

## A Short Note on Surgical Emergency

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### DESCRIPTION

A surgical emergency is a medical situation in which immediate surgical intervention is the only solution. At least sixty percentage of surgical operations performed in Low and Middle Income Countries (LMICs) are for emergencies. Surgical emergencies focus on general trauma, head injury, burns, wound care, pediatric trauma, and trauma in pregnancy and non-traumatic surgical emergencies. Staffing and equipment requirements for all types of surgical emergencies, including trauma and obstetrics, are generally the same at first-level clinics. Some of the surgical emergencies include:

**Acute trauma:** It is a condition that occurs suddenly. It contains event that poses a serious abdominal trauma, such as a car accident, a fall, or a gunshot/knife wound.

**Acute appendicitis:** In the case of acute appendicitis, the appendix becomes swollen and inflamed, and the usual treatment is surgical removal of the appendix. This can be done either through open surgery or by laparoscopic surgery.

**Obstruction of the bowels:** A variety of causes can induce bowel blockage, including malignant or non-cancerous malignancies, scar tissue (common in the small intestine), and intestine narrowing/twisting. Crohn's disease or hernias can induce intestinal obstruction, although chronic constipation can also cause it. Perforation of the gastrointestinal tract-It could be caused by trauma or a condition like appendicitis or diverticular disease. It can result in Peritonitis, or inflammation of the lining of the abdominal cavity.

**Volvulus of the intestine:** The twisting of a portion of the colon that might cause intestinal obstruction is known as volvulus. It is commonly congenital, or genetic, in babies and early children, and it can be caused by adhesions, or scar tissue, in adults.

**Acute mesenteric ischemia:** A blood clot in one of the veins supplying the small bowel causes this condition, which is frequently caused by other disorders such as renal failure or heart failure. The majority people affected by this are over 60 years old.

**Perforation of the stercoral:** This occurs when the contents of

the colon perforate or burst the bowel walls. A foreign object or, more commonly, acute constipation resulting in hardened faecal matter might cause this. If left untreated, stercoral perforation can lead to peritonitis, necessitating immediate surgical intervention.

The capacity to do abdominal, thoracic, vascular, and soft tissue surgeries within 24 hours is one of the competencies required for emergency surgery. In cases of diminishing renal function, emergency surgical techniques such as percutaneous nephrostomy and endoscopic ureter stenting are required to relieve urinary tract obstruction. Structures may require reconstructive surgery to be corrected, and a decreased bladder's capacity may need to be increased. Both radical and reconstructive surgery should be performed during the initial intensive 2-month period of anti-TB therapy.

Open surgery has been less common in recent years, and a non-functioning kidney that causes no symptoms would not be removed. Surgery, on the other hand, may be considered if there are complicating problems. Acute threat to life, organ, limb, or tissue caused by external trauma, acute disease process, acute worsening of a chronic disease process, or complication of a surgical or other interventional operation are emergency surgery. The timing of surgical intervention is essential for surgical emergency patient outcomes. When faced with a high volume of patients requiring emergency surgery and limited resources, the acute care surgeon must priorities patients based on their disease process and physiological status. All surgical professions should schedule emergency operations according to an agreed-upon time frame based on accumulated data of outcomes related to time passed from diagnosis to surgery. A sudden rise in orbital pressure is the hallmark of orbital compartment syndrome, an unusual ophthalmic surgical emergency. Damage to the retinal and other intra orbital structures, including irreversible blindness, can occur when intra orbital stress builds. Early detection and emergent orbital decompression are critical in preventing irreversible vision loss from orbital compartment syndrome. Treating general surgical emergencies is quite inexpensive and should be included in the services provided by first-level clinics.

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