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ABSTRACTS OF THE  
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AND  
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THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH  
AND THE SAARC SURGICAL CARE SOCIETY

The College of Surgeons of Sri Lanka

**BEST WAY OF MANAGING MAJOR LIVER TRAUMA**K P V R De Silva, N W B K H De Silva, H M S S De Silva,  
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**Introduction**

The liver is the most frequently injured solid abdominal organ following blunt and penetrating injuries. Hence, liver injuries contribute to high mortality and morbidity. Therefore, early diagnosis and pacesetting treatment would minimise the morbidity, mortality and hospital stay. Furthermore, the main modalities of management protocols are surgical (haemodynamically unstable) and non surgical (haemodynamically stable).

**Methods**

153 patients from 20 to 80 years of age who had liver trauma were analyzed retrospectively. Thereafter, 89 out of 153 were managed non surgically. Similarly 64 patients underwent surgical management. Furthermore, 34 were managed with packing and rest were managed with resection, suturing, haemostat agents like gel foams, surgicel and glues.

**Results**

21 out of 89 patients, those who were managed non surgically, had undergone surgery and subsequent packing due to failure in non surgical management. Moreover 12 out of 30 patient who had undergone surgery without packing ended up in complications like DIC, sub hepatic abscesses, biliary fistulae and 6 were died due to sepsis. However 5 out of 34 patients

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developed complications following packing and non of them died.

### **Conclusion**

Thus using packing alone has shown statistically significance (Chi test 94.1with df 2;  $p < 0.01$ ) when compared to surgical management without packing .it has been confirmed that, packing has improved the outcome of major liver trauma.