ABSTRACT

BACKGROUND:

Wounds and their management are fundamental to the practice of surgery. Any surgical intervention will result in a wound. The surgeon’s task is to minimize the adverse effects of wound, remove or repair damaged structures and harness the process of wound healing to restore function. Wound dehiscence carries with it a substantial morbidity. This study investigates the incidence of wound dehiscence among emergency laparotomy and factors contributing to it.

OBJECTIVES:

• To study the incidence and factors contributing to wound dehiscence in patients undergoing emergency exploratory laparotomy patients.

• To compare the events and factors between dehiscence and non-dehiscence patients to find the factors that have significant association with wound dehiscence in emergency exploratory laparotomy patients.

• To analyze with special reference to pre-operative serum albumin, hemoglobin and obesity as the predictive factors of wound dehiscence in emergency exploratory laparotomy patients.

METHODOLOGY:

Patients presenting to GRH from January 2016-September 2016 were included in the study. Details of cases who has undergone emergency laparotomy been recorded. Daily dressing and inspection of wound has been
done till the patient gets discharged from the hospital. Patients who developed wound dehiscence were correlated with pre operative predictive factors such as pre op albumin, hemoglobin and BMI.

**RESULTS**

Incidence of wound dehiscence in this study was 12%. Female patients were found to be more vulnerable for wound dehiscence with 15.38%. Perforation peritonitis was the most common cause for which emergency laparotomy was done. Pre operative hypoalbuminemia, Anemia, obesity, sepsis, malignancy were found to have significant association with wound dehiscence. Diabetes mellitus and pulmonary complications did not have significant association.

**CONCLUSION**

Our study data indicates elderly patients, female sex, and malignant patients showed higher vulnerability for wound dehiscence. Our aim to check the predictive ability of factors such as preoperative anemia, hypoalbuminemia, obesity showed that they can be used to predict patients who may not develop dehiscence rather in patients who may develop dehiscence.

**KEY WORDS**

Emergency laparotomy; Wound dehiscence; Albumin; Hemoglobin; obesity; sepsis; malignancy.