

Critical Care 2019: Post-operative restrictive fluid balances management for abdominal compartment syndrome in ICU- Ayu Yesi Agustina- Brawijaya University- Indonesia

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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 stomachache 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.

Postoperative consideration units are controlled by an anesthesiologist or a specialist, or a group framed of both. The board of postoperative liquid treatment ought to be finished thinking about the two patients' status and intraoperative occasions. Kinds of the liquids, measure of the liquid given and timing of the organization are the principle points that decide the liquid administration procedure. The principle objective of liquid revival is to give satisfactory tissue perfusion without hurting the patient. The endothelial glycocalyx brokenness and liquid move to extracellular compartment ought to be considered astutely. Liquid administration must be done dependent on patient's body liquid status. Patients who are receptive to liquids can profit by liquid revival, though patients who are not liquid responsive are bound to endure entanglements of over-hydration. Along these lines, basic utilization of focal venous weight estimation, which is end up being wasteful to foresee liquid responsiveness, ought to be stayed away from. Objective coordinated system is the most judicious way to deal with survey the patient and keep up ideal liquid equalization. Notwithstanding, open and pertinent checking apparatuses for deciding patient's real liquid need ought to be additionally examined and universalized. The discussion around colloids and crystalloids ought to likewise be considered with objective coordinated treatments. Preferences and impediments of every arrangement must be assessed with the patient's particular condition.

Liquid administration is a significant piece of in general careful treatment. Legitimate organization of liquids is basic, particularly in patients who

experience significant medical procedures, for example, crisis laparotomies, gut resections and hepatectomy systems. Body liquid creation may change in minutes or hours, bringing about debilitated injury mending and homeostasis. Quickly, decision of methodology in intraoperative and postoperative liquid administration might be noteworthy.

We will look at changed postoperative liquid administration techniques in this survey. Postoperative administration of patients, who experience medical procedure, is completed by concentrated consideration authorities, anesthesiologists and general specialists in postoperative consideration units, in everywhere throughout the world. Then again, intraoperative administration is a very extraordinary skill, which is completely incorporated by anesthesiologists just, and isn't shrouded in this article. Albeit postoperative consideration units are for the most part overseen by a group of the two anesthesiologists and specialists or just by anesthesiologists in Europe and Japan, specialists' essence and co-initiative is vital in postoperative consideration. Agreeable with this view, specialists assume the biggest job in North America.

Sorts of the liquids, measure of the liquid given and timing of the organization are the fundamental subjects that decide the liquid administration system. A few discussions have been proceeded about every one of these subjects. In early occasions of present day medication, directing a lot of liquids was supported, rather than confronting the danger of hypovolemic. In 1961, defined the "third space" liquid shortfall as nonfunctional liquid which can be accounted as liquid misfortune and they proposed utilization of enormous amounts of liquids to substitute this useful misfortune. After this technique gets well

known, reports of antagonistic impacts of high volume states initiated by over the top saline use started to emerge. Today, accurate measure of liquid to keep up perfect homeostasis is as yet dubious. Likewise, there are differing kinds of intravenous liquids and all change in their organic and synthetic properties which brings about shifting dispersion shapes and fluctuating consequences for homeostasis, vascular uprightness, and other hemodynamic factors. Evidently, liquid administration is confessed to be a specialty of medication and dependent on close to home decisions. Despite the fact that this methodology may not be thoroughly off-base, a lot of proof gained by enormous volume studies ought to be considered astutely.

Postoperative liquid administration assumes a key job in giving satisfactory tissue perfusion, stable hemodynamics and lessening morbidities related with hemodynamics. Understanding body liquid physiology and potential results of various liquid administration procedures is vital for all specialists. Postoperative consideration units can be overseen by an anesthesiologist, a specialist or a group made out of both. The board of postoperative liquid treatment ought to be finished thinking about the two patients' interesting status and intraoperative occasions. Consequently, specialists must know about upsides and downsides of current liquid administration methodologies and their impacts on careful result. In spite of the fact that there has been a huge advancement on liquid status checking and liquid administration procedures, most clinicians despite everything incline toward their conventional methodologies for postoperative liquid administration.