

Comment

Acute diseases of the abdominal cavity have always been one of the basic directions of activity of most surgical wards. Regardless of the progress of medicine in more and more refined treatment of most diseases, acute appendicitis or perforated diverticulitis will require surgical treatment. In recent years we have seen a lot of changes in surgical technique. The introduction of laparoscopic surgery changed approach to many diseases. Patients undergoing laparoscopic surgery return much faster to health, full activity and work. The postoperative course is also better. Practically the next day the majority of patients is running and gets food.

The biggest change in operating tactics in recent years, occurred in the treatment of complicated diverticular disease. Currently, there is a dominating view that the operation "acute" should be changed to planned surgery. It is not always possible, but often succeed. In case of peritonitis in a perforated diverticulitis is often enough to perform laparoscopic peritoneal lavage with drainage and delay the resection until the improvement of the general condition of the patient. It significantly improves the outcome of complicated diverticular disease.

Invariably difficult problem is appendicitis in pregnant women. Physiological differences in pregnancy, sometimes, hinder the correct diagnosis and delay in treatment can result in a higher percentage of miscarriages.

An important part of surgery is the surgery of hernia. The number of emergency surgeries is noticeably reduced in favor of scheduled operations (interventions). The age structure of patients has also been changed, with domination of elderly patients, and therefore more (afflicted). This generates a greater number of complications associated not only with surgery alone, but the general condition of patients. The widespread availability of analgesics often causes delay in treatment, which is one of the factors affecting the prognosis.

A difficult problem is the acute malignant obstruction of the colon. It usually refers to people of advanced age, burdened with numerous diseases. This situation generates a relatively high rate of complications, up to 40% and, unfortunately, entails a certain percentage of deaths. In recent years, attempts were made to treat occlusions (ileus) caused by colorectal cancer with a stent introduced into the stricture (the narrowing place). This allows the decompression of the gut and helps to prepare the patient for elective surgery. There should not be, however, the final therapy.

Another dangerous and at the same time cost-related disease in the surgical wards is acute pancreatitis (AP). While the majority of the so-called mild form of acute pancreatitis resolves with conservative treatment, the more severe forms of extensive necrosis of the pancreas sometimes require surgery. Currently there is a prevailing trend to restrict the indications to surgery and only the infected necrosis is an absolute indication for surgical intervention. Also in this disease laparoscopic surgery is trying to find his place. Laparoscopic drainage of peri-pancreatic fluid collections gives good results for the cure and reduce mortality.

Quite another problem with which we will soon have to face is the lack of general surgeons. Nationwide as for today there are already huge shortages of active surgeons, nobody is willing to do the residency and the age of currently working, in the vast majority, is more than 55 years of age. But that is a topic for a completely different discussion.

prof. Wiesław Tarnowski, MD, PhD