



Postoperative ileus concealing intra-abdominal complications in enhanced recovery programs—a retrospective analysis of the GRACE database

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Purpose

Postoperative ileus (POI) occurrence within enhanced recovery programs (ERPs) has decreased. Also, intra-abdominal complications (IAC) such as anastomotic leakage (AL) generally present late. The aim was to characterize the link between POI and the other complications occurring after surgery.

Methods

This retrospective analysis of a prospective database was conducted by the Francophone Group for Enhanced Recovery after Surgery. POI was considered to be present if gastrointestinal functions had not been recovered within 3 days following surgery or if a nasogastric tube replacement was required.

Results

Of the 2773 patients who took part in the study, 2335 underwent colorectal resections (83.8%) for cancer, benign tumors, inflammatory bowel disease, and diverticulosis. Among the 2335 patients, 309 (13.2%) experienced POI, including 185 (59.9%) cases of secondary POI. Adjusted for well-known risk factors (male gender, need for stoma, right hemicolectomy, surgery duration, laparotomy, and conversion to open surgery), POI was associated with abdominal complications (OR = 4.55; 95% confidence interval (CI): 3.30-6.28), urinary retention (OR = 1.75; 95% CI: 1.05-2.92), pulmonary complications (OR = 4.55; 95% CI: 2.04-9.97), and cardiological complications (OR = 3.01; 95% CI: 1.15-8.02). Among the abdominal complications, AL and IAC were most strongly associated with POI (respectively, OR = 5.97; 95% CI: 3.74-8.88 and OR = 5.76; 95% CI: 3.56-10.62).

Conclusion

Within ERPs, POI should not be considered as usual. There is a significant link between POI and IAC. Since POI is an early-onset clinical sign, its occurrence should alert the physician and prompt them to consider performing CT scans in order to investigate other potential morbidities.

Résumé en anglais

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