

## University of Baghdad

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Thesis Title	Management of colo-rectal injury		
Year	1993		
Abstract	<p><b>Background:</b> Since the 2nd ww we deal with injured colon and rectum with colostomy which makes big difference in mortality. Then primary repair of injured colon appear again in management of colonic injury. A 69 cases of colonic and rectal injuries we deal with them in retrospective study in RMH from 1989-1992</p> <p><b>Methods:</b> all patient had midline incision laparotomy 52 injury patients had colonic injury and 17 patients had extraperitoneal rectal injury. 25/52 have primary repair and 27/52 have colostomy either exteriorization or diverting colostomy and those with extraperitoneal rectal injuries we deal with them by repair and complete diverting colostomy with presacral 9/17 drainage or rectal lavage 8/17</p> <p><b>Results:</b> all patients are male in military service. In primarily repaired injury we depend in absence of soiling and infection and early evacuation. These patients have the same results in mortality and morbidity with those whom had colostomies. 5 patients died 3/17 with extraperitoneal rectal injury one with primary repair and one with diverting colostomy There is no difference between presacral drainage and rectal lavage</p> <p><b>Discussion:</b> primary repair of colonic injury in civil accident and with low velocity missile injuries without soiling and infection .extraperitoneal injuries colostomy is mandatory with presacral drainage and rectal lavage</p> <p><b>Conclusions</b></p> <ol style="list-style-type: none"> <li>1- We need more study to make fixed principal for primary repair of colonic injuries</li> <li>2- Primary repair of colonic injury when there is no soiling or infection</li> <li>3- Colostomy with presacral drainage or rectal lavage still mandatory</li> </ol>		