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Colonic Preparation- Is it actually needed

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Colon contains a congregate of micro organisms existing in various microhabitats like the lumen, mucin layer and the mucosal surface. During surgery transection across this mucosa exposes the peritoneal cavity to a large bacterial load which increases the risk of postoperative sepsis. This high risk of post operative infective complications like wound infection and anastomotic dehiscence warrants a strong recommendation for prophylaxis. Colonic preparation is a time tested procedure to reduce these morbid and costly complications after colorectal surgeries. With this practice and modern perioperative techniques the infectious complication rate after colorectal surgery has been reduced to 6- 25%. The process colonic preparation before an elective colorectal surgery traditionally involves: purging the faecal contents i.e mechanical preparation and antibiotic prophylaxis. Presently a three tier regimen including a preoperative mechanical bowel wash out, preoperative non absorbable oral antibiotics effective against aerobic and anaerobic bacteria with perioperative parenteral antibiotics is widely practised. Bowel preparation may also be required before investigations like colonoscopy, Barium enema and Computed tomographic colonography as faecal residue affects the quality of imaging. However over the last decade a large number of prospective randomised controlled trials and meta-analysis have doubted the efficacy of mechanical bowel preparation in colorectal surgery. The advantages of decrease risk of fecal spillage and better intraoperative manipulation have been questioned. These studies have consistently shown that this practice is unnecessary or even be associated with deleterious effects, so the role of mechanical preparation should be reevaluated. In a Cochrane systematic review performed recently overall anastomotic leak rate was markedly lower in patients who did not have mechanical preparation (6.2% vs3.2%). Wound infection, peritonitis and reoperation favoured the no preparation group but could not come to a statistical significance. The authors thus concluded that mechanical cleansing does not reduce the risk of post operative sepsis. Despite the growing evidence that mechanical preparation of colon provides no additional benefit when accompanied by systemic antibiotic prophylaxis it is a time honoured surgical dogma and is the standard of practice for patients undergoing elective colorectal surgeries.

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