Short and Longterm Complications

As with any operation the risk of superficial wound infection is always present. In addition, the risk of ureteral injury, anastomotic leakage, post-operative intra-abdominal abscess, and perioperative bleeding involving the mesentery, adhesions, etc. are all potential complications, particularly in those patients undergoing emergency procedures. Of these, an anastomotic leak is one of the more serious and life-threatening complications and the major factor contributing to this is the setting in which the operation is carried out. There exists a 4-times greater risk of leakage in patients undergoing emergency procedures compared to those having elective procedures. Therefore, in patients with purulent or feculent peritonitis, a primary anastomosis is contraindicated given their high mortality rates. In order to avoid an anastomotic leak the principle is to use healthy, uninflamed tissue, while ensuring adequate blood supply and avoiding any tension on the anastomosis. If this cannot be done, then a proximal diversion must be performed.

Recurrence of diverticulitis is rare after colectomy, occurring in around 1% to 10% of patients. The main determining factor in recurrence appears to be the location of anastomosis. Patients with colorectal anastomoses have a lower recurrence compared to those in which anastomosis is performed to the distal sigmoid colon, having a 4-times increased risk of recurrence. In patients with recurrent disease it is important to reexamine the histologic findings of the original operation since there is a possibility that the patient was misdiagnosed, or the diverticular disease coexisted with Crohn’s disease, in which case recurrent Crohn’s disease is much more common than recurrent diverticulitis.

References: