MATERIAL
AND
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The present study was conducted on patients with clinical diagnosis of perforation of chronic peptic duodenal ulcer presenting emergency ward of MLB Medical College, Jhansi in Department of Surgery from Dec 2001 to May 2003 and also a retrospective study of 3 yrs. (from May 1998 to Nov 2001)

Following plan of work was followed:

1. Preoperative work up (Clinical and biochemical)
   A. Evaluation and analysis of symptoms in order to find out duration of perforation and incidence of each symptom:
      - Pain in abdomen
      - Fever
      - Absolute constipation
      - Vomiting
      - Distension of abdomen
   B. Past history in order to find out high risk cases and incidence of acid peptic disease.
      - Diabetes Mellitus
      - Hypertension
      - Pulmonary disease
• Drug intake like NSAIDS & steroids
• History suggestive of acid peptic disease

C. Presence/absence of psychological factors (stress, anxiety)

D. Family history

E. General examination and systemic examination in order to assess general condition of patient suitable for anesthesia and surgery.

• General condition
• Blood pressure (mm Hg)
• Pulse rate (per min)
• Respiratory rate (Per min)
• Anemia
• Jaundice
• Urine output
• Cardiovascular examination
• Respiratory examination

F. Local examination of abdomen to make clinical diagnosis and analysis of signs in order to evaluate incidence of each sign: -

• Board like rigidity
• Tenderness
• Guarding
• Distension of abdomen
• Masking of liver dullness

G. Investigations
• Hemogram – Hb, TLC, DLC
• Renal functions
  a. B. Urea (mg%)
  b. S. Creatinine (mg%)
• S. Electrolytes
  a. S. Na⁺ (Meq/L)
  b. S. K⁺ (Meq/L)
• Radiology
• Plain X-ray abdomen erect A.P. view
  including both lobes of diaphragm
• USG findings

All patients were resuscitated with
• Intravenous fluids
• Appropriate antibiotics
• Nasogastric decompression by Ryles tube.
• Catheterization

2. Pre-operative work up: -
All of the patients were operated under general anesthesia and preferable incision was midline.

During operation following points were recorded.

1.) Size of perforation diameter
2.) Site of perforation
3.) Surrounding wall of duodenum
4.) Condition of omentum
5.) Any additional finding on exploration

The peritoneal soiling was cleared by peritoneal lavage and lavage fluid was suctioned out, the definitive procedure then performed.

3. Post operative work up: -
   
   • IV Fluids
   • IV antibiotics
   • Active Ryles tube suction
   • Assessment of vitals viz. Blood pressure, Pulse rate, Respiratory rate, Urine output.
   • Assessment of abdomen to see board like rigidity, guarding.

Postoperative patients were kept nil orally along with Ryles tube aspiration till bowel sounds were heard and flatus appreciated by the patient. Drains were taken out according to the amount of
drainage. Ryles tube was removed after 3-5 days. Patients were called up after 7 days, 15 days, 2 months and 6 months.

**Advice on discharge**

1. To avoid
   - Smoking
   - NSAIDS
   - Steroids
2. Proton Pump blockers for 14 days
3. Eradication of H. Pylori infection
4. Antacids for 8 weeks
5. Follow up after 6 weeks.