MANAGEMENT OF LARGE BOWEL OBSTRUCTION

THESIS

Submitted for partial fulfillment of M.Sc. Degree in General Surgery

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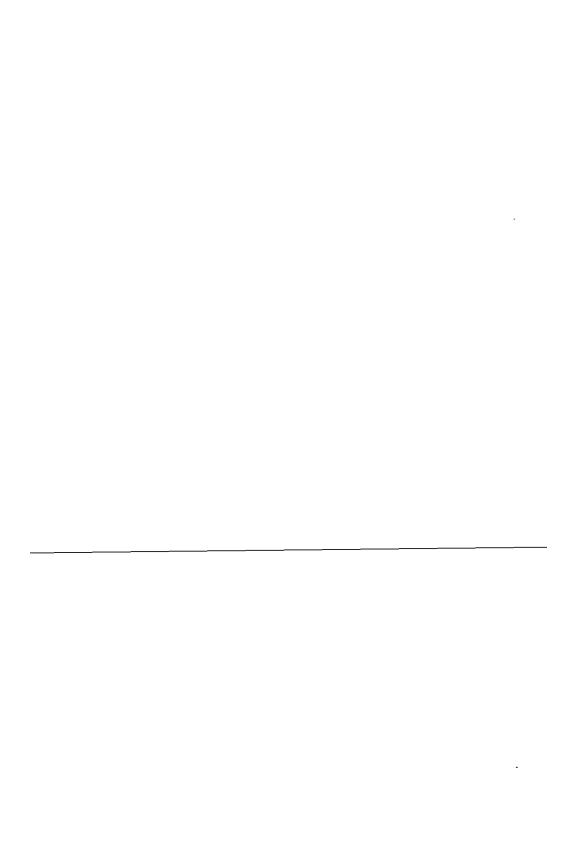
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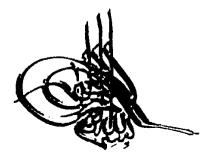
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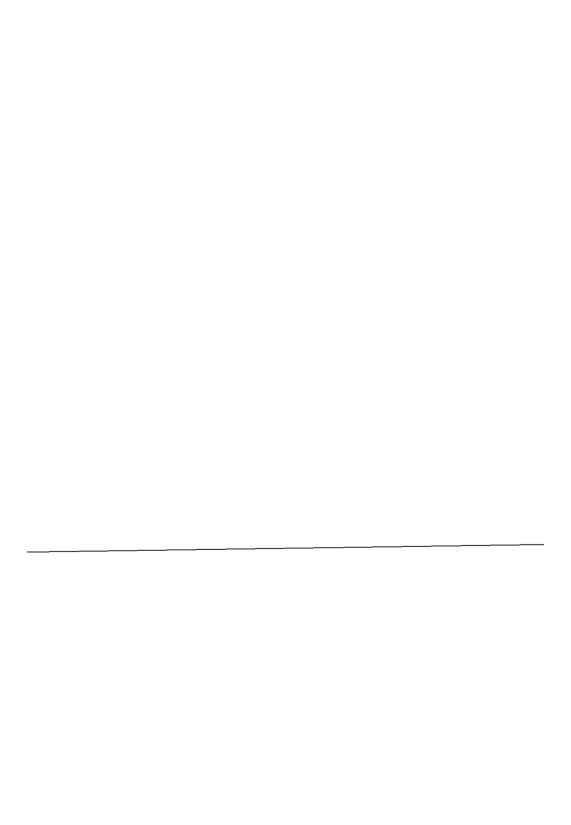




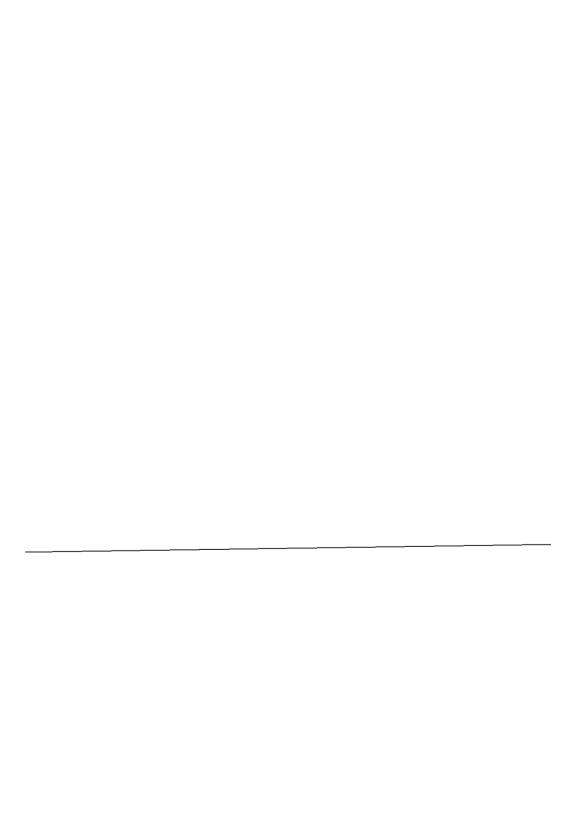


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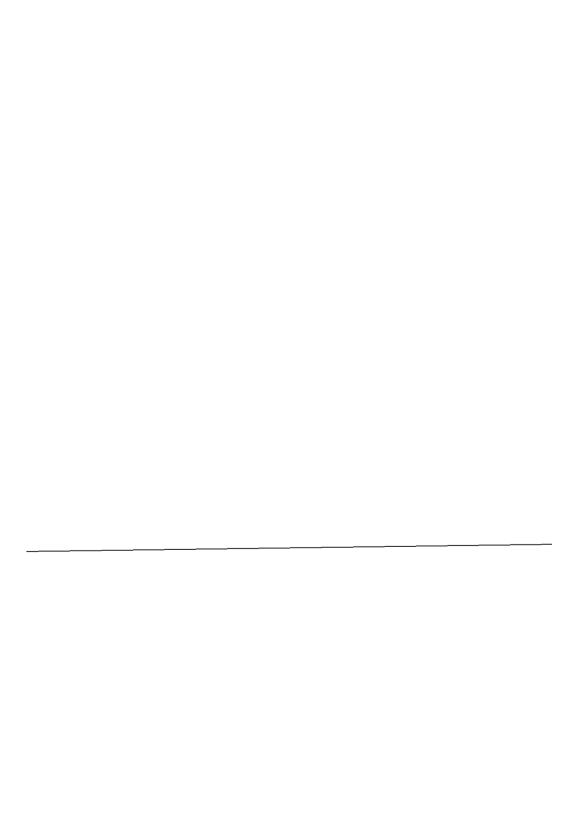


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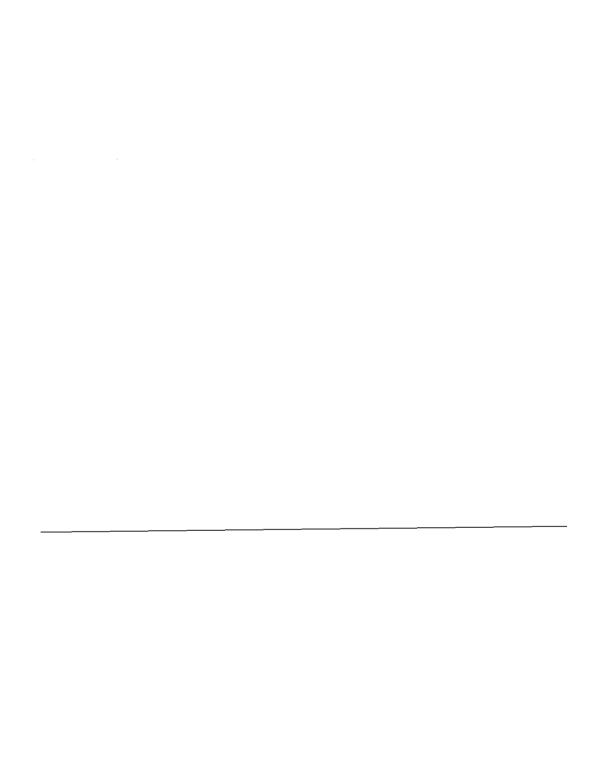


Contents

Introduction	1
Aim of the work	4
Review of the Literature	5
Patients and Methods	136
Results	145
Discussion	159
Conclusion	176
Summary	177
References	182
Arabic Summary	198



Introduction



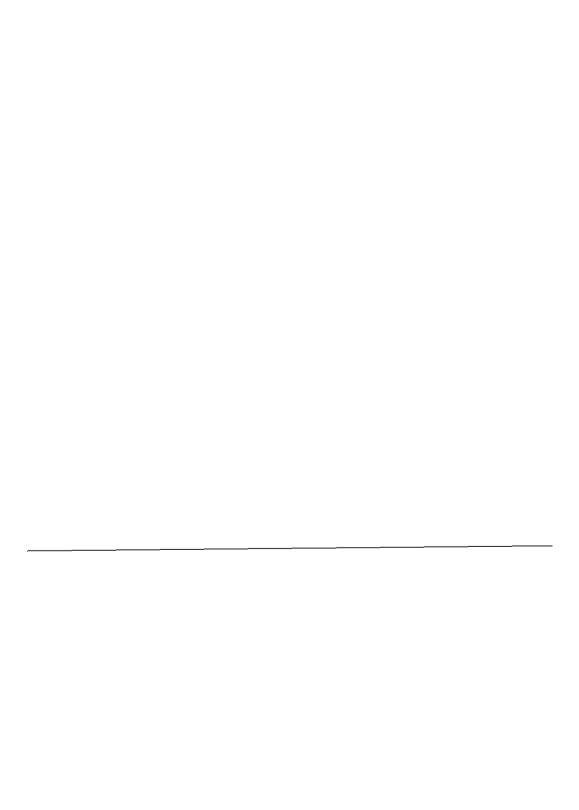
Introduction

Large bowel obstruction is a common surgical emergency, it accounts for about 6.3% of all cases presenting with intestinal obstruction. And because of its serious nature, if demands early diagnosis and a speedy relief and in most of the cases, surgical interference should be carried out without undue delay, with rare exceptions (*Williams*, 1993).

The degree of urgency varies according to the general state of the patient and the judgement of the surgeon as to whether strangulation or impending perforation is likely (*Williams*, 1993).

Patients presenting with large bowel obstruction represent a high risk group and they deserve careful evaluation by a suitably trained surgeon. There are circumstances when each of the treatment options may be appropriate and these decisions require fine judgement (Stewart et al., 1993).

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Aim of the work