

Small Bowel Resection

Competencies and Definitions

I. Consent

- Discusses indications for a small bowel resection
- Discusses risks/complications of operation, including anastomotic leak.

II. Pre operation planning

- Foresees any nutritional consequences of small bowel resection
- Aware of clinical indications
- Aware of significant co-morbidities - obesity, renal disease etc
- Knows relevant results
- Has reviewed relevant imaging

III. Pre operative preparation

- WHO Safety check and team time out
- Consideration of DVT prophylaxis and antibiotic prophylaxis
- Ensures specialised equipment available as require
- Patient is positioned appropriately
- Prepares and drapes appropriately

IV. Exposure and closure

- Makes appropriate midline abdominal incision
- Mass closure of abdominal wound with appropriate suture material
- Skin closure with staples or suture material

V. Intra operative technique: global (G) and task-specific items (T)

- Serial division of mesentery with haemostats or vessel sealing device
- Identification of diseased bowel to be resected
- Division of proximal and distal bowel between clamps or using linear cutter-stapler
- Bowel anastomosis: side-to-side using stapler OR end-to-end hand-sewn (selects appropriate suture material if hand sewn)
- Check for patency or leaks

VI. Post operative management

- Devises plan for analgesia, intravenous fluids and oral intake.
- Aware of signs suggestive of anastomotic leak

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