

Mechanical bowel preparation before elective colorectal surgery in the Gaza Strip: a survey of surgical practice

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Abstract

Background Many surgeons believe that postoperative complications and anastomotic leakage after colorectal surgery can be reduced by preoperative mechanical bowel preparation (MBP). We surveyed the practice of surgeons in the Gaza Strip, occupied Palestinian territory, and compared this with best available evidence for use of MBP.

Methods A five item questionnaire was given to the seven most senior surgeons who did almost all surgeries in the European Gaza Hospital and the Al-Shifa Hospital (the two main hospitals in the Gaza Strip). We searched the Cochrane Library for relevant evidence using the search terms “colonic” or “colon”, or “colorectal electives surgery” in combination with “mechanical bowel preparation”.

Findings All seven surgeons stated that they routinely prescribe MBP before elective colonic or rectal surgery. Two surgeons used MBP only for left colonic surgery; the other five surveyed reported using MBP for both right and left colonic surgery. For one surgeon, MBP consisted of rectal enemas and rectal enema plus oral fluids for 48 h. Another surgeon added oral laxatives to this regimen. Two surgeons used rectal enemas plus oral MBP, and three surgeons used oral quick preparation formulae, alone. All seven surgeons used systemic antibiotics before operating. We recorded no clear evidence from the available systematic review that MBP with rectal enema reduces complications after surgery, but the confidence interval around the estimates of its effects are wide (anastomotic leakage for MBP [95% CI 0.74–1.31] vs rectal enema [95% CI 0.74–2.36]; for wound infection [95% CI 0.95–1.42]).

Interpretation Generally, surgeons in the two main hospitals in Gaza use different approaches to MBP for elective colorectal surgery because they believe that it lowers the incidence of postoperative complications and anastomotic leakage in patients. However, a wide variation in their use of many forms of MBP was noted, representing the absence of clear evidence from research. MBP is reported as unpleasant by many patients and more research is needed to provide better evidence to assess whether this procedure has the believed beneficial effects and to guide future practice.

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Contributors

SAT and ZOE did the study conception and design, acquisition of data. KAKE and ZOE did the data analysis and interpretation. KAKE did critical revision of the Abstract. ZOE drafted the Abstract.

Declaration of interests

We declare no competing interests.

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