J. Mäkelä
S. Laitinen
M I Kairaluoma

Author Affiliation: Oulu University Central Hospital, Department of Surgery, Finland.

Source: Hepatogastroenterology. 1992 Apr;39(2):144-8

Date: Apr-1992

Language: English

Publication Type: Article

Keywords: Aged
Duodenal Ulcer - complications - drug therapy
Female
Finland - epidemiology
Histamine H2 Antagonists - therapeutic use
Humans
Incidence
Intestinal Obstruction - etiology - surgery
Male
Middle Aged
Peptic Ulcer Hemorrhage - etiology - surgery
Peptic Ulcer Perforation - etiology - surgery
Postoperative Complications - mortality
Stomach Ulcer - complications - drug therapy
Surgical Procedures, Operative - statistics & numerical data
Time Factors

Abstract: This study was undertaken in order to evaluate the incidence of operations for bleeding, perforated and obstructing peptic ulcers in a defined population before and after the introduction of H2-receptor antagonists. The annual incidence of surgery for all peptic ulcer complications increased slightly, from 6.9 per 10(5) individuals in 1977 to 14.2 per 10(5) in 1989 (n.s.), whereas the annual incidence of operations for ulcer bleeding and perforation remained relatively stable, varying from 2.8 to 8.9 per 10(5) inhabitants and from 2.3 to 7.5 per 10(5) inhabitants during the study period. Operations performed for gastric outlet obstruction did not increase, varying from 0.8 to 2.2 per 10(5) individuals over the study period. The annual proportion of emergency operations did not increase. Young men and old women were often operated on for bleeding (p less than 0.0001) and perforated ulcers (p less than 0.01). Duodenal ulcer bleeding and perforation were more frequent in the young patient groups. Overall mortality after operations performed for bleeding was 15%, and that after operations for perforation or obstruction, 17% and 8%, respectively. The mean age of the fatalities, 63 +/- 13 years, was significantly higher than that of those who survived after operation, 53 +/- 15 years (p 0.0001). Mortality was higher after operations for gastric ulcer complications (22%) than after operations for duodenal ulcer complications (10%) (p less than 0.01).

PubMed ID: 1353048 View in PubMed
Decreased risk of surgery for small bowel obstruction after laparoscopic colon cancer surgery compared with open surgery: a nationwide cohort study.

https://arctichealth.org/en/permalink/ahliterature284222

Author: Kristian Kiim Jensen
       Peter Andersen
       Rune Erichsen
       Thomas Scheike
       Lene Hjerrild Iversen
       Peter-Martin Krarup

Source: Surg Endosc. 2016 Dec;30(12):5572-5582

Date: Dec-2016

Language: English

Publication Type: Article

Keywords: Aged
       Aged, 80 and over
       Anastomosis, Surgical
       Cohort Studies
       Colonic Neoplasms - surgery
       Denmark
       Female
       Follow-Up Studies
       Humans
       Intestinal Obstruction - etiology - surgery
       Intestine, Small - surgery
       Laparoscopy
       Male
       Middle Aged
       Postoperative Complications
       Registries

Abstract: The impact of surgical approach on the incidence of small bowel obstruction (SBO) is unclear. The aim of the current study was to analyze the long-term risk of surgery for SBO after open and laparoscopic surgery and to assess how subsequent SBO surgery impacts on mortality after colonic cancer resection.

This was a nationwide cohort study of patients undergoing elective colonic cancer resection with primary anastomosis in Denmark between 2001 and 2008. All included patients were operated with curative intent. Patients were identified in the Danish Colorectal Cancer Group database and followed through May 2014 in the Danish National Patient Register. The primary endpoint was surgery for SBO. Secondarily, mortality among patients who subsequently underwent SBO surgery and those who did not was compared.

Among the 8583 included patients, 251 (2.9 %) underwent surgery for SBO during follow-up (median 8.8 years). The 3-year cumulative incidence of SBO surgery was 1.5 %; 1.2 % after laparoscopic and 1.6 % after open surgery. Laparoscopic surgery was associated with a decreased risk of SBO (hazard ratio [HR] 0.61 (CI 0.37 to 0.99, P = 0.048) compared with open surgery. The HR for mortality after colonic resection was 2.54 (CI 1.91 to 3.38, P

PubMed ID: 27129566 View in PubMed
Multiple small bowel resections for obstructive symptoms caused by Crohn’s disease can lead to a short bowel and malabsorption. Preservation of intestinal length is possible by the use of strictureplasty. Between August 1983 and March 1993, ninety strictureplasties were performed in 25 patients. They were 13 males and 12 females with a mean age of 37 years. Fourteen (56%) previously had small bowel resection for Crohn’s disease. A mean number of 4.3 strictureplasties per patient were performed. Concomitant resection of bowel with active disease was performed in 18 patients (72%). In this series, no perioperative death occurred and one patient developed an enterocutaneous fistula. The overall complication rate was 8%. Postoperatively, 18 patients (72%) were completely relieved of symptoms, 6 were improved (24%) and one became worst (4%). After a 27 month follow-up period, the symptoms recurred in 13 patients (52%); three had no treatment, 7 had medical treatment and 3 required reoperation (12%). Our results support the safety and the use of strictureplasty for stenotic bowel lesions associated with Crohn’s disease.
Does non-curative gastrectomy improve survival in patients with metastatic gastric cancer?

https://arctichealth.org/en/permalink/ahliterature126787

Author: Arto Kokkola
Johanna Louhimo
Pauli Puolakkainen

Author Affiliation: Department of Gastrointestinal Surgery, Helsinki University Central Hospital, Helsinki, Finland.
arto.kokkola@hus.fi

Source: J Surg Oncol. 2012 Aug 1;106(2):193-6

Date: Aug-1-2012

Language: English

Publication Type: Article

Keywords: Adenocarcinoma - drug therapy - mortality - pathology - surgery
Adult
Aged
Aged, 80 and over
Analysis of Variance
Chemotherapy, Adjuvant
Female
Finland - epidemiology
Gastrectomy - methods
Gastrointestinal Hemorrhage - etiology - surgery
Humans
Intestinal Obstruction - etiology - surgery
Kaplan-Meier Estimate
Laparoscopy
Laparotomy
Male
Middle Aged
Palliative Care - methods
Proportional Hazards Models
Retrospective Studies
Stomach Neoplasms - drug therapy - mortality - pathology - surgery
Treatment Outcome

Abstract: The role of non-curative or palliative gastrectomy remains controversial. Our aim was to compare retrospective patients who have undergone non-curative gastrectomy to the patients with surgical exploration only.

Between years 2000 and 2009, 488 patients with gastric adenocarcinoma were treated at the Department of Surgery, Helsinki University Central Hospital. Fifty-five patients had metastatic disease but their symptoms were not severe enough to require palliative surgery. Thirty-two of them underwent operative exploration (Group A), and 23 non-curative gastrectomy (Group B). All operations were initiated with curative intent.

The difference in median survival between Groups A and B was insignificant (5.7 months in Group A and 10.8 months in Group B, P?=0.152). However, 33 patients with postoperative chemotherapy had significantly better median survival than the others (14.2 months vs. 1.9 months, P?)

PubMed ID: 22354864 View in PubMed
Enteric-coated potassium chloride tablets and ulcer of the small intestine.

https://arctichealth.org/en/permalink/ahliterature44870

Author: L E Räf
Date: 1967
Language: English
Publication Type: Article
Keywords: Adolescent
Adult
Aged
Animals
Autacoids - therapeutic use
Child
Dogs
Enteritis - etiology
Female
Humans
Intestinal Obstruction - etiology - surgery
Intestine, Small - pathology
Male
Middle Aged
Potassium Chloride - administration & dosage - adverse effects
Prognosis
Sweden
Tablets, Enteric-Coated
Ulcer - chemically induced - complications

PubMed ID: 4383472 View in PubMed

The epidemiology and treatment patterns of postoperative adhesion induced intestinal obstruction in Varsinais-Suomi Hospital District.

https://arctichealth.org/en/permalink/ahliterature180325

Author: J. Kössi
Author Affiliation: Department of Surgery, Päijät-Häme Central Hospital, Lahti, Finland. jyrki.kossi@phks.fi
P. Salminen
M. Laato
Date: 2004
Language: English
Publication Type: Article
Abstract: The epidemiology and treatment patterns of postoperative adhesion induced intestinal obstruction have been poorly investigated in Finland. This study evaluated the epidemiology and treatment patterns of postoperative adhesion induced intestinal obstruction in a well defined geographical area (Hospital District).

All inpatient episodes between 1.1.1999 and 31.12.1999 due to postoperative adhesion induced intestinal obstruction in Varsinais-Suomi Hospital District were evaluated retrospectively using individual patient records. 123 hospitalizations due to postoperative adhesion-related intestinal obstruction were observed during the study period. The total number of preceding operations was 176 considering altogether 101 patients. The most prevalent single initial operations causing adhesion induced intestinal obstruction were colorectal, upper abdominal, and female reproductive system procedures. Of all treatment episodes 32% were operative and mortality was 2%. The median days of hospital stay (range) of all inpatient episodes, operative episodes, and conservative episodes were 6 (1-58), 11 (2-34) and 4 (1-58), respectively. Patient dependent factors associated with increased likelihood to operative treatment of obstruction were: female gender (40% in females vs 23% in males, P = 0.042) and previous gynaecological surgery (70% of the patients, P = 0.032). Intraoperative findings were obstruction in 70%, strangulation in 20%, necrosis in 8%, and perforation in 2% of operations. Bowel resection was needed in 38% of operations. Preceding gynaecological surgery increased the likelihood of bowel strangulation as an intraoperative finding.

The epidemiology, treatment patterns and results of postoperative adhesion induced intestinal obstruction are of the average international level in the Varsinais-Suomi Hospital District. The treatment patterns among the different hospitals in the Hospital District are similar. Female gender is associated with increased risk for operative treatment of adhesive obstruction. Previous gynaecological surgery increases the likelihood of operative treatment and complicated obstruction.