

Surgery Collaborative and Long-term Practical Experience Learning **SCaLPEL**

Case report

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Introduction

- M, 1954.
- Hypertensio art.
- Cholelithiasis
- Nephrolithiasis
- Dislipidemia
- BMI > 32 kg/m²

Diagnostics

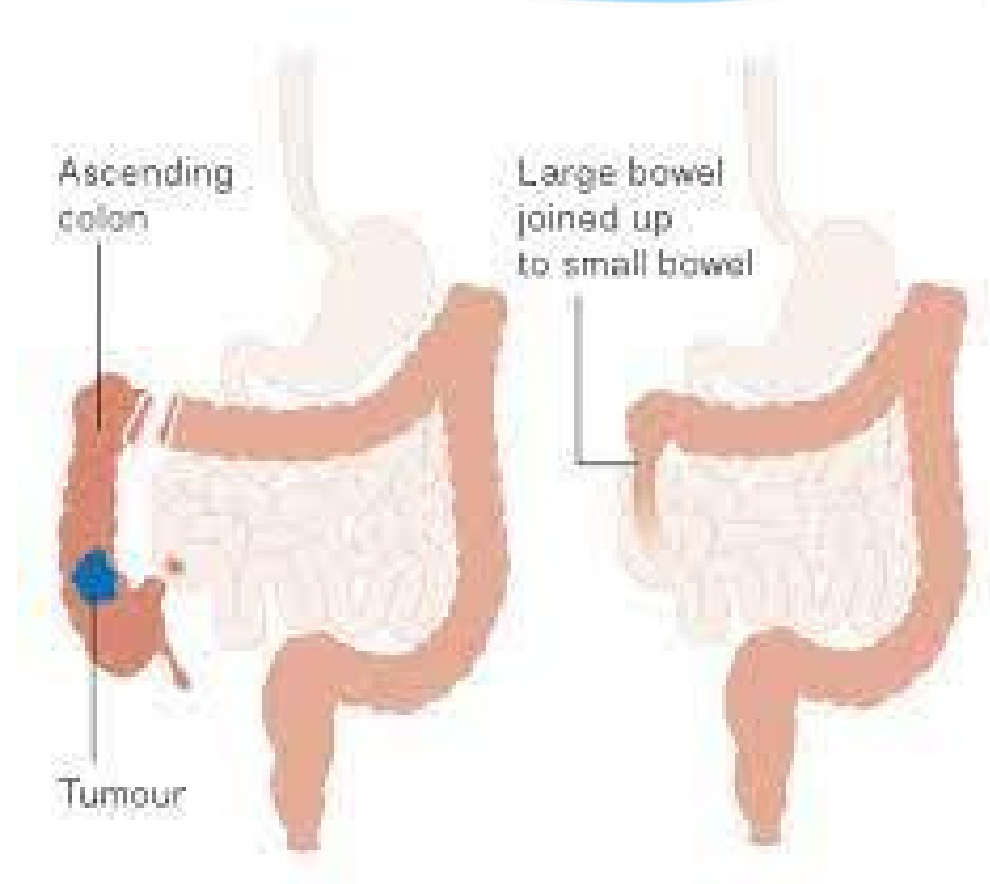
- National colorectal screening programme –FOBT + colonoscopy –06./23. Polipus, NICE 2, Paris I s
- PHD –adenocarcinoma
-

Croatian national colorectal
screening program



Options

- ☐ Follow up
- ☐ Right hemicolectomy
- ☐ Right hemicolectomy ×
- ☐ cholecystectomy



MDT: surgery

- 24.08.203.
 - Right hemicolectomy and cholecystectomy per laparoscopiam with ileotransversal anastomosis
 - Subacute cholecystitis

Postoperative follow-up

- III. Postop day –nausea and vomiting (one time)
- Abdomen: distended, without clinic signs of acute abdomen
- LAB: L 9.7, NE: 77%, CRP: 384
- CT scan: small amount of free liquid interintestinal, distension of small bowel (32-45mm)
- IV. postop day: vomiting (4 times) LAB: L: 6.9
- CRP: 392

Options 2

No options –surgery!!!

- 28.08.2023.
 - Explorative laparotomy
 - Ischaemia and necrosis of last 50 cm of ileum
(including anastomosis)
 - Resection of small bowel and anastomosis
 - Ileostoma unipolaris

PHD

- PHD 1: without carcinoma
- PHD 2: thrombosis of regional mesenteric vein with hemoragic necrosis of small bowel

Postoperative follow up 2

- ☐ 2 weeks after II. surgery
- ☐ Admission in ER
- ☐ Prerenal kidney failure
- ☐ Dehydration
- ☐ Urinary tract infection
- ☐ Antibiotic treatment, hydration
- ☐ Next control exam: this friday

Q & A!

Thank You.