conclusion
CONCLUSION

The present study was conducted on fourteen patients of penetrating colonic injuries who were admitted in Maharani Laxmi Bai Medical College, Hospital, Jhansi (U.P.) India from May 1990 to May 1991.

Injuries to the colon due to penetrating trauma as well as iatrogenic causes are common and are quite lethal unless properly treated. The study presented here clearly demonstrates that treatment of colonic injuries based on early diagnosis, pre-operative and post-operative systemic anti-biotics, lavage of peritoneal cavity with Metronidazole, Betadine and saline solution and post-operative instillation of antibiotics locally in the colon with avenue to pass flatus and faecal matter as soon as formed through a flatus tube in anal canal can result in success with primary suture of colonic injuries without any need for defunctioning colostomy.

Primary repair of penetrating colonic injury was done either as such as in cases where loss of colonic tissue was minimal and there was no impairment of blood supply of injured part or primary repair was done by resection and anastomosis, in cases where part of colon was devitalised or its blood supply was compromised.
Involvement of the right and left colon was equal. Death due to colonic injuries occurred in none of the patients and the incidence of abdominal complications was minimal, two out of fourteen patients (14.29%). Complications were in form of wound dehiscence, wound sepsis and faecal fistula. Patients treated with primary repair of the colon had less colomrelated complications and a shorter duration of hospital stay than patients treated by colostomy previously. Left and right colonic injuries treated by primary repair had similar outcome and hospital stay. We believe that primary repair can safely be performed more frequently than is generally accepted. The site of colon injury, the presence of shock and the presence of multiple associated intra-abdominal injuries do not exclude primary repair. It is suggested that colostomy should be reserved for both left and right colon injuries with gross peritoneal contamination, extensive colonic damage and large amount of hard faeces in the colon.