

Gastric Perforation



Overview

Perforation of the gastrointestinal tract is suspected with clinical presentation of severe abdominal pain. Diagnostic imaging will typically reveal the presence of pneumoperitoneum, which is extraluminal "free" gas or fluid. Although these can occasionally be contained perforation, they should be treated as surgical emergency until proven otherwise.

Management

Labs/Imaging	<ul style="list-style-type: none"> ● CT Abdomen/Pelvis with IV contrast: Pneumoperitoneum ● H. Pylori testing
Common Etiologies	<ul style="list-style-type: none"> ● Peptic Ulcer Disease ● Iatrogenic (PEG, Endoscopy, DHT placement, etc.) ● NSAID use ● ETOH use ● H. Pylori ● Neoplasm ● Foreign body ingestion ● Trauma
Signs & Symptoms	<ul style="list-style-type: none"> ● Acute abdominal pain/ peritonitis / guarding ● nausea/vomiting ● Sepsis (tachycardia, tachypnea, fever, hypotension, etc.)
Treatment	<ul style="list-style-type: none"> ● Emergent Laparoscopic Graham Patch Repair ● Strict NPO/IVF ● Pain medications ● Protonix 40mg BID ● Nutrition post-op (TPN vs Post-pyloric TF) ● Antibiotics <ul style="list-style-type: none"> ○ Rocephin 2G q 24 hours AND Flagyl 500mg q 8 hours ○ Zosyn 3.75mg q 8 hours
Post Operative Management	<ol style="list-style-type: none"> 1. Continue treatment for H. Pylori 2. Encourage ambulation/incentive spirometer 3. Upper GI on POD#5 to evaluate for gastric leak 4. If return of bowel function and no gastric leak, attempt diet advancement