

Intra-abdominal adhesions: an underestimated problem

Intra-abdominal adhesions are an invariable consequence of abdominal surgery. Most adhesions are asymptomatic, but a significant proportion of patients develop complications including small bowel obstruction, visceral damage, pain and infertility. The symposium in this issue of *Hospital Medicine* describes the extent of the problem, its aetiology, management and consequences. Professor Harold Ellis, an internationally recognized authority on adhesions, describes the early history. He describes the first recognition of post-operative adhesions in 1883.

In his article, Mr Parker emphasizes that postoperative adhesions are a major cause of morbidity and occasionally mortality. These problems are often underestimated by clinicians, including surgeons, who often lack a full awareness of their extent and clinical consequences. The aetiology of adhesions is poorly understood, but Mr Menzies takes us to the cellular level and describes the disruption to the delicate mesothelial monolayer that often occurs after surgical trauma. This leads to disordered fibrinolysis and the subsequent maturation of firm fibrous adhesions.

Management strategies for adhesions concentrate on prevention and clearly meticulous surgical technique is important. Messrs Bullen and Hershman describe new agents, such as barrier agents, which can prevent adhesions occurring, by preventing bowel loops coming into contact.

The routine use of these low cost antiadhesive compounds could result in a 25% reduction in hospital readmissions and could potentially save the NHS up to £70 million over 10 years. These financial consequences of adhesions are clearly placed in context by Mr Wilson, who describes how the lack of policy to reduce adhesion-related admission is likely to cost the NHS over £500 million over the next 10 years. The final article of the symposium is appropriately written by

Professor Ellis. He describes the current medicolegal consequences of intra-abdominal adhesions. These relate mainly to failure or delay in diagnosis or visceral injury caused by management of adhesions.

All clinicians should heighten their awareness of the frequency, extent and dangers of adhesions. Although further scientific work is necessary, attention should currently be directed to the potential use of newer antiadhesive agents. **HM**

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KEY POINTS

- Adhesions are common.
- Although most adhesions are asymptomatic, they may cause significant morbidity and mortality.
- This has enormous financial impact on the NHS.
- New therapeutic agents are available and their routine use should be considered.