

A new approach for open surgery on the abdominal aorta and iliac blood vessels – Piljic Method

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Open surgery on the abdominal aorta as well as the iliac blood vessels present a challenge for both the surgeon and the anesthesiologist.

In order to successfully perform open surgery on the abdominal aorta and iliac blood vessels, we must take into account the following elements: the anatomical position of these vessels in the retroperitoneum, the fact that to access them we must move abdominal organs such as small and often large bowel and omentum, and the fact that the abdominal wall is an organ with a clear task in the body.

It is very important to make the smallest possible surgical paraumbilical transperitoneal incision, the so-called minilaparotomy 8-10 cm long, which is generally sufficient to perform surgery, and significantly reduces pain after surgery, significantly accelerates wound healing, and reduces the risk of postoperative hernia to a minimum [1]. If necessary, the surgical incision can always be further expanded.

Removal of the intestines and omentum from the abdominal cavity leads to hypothermia, drying, and stretching of the same, which leads to disturbances in physiological mechanisms and mechanical damage to the microcirculation, which results in intestinal edema and more difficult peristalsis. Moving the intestines and omentum to the side with wet compresses allows satisfactory access to the retroperitoneal blood vessels. The intestines are in a natural environment in the peritoneal cavity, do not dry out and do not stretch, thus avoiding all the above complications [2].

In addition to all the above, the most important moment is certainly the parenteral fluid intake during the operation and in the postoperative period. Restricted intraoperative and postoperative fluid intake significantly eliminates obstacles to the establishment of peristalsis and patency of the digestive tract (prevent postoperative adynamic ileus), which allows per oral dietary intake. As a result, we have a significant reduction in the number and type of postoperative complications, a shortened stay in the intensive care unit as well as a shortening of the total hospital stay [3].

Declaration of conflicting interest

The authors declare that there is no conflict of interest.

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