ABSTRACT

BACKGROUND AND OBJECTIVES: The present study was undertaken to assess the proportion of burst abdomen in post midline laparotomy patient using interrupted X sutures versus continuous suture technique in sheath closure.

MATERIALS AND METHODS: A total of 100 patients undergoing midline laparotomy electively and in emergency settings, from the department of general surgery whose satisfying inclusion and exclusion criteria, after taking written and informed consent were divided into two groups of 50 each. In group A, closure was performed using No.1 prolene suture, using interrupted X type, and in group B closure was done by continuous method, and these patients were followed up in the postoperative period. RESULTS: Patients were followed up in the early postoperative period and regular follow-up. 6 of the patients developed wound dehiscence, in contrast with control group in which 18 patients developed burst abdomen. 2 of our patients from the study group developed incision hernia, 13 from control group developed incision hernia. In the present study 44 patients in whom interrupted X suturing was done had a normal wound healing compared to 32 patients with continuous group. 10 patients from the interrupted group had a prolonged hospital stay compared to 22 patients from the continuous group. Therefore, Interrupted X suturing technique overweighs the disadvantages of the continuous suturing technique. Hence the technique should be considered. CONCLUSION: Hence Interrupted X suture is better than continuous sheath closure in prevention of burst abdomen.

Key words: Laparotomy, Rectus sheath, Interrupted X, Continuous, Burst abdomen