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URGENT SURGERY FOR BLEEDING GASTRODUODENAL ULCER VS. OPERATIVE RISK

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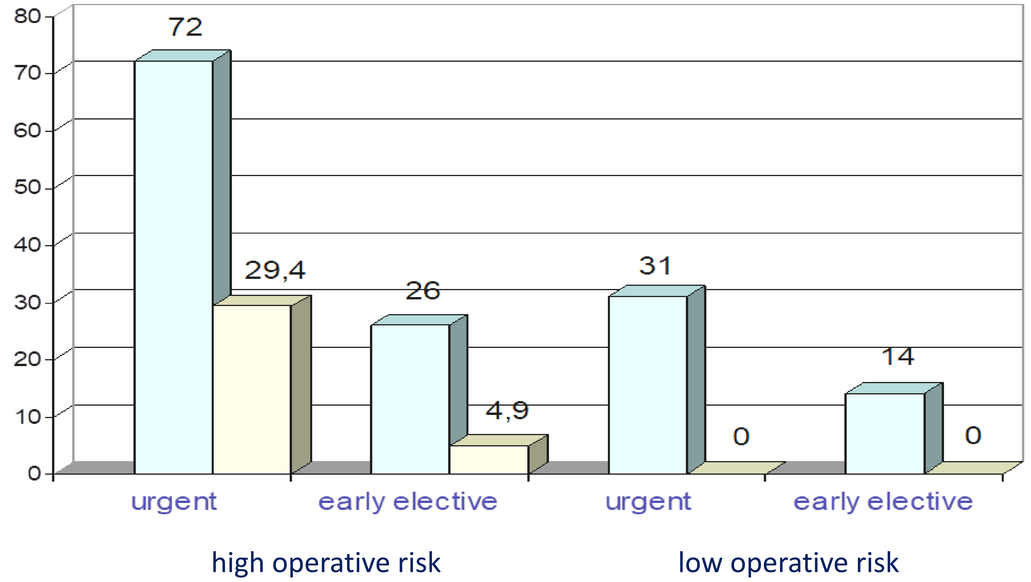
Introduction. Selection between surgery and continuation of conservative treatment is often challenging in patients with recently stopped ulcer bleeding. Decision is made on estimation of rebleeding (R) risk, individual for each patient.

Keywords: gastroduodenal ulcer, bleeding, operative risk, surgery

Aim of the study was to compare results of urgent (U) and early elective (EE) surgery, and to determine their reliance by grade of patients' operative risk.

Material and methods. The study is based on result analysis of 285 patients, underwent surgery for bleeding gastroduodenal ulcer. The influence of factors, which determine "operative risk" (age and comorbidity), on results of urgent (for R) and early elective (for prevention of R) procedures was assessed.

Results. There are no significant differences of treatment results between U and EE surgery in "low operative risk" patients (less than 60 years and without concomitant illnesses). In contrast in patients with "high operative risk" (over 60 years and/or with concomitant pathology), U procedure was associated by increased rate of postoperative morbidity (71,8% vs 25,9%, $p < 0,001$) and mortality (29,4% vs 4,9%, $p < 0,001$), comparative with EE surgery.



Conclusions. Risk of postoperative complications and death in patients under 60 years old and without comorbidity do not depend on type of surgery, therefore indications for EE surgery should be limited. In these patients in occurrence of R, repeated endoscopic hemostasis and insistent conservative treatment are preferable. Conversely "high operative risk" patients may easier support EE surgery, than repeated hemorrhage, and EE procedure for prevention of R is indicated early.