

Postoperative restrictive fluid balance management for abdominal compartment syndrome in ICU

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Abdominal Compartment Syndrome (ACS), when intra-abdominal pressure increased above 20 mmHg and accompanied by organ failure, associated with high morbidity and mortality. The treatments are fluid resuscitation, surgical decompression and also proper management in the ICU post operation. We report a case of male, 68 years old, came with a major complain of stomach ache and a lump in his umbilicus with septic shock. Then we prepared for a laparotomy decompression and post op care in the ICU on ventilator. Second day in the ICU, his abdomen became more distended with an intra-abdominal pressure of about 27 mmHg, followed by anuria, a decrease of tidal volume, a second laparotomy decompression was prepared. After the re-laparotomy, the patient was given Meropenem and Fluconazole for nine days, adequate vasopressor and was put on restrictive fluid therapy with negative fluid balance. The condition of patient improved and the patient was extubated on seventh day and the administration of a vasopressor was slowly decreased. On the ninth day this patient was stable without administration of vasopressor and was transferred to the ward. We treated a patient that came with abdominal compartment syndrome with adequate resuscitation, adequate antibiotics, laparotomy decompression and post operation care in the ICU. In day two, we began with negative fluid balance to decrease fluid in the interstitial space. The result was excellent, the condition of this patient was better, sepsis was resolved and the intra-abdominal pressure was normal in by the ninth day.

Biography

Ayu Yesi Agustina is currently a Resident of Anesthesiology and Intensive Therapy in Medical Faculty of Brawijaya University and also completed her Medical Doctor degree.