LAPAROTOMY FOR OBSTRUCTION

GA i. supine position.

Long midline incision (skin, fat, linea alba).

Left position cm. lips incision.

Follow dilated loops distally to obstruction.

Collapsed loops past obstruction.

→ dead i. obstruction

→ free obstructed loop

→ VIABILITY?

poor blood supply

absence of peristalsis

pulsation of mesenteric vessels

loss of sheen on bowel surface.

? Resection.

1° Anastomosis if "contaminated" + loop stoma tipd

as de-functioning stoma.

? ITU/HDO support.