

ABSTRACT

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AIM AND OBJECTIVES OF THE STUDY

“To analyse the morbidity and mortality of elective and emergency abdominal wall hernia repair in liver disease patients.”

Objectives of the study are

1. To analyze patients with abdominal wall hernia in liver disease patients based on clinical findings.
2. To evaluate the patients based on investigations like complete blood count, Liver enzymes, renal function tests, chest X-ray, Ultrasound abdomen and Computed tomography abdomen.
3. To assess the morbidity and mortality of compensated liver disease patients undergoing hernia surgery in both elective and emergency settings using CLAVEIN DINDO CLASSIFICATION.
4. To assess an effective protocol for preoperative and post operative management for elective and emergency hernia repair in liver disease patients.

MATERIALS AND METHODS

INCLUSION CRITERIA

- Patients with Liver Disease.

EXCLUSION CRITERIA

- Patients without Liver Disease.

The following factors were considered for analyzing the morbidity and mortality of abdominal wall hernia patients with compensated liver disease.

- 1) Age.
- 2) Sex.
- 3) Liver disease etiology.
- 4) Duration of liver disease.
- 5) Severity of liver disease.
- 6) Type of hernia.
- 7) Duration of hernia.
- 8) Indication for emergency surgery.
- 9) Duration of surgery.
- 10) Post operative hospital stay.
- 11) Morbidity and mortality based on “Clavein-Dindo” classification.

RESULTS

The most common age group among the patients in this study was 57-60 years and mostly males than females. Alcoholism was the most common cause of liver disease and the least common cause was autoimmune. The duration of liver disease in most of the patients was 3-5 years. Most of the patients fell under Child Pugh class B and most common hernia was umbilical hernia. Least common cause of hernia was inguinal hernia. Obstruction of bowel was found to be the most common complication. Most of the patients in

this study fell under grade 3 morbidity of Clavein-Dindo classification and increased morbidities were found to be present mainly in patients undergoing emergency hernia repair. The main observation of this study is that patients undergoing emergency hernia repair have increased morbidity and mortality than patients undergoing elective hernia repair.

CONCLUSION

Based on this study it can be suggested that it is always a good practice to perform hernia repair in liver disease patients in an elective setting rather than postponing the surgery in which the hernia may later lead on to complications which compel for an emergency surgery with increased morbidity and mortality.