

## **ABSTRACT**

### **Objectives and Aim :**

- To identify significant risk factors in patients developing abdominal wound dehiscence.
- To identify the diseases involved in the development of wound dehiscence.
- To study the type of incision leading to wound dehiscence.
- To study the incidence of wound dehiscence in elective and emergency surgery.
- To study the management protocols in wound dehiscence

### **Materials and Methods:**

#### **Source of data**

A Clinical Study on Predictors of Abdominal Wound Dehiscence in Post-Laparotomy Patients was conducted at Institute of General Surgery, Madras Medical College, on patient admitted in department of general surgery between June 2016 and September 2017, undergoing routine and emergency laparotomies who develops abdominal wound dehiscence after Laparotomy.

**Inclusion criteria:**

Patient admitted in department of general surgery and undergoing routine and emergency laparotomies who develops abdominal wound dehiscence after Laparotomy.

**Exclusion criteria:**

- Patients with previous laparotomies will be excluded.
- Patients age below 18 yrs.

**Conclusion:**

Significant risk factors for the development of post operative abdominal wound dehiscence are:

Patient factors like older age group, male sex, anaemia, malnutrition, obesity, patients with peritonitis due to bowel perforation, intestinal obstruction, those who undergone operation in emergency and those who have undergone perforation closure, resection and anastamosis.

Surgeon factors like midline incisions, improper suture technique and improper aseptic precautions which may lead to wound infection and then wound dehiscence.

Postoperative abdominal wound dehiscence can be prevented by improving the nutritional status of the patient, strict aseptic precautions, improving patients respiratory pathology to avoid postoperative cough and by proper surgical technique.

Wound dehiscence can be managed with appropriate wound care techniques such as serial debridement and secondary suturing