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CONTACT

Laparoscopy FAC's

<u>Laparoscopy Diagnostic, Laparoscopy Operative, Liver function, Obstructive</u>
<u>Jaundice, Pancreatitis, Peptic Ulcer, Piles/Fissure/Fistula, Portal Hypertension, PR (per rectal examination), Serum tumor markers</u>

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Decision making...



Evidence Based Surgery

Much of we do in surgery is based on experience, knowledge and training passed on from seniors, and reports from established reputable centers.

If one asks a group of surgeons how to manage a patient, one may probably get as many different answers. Evidence based surgery is a move to find the most appropriate way of managing patients using clinical evidence from collected studies.

Primary repair for Penetrating Colon Injuries

(Five randomized control trials, evaluated mortality, total complications, infectious complications, penetrating abdominal trauma index – PATI, and the length of hospital stay.)

Abdominal infections including dehiscence significantly favor primary repair. The reviewers conclude that Primary repair may be safer than repair with faecal diversion.

Surgery for Intestinal Obstruction in Advanced Gynecological and Gastrointestinal Malignancy

Remains controversial. There is a large range of re obstruction from 10 to 50%.

Role of surgery needs careful evaluation, using validated outcome of symptoms control and quality of life scores

There needs to be greater standardization of management so that comparison between different series can be made.

Antibiotic Prophylaxis for Cirrhotic Patients with Gastrointestinal Bleeding











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(Eight trials in 864 patients—Placebo verses Antibiotic, Three trials in 503 patients with different regime of antibiotics)

Results:

Efficacious in reducing the number of deaths and bacterial factors are well tolerated and should be advocated.

Enteral Verses Parenteral Nutrition for Acute Pancreatitis

(Cochraine Controlled Trials Register, Medline, EMBASE)

Information was collected on death, hospital stay, systemic infection, local septic and other complications.)

Conclusion:

Although there is a trend towards reduction in the adverse outcomes of acute pancreatitis after administration of enteral nutrition, clearly there are insignificant data to draw firm conclusion verses TPN. Further trials are required with sufficient size to account for clinical heterogeneity and measure all relevant outcomes.

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