INTRODUCTION

Adhesions have now become the leading cause of intestinal obstruction. The diagnosis though being straight forward, management poses a lot of problems due to the high incidence of recurrence. The advent of laparoscopic surgery may alter the incidence of adhesions. Despite the promise of laparoscopic surgery, adhesions still continue to be a major source of concern for surgeons not only because of technical difficulties but also because of the volume of work they generate. In the absence of any clinically proven means of preventing adhesions from forming, the onus lies with the surgeon to try and reduce their occurrence by improved and meticulous surgical techniques. **(Ketan., 1986)**

Introduction

Various studies have been carried out to assess the severity of problems posed by adhesions. Weibel and Majno carried out a study in a post mortem series to find out the incidence of adhesions. In cadavers with no preceding abdominal surgery, adhesions were found in 28% and in those that had minor abdominal surgery 67% had adhesions. **(Menzis & Ellis., 1990)**

If major surgery had been performed adhesions were present in 76% and in cases of multiple abdominal surgery 93% had adhesions. **(Menzies & Ellis., 1990)**

The incidence of adhesions has also been studied in living subjects. Inflammatory adhesions in patients who has not undergone any preceding abdominal surgery were found to be present in 10%. In patients who had previous abdominal surgery postoperative adhesions were found in 93% and inflammatory adhesions in 20%. **(Menzies & Ellis., 1990)**

Introduction

In a review over the last 25 years it has been shown that adhesions accounted for 1% of all surgical admissions and 3% of all laparotomies in a particular surgical unit. **(Plyforth, et al., 1970)**

It is likely that although the incidence of adhesive obstruction is increasing, it is doing so because more and more patients are being submitted to laparotomies each year.**(Plyforth, et al., 1970).**

Though there is a better understanding of the mechanisms that lead to adhesion formation, yet there is no pharmacological means of completely preventing the formation of adhesions. Peritoneal trauma and ischemia are potent stimuli for adhesion formation. **(Ketan., 1986)**

Adhesions producing intestinal obstruction usually require surgical intervention in 30 to 60% of cases. **(Bevan., 1984)**

Simple adhesiolysis is usually employed in those patients who require surgery for adhesive obstruction.**(Bevan., 1984)**

Introduction

The advent of laparoscopic surgery will undoubtedly alter the incidence of adhesions developing after surgery. The reduced bowel trauma from handling, the absence of large abdominal wounds and the exclusion of foreign material such as starch and gauze from the abdominal cavity will reduce adhesion formation after laparoscopic surgery. It is possible that in the future some form of rt-PA peritoneal lavage may reduce these problems after surgery that will prevent adhesion formation or reformation. **(Ketan., 1986)**

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