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CLOSING THE OPEN ABDOMEN

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Introduction: The baseline treatment of Abdominal Compartment Syndrome is laparostomy. While this is a life saving procedure, the resulting open abdomen (OA) introduces its own challenges, mainly enteric fistula and complex ventral hernia.

We propose that the incidence of these complications is proportional to the length of time the abdomen remains open. The corollary is that OA wounds should be closed as soon as practicable.

We examine the different models of abdominal wound healing, and how they can be exploited and modified to obtain early closure of the open abdomen.

References

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