INTRODUCTION
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Serum electrolytes mainly sodium and potassium are an integral part of the milieu interior and disturbance in their relative concentration occurs with stress, which may be as a result of either accidental or surgical trauma. Thus optimal management of surgical patient to-day demands a thorough knowledge of the changes in fluid and electrolyte balance associated with the surgical procedures. The reasons of these changes are however, far less completely understood. Changes in various serum electrolytes leads to various manifestations which are confused with the effect of anaesthesia or any other disease. But with newer diagnostic methods the alteration in serum electrolytes can be quantitated were accurately and treated accordingly.

Any surgical process or trauma leads to various body reactions. Acute changes in renal function in the operative & post operative period have been observed for many years and the decreased renal excretion of sodium in the post operative period, is well documented since a long time. Despite this fact
there may be a tendency towards hyponatremia in the early postoperative periods. It has been recently established that the intracellular fluid volume or more precisely the "functional extracellular fluid volume is a major determinants of the renal sodium excretion.

It was demonstrated that the metabolic responses of the body to surgical stress profoundly alters the need for salt and water in the postoperative period. As a result of these studies it has been customary for some years to limit the amounts of water and sodium administered in the postoperative period. Most clinicians believe that such limitation reduces the incidence of edema, dilutional hyponatremia and water intoxication, problems which have been noted to occur in the postoperative patient. A number of recent reports are indicative that there is an acute deficit in the volume of intracellular fluid space during surgical trauma and that a large amount of fluid is needed to correct this deficit. Also despite this fact that there is sodium retention after any kind of trauma, including surgery, in the early postoperative period, there is still a tendency towards hyponatremia probably because of an associated fluid retention. The isotonicity of body fluids which is maintained between intracellular
and extracellular fluid, further increases hyponatremia, which occurs after surgical process. The implication of this hyponatremia, when seen in the light of the type of fluid administration per operatively and post operatively and effect of this fluid on the serum sodium level, is important for the clinician. In this context we needed to re-examine the usual concept of administration of sodium free fluid in the immediate post operative periods.

AIMS OF STUDY

1. To document the sodium and potassium status pre operatively and to see the changes in the serum sodium and potassium in early post operative periods.

2. To assess the effect of type of fluid given in the peroperative and early post operative period on serum osmolality.

3. To assess the effect of type of fluid given in the peroperative and early post operative period on urinary sodium and urinary volume.

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