Treatment of Bowel Injuries

Laparotomy

Shock Damage Control

NO

Repair Bowel Injuries <50% circumference
Anastomose Staple = hand sewn
Close fascia

Yes

Leave in discontinuity and open abdomen

Resolve shock and hypoperfusion
Acid base corrected

Yes

Anastomose
Close fascia
Unless transverse or left colon—consider diversion

No

Leave Open
Return to the OR when shock resolved

Consider diversion
-transverse left colon injuries
> 4 units FRBC in 24 hours
> 24 hours open abdomen

Reviewed 8/14/2019