

Nursing Collaborative Care in Complex Abdominal Surgeries

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Abstract:

Nursing collaborative care in complex abdominal surgeries is essential for optimizing patient outcomes and ensuring comprehensive pre-operative, intra-operative, and post-operative management. This multi-disciplinary approach involves nurses working closely with surgeons, anesthetists, dietitians, and physiotherapists to deliver holistic care tailored to each patient's needs. Effective communication among team members facilitates the identification of potential complications, timely interventions, and individualization of pain management strategies. Further, thorough pre-operative assessments, including the evaluation of co-morbidities, nutritional status, and psychological readiness, enable nurses to develop tailored care plans that promote recovery and minimize risks. In the post-operative phase, nurses play a crucial role in monitoring patients for signs of infection, managing drainage systems, and supporting early mobilization to prevent complications such as deep vein thrombosis and pulmonary embolism. Collaborative rounds involving the entire care team help in assessing progress and adjusting care plans as needed. Additionally, patient education is a pivotal aspect that nurses provide, ensuring patients understand their recovery expectations and self-care management. This collaborative framework not only enhances patient safety and satisfaction but also fosters a culture of teamwork in critical healthcare environments, ultimately leading to better clinical outcomes in complex abdominal surgeries.

Keywords: Nursing collaborative care, complex abdominal surgeries, multi-disciplinary approach, patient outcomes, pre-operative assessment, post-operative management, infection monitoring, pain management, patient education, healthcare teamwork.

Introduction:

In the contemporary landscape of healthcare, the complexity of surgical procedures has notably escalated, driven by advancements in technology, increasing patient comorbidities, and evolving surgical techniques. Among these intricate procedures, complex abdominal surgeries stand out for their significant implications on patient outcomes and recovery. These surgeries encompass a range of interventions, from extensive resections to multi-organ transplants, necessitating not only technical surgical expertise but also a comprehensive, multifaceted approach to patient care. As a pivotal component of the

surgical team, nursing professionals play an essential role in the collaborative care model, facilitating an interdisciplinary approach that enhances patient safety, optimizes outcomes, and streamlines the recovery process [1].

The essence of collaborative care in nursing, particularly within the context of complex abdominal surgeries, stems from the recognition that no single discipline possesses all the necessary skills and knowledge to manage the multifaceted needs of patients undergoing such high-stakes interventions. Nursing collaborative care emphasizes teamwork among various healthcare professionals, including

surgeons, anesthesiologists, physicians, and allied health professionals, to ensure that every aspect of patient care is addressed. This model seeks to harness the diverse expertise of each team member, promoting a shared decision-making process that aligns with the best practices and evidence-based guidelines pertinent to surgical nursing care [2].

The significance of nursing collaborative care is underscored by the inherent challenges and risks associated with complex abdominal surgeries. Patients often present with a range of pre-existing conditions, such as diabetes, obesity, or cardiovascular disease, which can complicate surgical planning and postoperative recovery. These complexities necessitate rigorous preoperative assessments and meticulous perioperative care. Studies have indicated that patients who receive collaborative care, characterized by comprehensive assessments and integrated planning, tend to experience lower rates of postoperative complications, including infections, prolonged hospital stays, and readmissions [3].

Furthermore, the integration of nursing collaborative care during complex abdominal surgeries reflects a broader evolution toward patient-centered care in healthcare. Patient-centered care emphasizes the importance of acknowledging each patient's unique needs, preferences, and values, fostering an environment where patients are active participants in their healthcare journey. Through effective communication, collaborative goal setting, and empathetic engagement, nursing professionals can ensure that the surgical experience is tailored to the individual, thus enhancing overall satisfaction and adherence to postoperative care protocols [4].

Additionally, the utilization of nursing collaborative care models facilitates the implementation of evidence-based practices that are crucial for improving surgical outcomes. Nurses engage in ongoing education and skill development to remain abreast of the latest advancements in surgical techniques, postoperative management, and pain control measures. By participating in interdisciplinary rounds and utilizing standardized protocols, nursing teams can coordinate care efforts, streamline workflows, and reduce redundancies, ultimately leading to more efficient and effective patient management [5].

Despite the apparent benefits of collaborative care in nursing, there exist challenges and barriers to its implementation in the context of complex abdominal surgeries. Issues such as insufficient staffing, varying

levels of interprofessional communication, and disparate institutional practices can hinder the ideal execution of collaborative care models. Moreover, the growing demands of healthcare systems amid resource constraints necessitate ongoing research and evaluation to optimize collaborative care frameworks effectively. Identifying and addressing these barriers will be critical in leveraging collaboration to improve outcomes in high-risk surgical populations [6].

The Role of Nurses in Abdominal Surgery: A Comprehensive Overview:

Abdominal surgery encompasses a wide range of surgical procedures performed on organs within the abdominal cavity, including the stomach, liver, pancreas, intestines, and gallbladder. These procedures may range from minimally invasive laparoscopic surgeries to more extensive open surgeries. While the role of surgeons is often highlighted in surgical contexts, the contributions of nurses are equally vital and multifaceted. In this comprehensive overview, we will explore the various roles and responsibilities of nurses in abdominal surgery, detailing their involvement in preoperative preparation, intraoperative support, and postoperative care, as well as their contributions to patient education and interdisciplinary collaboration [7].

Nurses play a crucial role in the preoperative phase of abdominal surgery, ensuring that patients are physically and emotionally prepared for their procedures. Their responsibilities include conducting thorough assessments of patients' medical histories, vital signs, and current health statuses. This assessment helps to identify any potential risks or contraindications that may impact the surgical procedure or anesthesia [8].

In addition to assessments, nurses perform patient education, explaining the details of the surgery, expected outcomes, and potential risks. They address patients' concerns and anxieties, providing reassurance and support. This educational component is vital, as informed patients are often more compliant and have better outcomes. Nurses ensure that patients understand preoperative instructions, which may include dietary restrictions, medication management, and the importance of preoperative lab tests [9].

Furthermore, preoperative nurses also play a key role in coordinating care by collaborating with anesthesiologists and surgeons. They ensure that all necessary paperwork is completed and that the patient is ready for the procedure. Additionally, they may be

responsible for obtaining informed consent, ensuring that patients are aware of the nature of the surgery, the risks involved, and the alternatives available [10].

During the surgical procedure, nurses assume critical roles within the operating room environment. Surgical nurses, often referred to as perioperative or scrub nurses, are responsible for maintaining sterility, organizing instruments, and assisting the surgeon. They must possess a keen understanding of surgical procedures and anatomy to anticipate the needs of the surgical team effectively [11].

Nurses in the operating room also play a vital role in patient safety. They monitor various parameters, including the patient's vital signs, anesthesia levels, and overall well-being throughout the surgery. Any changes or complications that arise must be quickly identified and communicated to the surgical team. The ability to respond promptly to evolving situations is a testament to the critical thinking and vigilance required of nurses in the operating room setting [12].

Furthermore, a circulating nurse often oversees the overall environment of the operating room. This nurse manages the flow of information and supplies, facilitates communication between the surgical team and other departments, and addresses the needs of the surgical team, ensuring they have the necessary resources at their disposal. This role is pivotal in maintaining an efficient surgery schedule and a safe surgical atmosphere [12].

Postoperative care is another vital aspect of the nursing role in abdominal surgery. Nurses monitor patients as they recover from anesthesia, focusing on their vital signs, pain management, and the functionality of surgical sites. They assess for complications such as infection, leakage, or bleeding and take immediate action when necessary [12].

Pain management is especially critical in the postoperative period, as proper pain control significantly contributes to a patient's comfort and recovery. Nurses play a crucial role in administering pain relief medications, educating patients on pain management techniques, and advocating for the patient's needs regarding pain control.

Nurses also provide support for patients in regaining mobility following surgery. Early postoperative mobilization is essential for preventing complications such as blood clots and promoting overall recovery. They assist patients in gradually resuming normal

activities, guiding them toward safe practices tailored to their unique circumstances [13].

Education does not cease postoperatively; nurses continue to educate patients about their recovery and rehabilitation processes. They provide information about dietary modifications, activity restrictions, and medication management, reinforcing the importance of follow-up care. Detailed discharge instructions, which nurses often prepare, are crucial to ensure that patients can manage their care at home effectively [13].

Emotional support is another essential element of postoperative care. Abdominal surgery can significantly impact patients' mental and emotional well-being. Nurses act as advocates and companions, listening to patients' concerns, addressing their fears regarding recovery, and offering resources for mental health support when necessary. Establishing a trusting nurse-patient relationship can significantly improve the overall experience and outcomes for patients undergoing abdominal surgery [14].

Nurses in abdominal surgery settings frequently collaborate with a range of healthcare professionals. They interact with surgeons, anesthesiologists, nutritionists, physical therapists, and social workers to ensure comprehensive patient care. This interdisciplinary approach is crucial for addressing the diverse needs of patients undergoing surgery [15].

Nurses serve as a bridge between patients and the healthcare team, often advocating for the patient's needs and preferences. Their holistic understanding of the patient's experience enables them to communicate important information and coordinate care effectively, ensuring that the patient receives well-rounded support [15].

Pre-operative Assessment and Planning in Complex Cases:

Preoperative assessment (PA) and planning are critical phases in the surgical journey of patients, particularly in complex cases involving multiple comorbidities, prior surgeries, and unique anatomical considerations. Adequate preparation not only increases the likelihood of successful surgical outcomes but is also essential in mitigating potential risks associated with surgery. Nurses play an indispensable role in this process, acting as facilitators who ensure that patients are adequately prepared both physically and psychologically for the operational procedures that lie ahead [16].

The preoperative assessment is a comprehensive evaluation of a patient's health status prior to undergoing surgery. This involves a detailed review of the patient's medical history, physical examination, diagnostic tests, and an assessment of the patient's psychological state. In complex cases, where patients may present with an array of health issues—such as cardiovascular disease, diabetes, or obesity—the PA becomes even more crucial. It transforms into a multidimensional evaluation that must consider the entirety of the patient's health landscape [16].

An effective preoperative assessment aims to identify any potential anesthetic and surgical risks, allowing healthcare providers to devise a meticulous perioperative plan. It typically comprises various components, including gathering patient history, conducting physical examinations, ordering laboratory tests, and coordinating specialist consultations when necessary. Key factors assessed include the patient's functional status, medication management, allergies, and social support systems, all of which can vastly affect the surgical outcome [16].

Following a thorough assessment, the next logical step is the strategic planning of the perioperative pathway. This involves creating an individualized care plan that caters to the specific needs of the patient and the anticipated complexities of the procedure. In complex surgical cases such as major vascular surgeries, organ transplants, or orthopedic reconstructions, this planning is imperative as it addresses the unique challenges posed by the patient's comorbidities [17].

Planning in complex cases includes determining the appropriate type of anesthesia, selecting the surgical approach, and preparing for contingency scenarios that may arise. It requires multidisciplinary collaboration, where anesthesiologists, surgeons, nurses, and other healthcare professionals come together to orchestrate a comprehensive approach that prioritizes patient safety. This multidisciplinary team ensures that all potential complications are prepared for, enabling a smooth transition from preoperative to postoperative phases [17].

The Multifaceted Role of Nurses

Nurses assume a central role in the preoperative assessment and planning process, acting as the stakeholders who bridge the gap between patients and the surgical team. Their contributions are diverse, encompassing education, communication, patient advocacy, and logistical coordination [18].

1. Patient Education and Advocacy

One of the most vital roles of nursing staff in preoperative care is patient education. Patients often experience anxiety and have numerous questions regarding their upcoming surgeries. Nurses act as educators, providing vital information about what to expect before, during, and after the procedure. They explain preparation instructions, including dietary restrictions and medication management, which can significantly impact surgical outcomes.

Education also extends to helping patients understand their rights and the expected recovery process. By fostering an environment of trust and open communication, nurses empower patients, encouraging them to voice concerns and ask questions, thus ensuring that the patient's voice is heard in the decision-making process [18].

2. Comprehensive Assessment and Triage

Nurses conduct initial assessments upon patient arrival at preoperative clinics. They collect pertinent medical history and vital signs, screen for potential risks, and identify any contraindications to surgery. Advanced practice nurses or nurse practitioners may engage in more detailed evaluations, employing their expertise to interpret data from lab results and imaging studies.

In complex cases, it is not uncommon for nurses to identify red flags, such as unmanaged chronic diseases or psychological issues, that could complicate the surgical procedure. In such instances, nurses implement triage measures, which may include referring patients to additional specialists or arranging preoperative optimization strategies [19].

3. Multidisciplinary Coordination

Nurses play a critical role in coordinating the multidisciplinary team's efforts. They are instrumental in facilitating communication among various specialists, ensuring that everyone involved is on the same page regarding the patient's condition and the planned surgical approach. This coordination minimizes the risk of oversights and ensures that all aspects of a patient's care are aligned.

For example, if a patient's cardiovascular history necessitates cardiology clearance before surgery, nurses ensure that this happens in a timely manner. Their involvement facilitates a seamless continuum of care from the preoperative phase through to postoperative recovery [20].

4. Psychological Support

Complex surgical cases often come with emotional burdens for patients and their families. Nurses are trained not only in physical assessments but also in the emotional and psychological aspects of care. They provide vital support by actively listening to patients, addressing their fears, and collaborating with mental health professionals when necessary. This holistic approach enhances the patient's readiness for surgery, improving the overall surgical experience and outcomes [21].

Interdisciplinary Team Dynamics and Communication Strategies:

Complex abdominal surgeries present some of the most intricate medical challenges in the field of surgery, necessitating a multifaceted approach that involves diverse professionals from various medical disciplines. The success of these surgeries is often contingent upon effective multidisciplinary team (MDT) dynamics and robust communication strategies among team members [22].

Complex abdominal surgeries encompass a vast array of procedures, including but not limited to pancreatic resections, liver transplants, and complex gastrointestinal reconstructions. These surgeries often require a cohesive effort by a team of specialists, including surgeons, anesthesiologists, gastroenterologists, radiologists, nurses, and allied health professionals like dietitians and social workers. The diversity of expertise among team members contributes significantly to patient safety and procedural success.

MDTs are characterized by their collaborative nature, where members contribute their unique expertise, insights, and skills toward a common goal—the optimal management of the patient's surgical condition. The complexity of abdominal surgery necessitates not only technical proficiency but also a thorough understanding of the interdependencies between various physiological systems, making it imperative that healthcare professionals work together seamlessly [22].

Team Dynamics: The Interpersonal Elements of MDT Collaboration

Effective teamwork is influenced by interpersonal dynamics that can either facilitate a strong, collaborative environment or hinder a team's ability to function optimally. Several factors contribute to successful team dynamics:

1. **Role Clarity:** Each team member must have a clear understanding of their roles and responsibilities within the team. This clarity helps prevent overlaps and gaps in the care provided, thus optimizing performance and accountability.
2. **Mutual Respect:** A culture of respect among team members fosters an environment where all contributions are valued. This respect is critical in promoting open dialogue, allowing for a free exchange of ideas and concerns that enhances decision-making.
3. **Trust:** Trust is a cornerstone of effective teamwork. When team members trust each other's expertise and judgment, they are more likely to engage in constructive discussions and collaborate on solutions for complex problems.
4. **Conflict Resolution:** In high-pressure surgical settings, disagreements and conflicts are inevitable. The ability to navigate these conflicts constructively—through mediation strategies and open discussion—can significantly impact team cohesion and performance.
5. **Leadership:** Effective leadership within the MDT plays a crucial role in maintaining team dynamics. Leaders must inspire confidence, encourage participation from all members, and help facilitate effective communication among the team [23].

Communication Strategies in Multidisciplinary Teams

Effective communication is paramount in ensuring safety and efficiency during complex abdominal surgeries. The following strategies can enhance communication among MDT members:

1. **Structured Communication Tools:** Implementing standardized communication tools, such as the Situation-Background-Assessment-Recommendation (SBAR) technique, can help streamline information exchange. SBAR allows team members to communicate relevant patient information succinctly and effectively, promoting clarity in high-pressure situations [24].
2. **Preoperative Briefings:** Conducting preoperative meetings to discuss the surgical plan, roles, responsibilities, and potential challenges fosters teamwork and ensures that all members are on the same page. This upfront communication can significantly reduce misunderstandings during the surgical procedure.

3. **Use of Checklists:** The adoption of surgical checklists—such as the World Health Organization’s Surgical Safety Checklist—has been shown to enhance communication and accountability among surgical teams. Checklists promote thoroughness, ensuring critical steps are not overlooked, and encourage a culture of safety [24].
4. **Intraoperative Communication Protocols:** Real-time communication during surgery is essential. Establishing verbal hand signals or specific phrases for critical moments can help maintain focus and coordination among team members without adding confusion to the procedure.
5. **Debriefing Sessions:** Postoperative debriefs are invaluable for team reflection and learning. Discussing cases after the surgery allows team members to share insights, address any discrepancies, and celebrate successes, ultimately improving future collaboration and outcomes [24].

The Impact of Team Dynamics and Communication on Surgical Outcomes

Research indicates that effective MDT dynamics coupled with strong communication strategies lead to improved surgical outcomes, including reduced complication rates, shorter recovery times, and enhanced patient satisfaction. Teams that work cohesively are better equipped to anticipate and manage complications, provide holistic care, and ensure a continuum of support throughout the surgical journey.

Additionally, effective communication fosters an environment of psychological safety, where team members feel comfortable voicing concerns and asking questions. This safety is essential in high-stakes surgical environments, as it enables rapid identification and resolution of potential issues—ultimately contributing to patient safety [25].

Challenges and Future Directions

Despite the benefits of MDT dynamics and effective communication, challenges persist in implementing these strategies in the fast-paced surgical environment. High stress levels, time constraints, and hierarchical structures can inhibit open communication and collaboration. To address these challenges, institutions must prioritize training programs that emphasize team-building activities, communication skills, and conflict resolution strategies.

Furthermore, embracing technological advancements, such as real-time data sharing and simulation training, can strengthen MDT collaboration in complex abdominal surgeries. As healthcare continues to evolve, fostering a culture that values interdisciplinary teamwork and communication will be crucial in enhancing patient outcomes and promoting a positive surgical experience [26].

Intra-operative Nursing Responsibilities and Best Practices:

Intraoperative nursing plays a crucial role in ensuring the success of complex abdominal surgeries, which encompass a wide range of procedures including but not limited to resections, organ transplants, and corrective surgeries for gastrointestinal abnormalities. The intraoperative phase is critical, as it is during this period that patient safety, the surgical environment, and the technical aspects of the procedure come together to influence outcomes.

The intraoperative phase is defined as the period from the time the patient enters the operating room until they are transferred to the postoperative recovery unit. This phase is characterized by complex surgical interventions that require a multidisciplinary approach where anesthesiologists, surgeons, and nursing staff work in harmony. For nurses, particularly surgical or perioperative nurses, the intraoperative phase encompasses a broad spectrum of responsibilities that ensure not only the physical safety of the patient but also instill confidence in the surgical team [27].

Responsibilities of Intraoperative Nursing

1. **Patient Preparation and Positioning** One of the primary responsibilities during the intraoperative phase is the safe and effective preparation of the patient for surgery. This includes confirming the surgical site with the patient and the surgical team, as well as verifying the patient's identity according to established protocols such as the “time-out” procedure. Nurses are responsible for maintaining the patient's dignity and comfort throughout this process. Moreover, appropriate positioning is critical for preventing injuries and ensuring access to the surgical field. This may require utilizing special positioning devices or padding to mitigate pressure points [28].
2. **Monitoring and Maintaining Sterility** Nurses are the custodians of aseptic techniques in the operating room. They must ensure that all instruments, supplies, and the environment are sterile. In complex abdominal surgeries, where the risk of infection can be

heightened, it is crucial to follow strict sterile protocols. The scrub nurse's primary responsibility is to assist the surgeon by maintaining a sterile field and passing instruments as needed while continually monitoring for breaches in sterility [29].

3. **Vital Signs Monitoring and Patient Safety** Intraoperative nurses are tasked with constant monitoring of the patient's vital signs during the surgery. This includes tracking heart rate, blood pressure, oxygen saturation levels, and body temperature. Any deviations from normal parameters can indicate complications that require immediate intervention. Understanding the hemodynamic status and understanding how surgical procedures can influence physiological responses is essential in providing appropriate care [30].
4. **Instrumentation and Equipment Management** Effective management of surgical instruments and equipment is another essential function of intraoperative nursing. Nurses must become adept at understanding the various instruments used in abdominal surgeries, from scalpels to electrocautery devices. They must also ensure that specialized equipment such as suction devices and argon beam coagulators are functioning properly. Their preparedness can significantly impact surgical efficiency and patient outcomes [30].
5. **Collaboration with the Surgical Team** Effective intraoperative nursing depends on seamless communication and collaboration with the surgical team. This involves anticipating the needs of the surgeon, whether it's an instrument, a sponge, or a specific type of suture. Nurses must be proactive in managing the flow of the procedure, which requires in-depth knowledge of surgical techniques and common challenges that may arise during complex abdominal surgeries.
6. **Documentation** Accurate and timely documentation is an integral part of maintaining continuity of care. Nurses are responsible for recording the details of the surgical procedure, including the time-out verification, any intraoperative events such as significant bleeding, and the administration of medications or fluids. This documentation is essential for the surgical team, postoperative care, and medicolegal protection [31].

Best Practices in Intraoperative Nursing

The execution of intraoperative nursing responsibilities must be grounded in best practices that promote safety, efficiency, and high-quality care [32].

1. **Utilization of Standardized Protocols** Adopting standardized protocols such as the World Health Organization (WHO) Surgical Safety Checklist helps to reduce the incidence of errors in the operating room. This involves a structured approach to confirming patient identity, surgical site, and surgical procedure before incision.
2. **Continuous Education and Training** Ongoing training in the latest surgical techniques, technologies, and safety practices is crucial for intraoperative nurses. This may involve simulations, workshops, and attending conferences that enhance their skills and knowledge regarding complex abdominal surgeries.
3. **Promotion of a Culture of Safety** Intraoperative nurses should advocate for a culture of safety within the surgical team. This involves encouraging open communication, reporting of near misses, and supporting initiatives that enhance patient safety.
4. **Emotional Support and Communication with Patients** Although the intraoperative phase is primarily clinical, the psychological aspect of patient care should not be overlooked. Providing reassurance and maintaining communication with the patient before anesthesia is crucial for reducing anxiety and building trust.
5. **Interdisciplinary Collaboration** Effective communication and collaboration between the surgical team members, including anesthesiologists, surgical technicians, and consultants, are paramount. Regular team briefings to discuss the surgical plan can enhance teamwork and ensure everyone is prepared for their roles [32].

Post-operative Care: Monitoring and Management:

Post-operative care is a critical component in the continuum of surgical services, particularly for patients who have undergone complex abdominal surgeries. These procedures can include operations such as total colectomy, pancreaticoduodenectomy, and complex hernia repairs, each of which brings with it a range of potential complications and requires meticulous post-operative management [33].

After undergoing abdominal surgery, patients are susceptible to various complications, including infection, bleeding, gastrointestinal disturbances, and

respiratory issues. In some cases, these complications can lead to increased morbidity and mortality. Post-operative care aims to mitigate these risks by closely monitoring patient status and implementing timely interventions [34].

Effective post-operative management is not merely a checklist of interventions but a dynamic process that requires continual assessment and adaptation based on the patient's condition. The complexity of abdominal surgeries necessitates specialized knowledge and skills, making it imperative that healthcare professionals are well-versed in the possible complications and appropriate responses [35].

Monitoring Techniques

Monitoring in the post-operative period involves the assessment of multiple physiological parameters and the vigilant observation of clinical signs that may indicate complications [36].

1. **Vital Sign Monitoring:** The first and foremost responsibility in post-operative care is the continuous monitoring of vital signs: heart rate, blood pressure, respiratory rate, and temperature. Abnormalities in these parameters can be early indicators of complications such as hemorrhage, sepsis, or cardiac events.
2. **Fluid Management:** Patients who have undergone complex abdominal surgeries may require meticulous fluid management to maintain hemodynamic stability. Clinicians need to monitor intake and output, as well as assess for signs of fluid overload (e.g., edema, distended abdomen) or dehydration, both of which can adversely affect recovery [36].
3. **Wound Assessment:** Surgical wounds should be inspected regularly for signs of infection, dehiscence, or other complications. Proper wound care protocols must be followed, which includes maintaining sterility and ensuring the dressing choices are appropriate for the type and location of the incision [37].
4. **Gastrointestinal Monitoring:** Following abdominal surgery, gastrointestinal function can be significantly affected. Clinicians should monitor bowel sounds, distension, and the return of bowel function, often indicated by the passage of flatus or stool. Nausea, vomiting, or abdominal pain should be assessed, particularly regarding potential bowel obstruction or ileus [37].
5. **Neurocognitive Monitoring:** Post-operative delirium, especially in elderly patients, can complicate recovery.

Regular assessment of mental status is necessary to identify early signs of confusion or altered consciousness, allowing for timely interventions.

6. **Pain Management:** Effective pain management is vital not only for the patient's comfort but also to facilitate mobility, which in turn promotes recovery. Pain levels should be objectively and subjectively assessed at regular intervals, and analgesic regimens should be adjusted accordingly [38].

Management Strategies

While monitoring is crucial, effective post-operative management also involves implementing strategies to address identified concerns and optimizing recovery [39].

1. **Preventive Measures:** The initiation of early mobilization is one of the most effective strategies to reduce complications such as deep vein thrombosis (DVT) and pneumonia. Encouraging patients to engage in gradual physical activity, even while bedridden, can facilitate circulatory health and promote respiratory function [40].
2. **Nutritional Support:** Nutrition plays a vital role in the recovery process. In the post-operative setting, patients may have their diets modified based on their gastrointestinal status. Early nutritional assessment and intervention, including the use of enteral feeds if necessary, can help optimize healing and reduce the length of hospital stays.
3. **Antibiotic Administration:** Prophylactic antibiotics may be employed in certain surgical scenarios to prevent infection. However, clinicians must judiciously evaluate the necessity of antibiotics, considering the risk of resistance and other complications associated with their use [40].
4. **Patient Education and Support:** Educating patients on post-operative care practices, signs of complications, and when to seek assistance is essential. Providing emotional support can also have a significant impact on recovery, as anxiety and stress can hinder healing.
5. **Collaboration Across Disciplines:** Effective post-operative care involves teamwork across multiple disciplines, including surgeons, nurses, pharmacists, physical therapists, and nutritionists. Collaborative efforts are often more effective in addressing complex needs and ensuring a holistic approach to recovery [41].

Patient Education and Self-Care Strategies:

Abdominal surgery encompasses a range of procedures that address various complex conditions affecting the digestive system, including but not limited to cancers, inflammatory diseases such as Crohn's disease and ulcerative colitis, and severe trauma. As these surgeries can be invasive and may carry significant risks and recovery challenges, effective patient education and self-care strategies are crucial in optimizing outcomes and enhancing the quality of life for patients post-surgery. A comprehensive understanding of the surgical process, postoperative care, and self-management techniques can empower patients, facilitate recovery, and potentially reduce hospital readmission rates [42].

Patient education is the cornerstone of effective healthcare. For individuals undergoing complex abdominal surgeries, a well-structured educational program can alleviate anxiety, improve compliance with medical guidelines, and promote a sense of control over one's health. Educational initiatives should include information about the purpose of the surgery, what to expect during the procedure, and detailed postoperative care instructions. Moreover, educating patients about potential complications and how to recognize symptoms will further empower them to take an active role in their recovery [43].

Informed consent is a central aspect of patient education, ensuring that individuals understand the risks, benefits, and alternatives to surgery. Properly informed patients are more likely to adhere to pre-surgical recommendations, such as dietary adjustments, smoking cessation, and physical activity levels, which can significantly enhance surgical outcomes [44].

Additionally, education should extend to aspects of lifestyle management post-surgery. Nutrition plays a pivotal role in healing, and patients must be informed about their dietary needs, including the importance of protein intake for wound healing, hydration, and the avoidance of foods that may cause discomfort or complications. For instance, after a colectomy, patients may need to adapt their diets to include more soluble fiber while avoiding high-fat foods that can be difficult to digest [45].

Self-Care Strategies for Postoperative Recovery

1. Wound Care and Infection Prevention

Proper wound care is crucial after any surgical procedure. Patients should be educated on how to care for their incisions, including keeping the area clean and

dry, recognizing signs of infection (such as increased redness, swelling, warmth, or discharge), and knowing when to seek medical attention. Hand hygiene is equally essential; patients should be trained to wash their hands thoroughly before and after touching their wounds to prevent introducing pathogens [46].

2. Managing Pain and Discomfort

Pain management is a vital concern for postoperative patients. Education around the use of prescribed pain medications, such as opioids or non-steroidal anti-inflammatory drugs (NSAIDs), should encompass not only their proper usage but also the risks of overreliance and the importance of following the prescribed dosage. Non-pharmaceutical interventions, such as deep breathing exercises, gentle movement, and heat application, should also be encouraged as adjunct pain management strategies [47].

3. Dietary Considerations

Dietary guidance following abdominal surgery is critical. Patients should be educated about the gradual reintroduction of foods. Starting with a clear liquid diet, they can progress to bland foods before returning to a normal diet, depending on the surgeon's recommendations. Keeping a food diary can help identify food intolerances that may arise post-surgery. Additionally, staying hydrated is essential, and patients should receive specific instructions on fluid intake to avoid dehydration, particularly during the initial recovery period [48].

4. Physical Activity and Mobility

Mobility is a vital aspect of recovery after complex abdominal surgery. Patients should be advised to begin gentle walking as soon as they are able. Walking not only aids in reducing the risk of postoperative complications such as deep vein thrombosis but also enhances bowel motility, thereby reducing the risk of constipation, a common issue post-surgery. Physical therapy may also be required for some patients, and they should be educated about their roles in these sessions [49].

5. Emotional Support and Mental Health

Undergoing surgery can be a significant psychological stressor, leading to anxiety, depression, or feelings of isolation in some patients. Educational resources addressing emotional health—such as counseling options or support groups—can be beneficial. Encouraging patients to communicate openly about their feelings with healthcare providers, family, and

friends can facilitate emotional healing. Mindfulness techniques, relaxation exercises, and stress management strategies should also be part of the holistic educational framework [50].

The Role of Healthcare Providers in Education and Support

The onus of effective patient education does not solely rest on the shoulders of patients; healthcare providers play a pivotal role in delivering customized educational interventions. Multidisciplinary teams, comprising surgeons, nurses, dietitians, and physiotherapists, should collaboratively develop and execute educational programs tailored to meet the unique needs of each patient. Utilizing a variety of teaching methods—such as written materials, visual aids, and hands-on demonstrations—can cater to diverse learning styles and preferences, ensuring that crucial information is understood and retained [51].

Outcomes and Implications for Future Nursing Practice:

Abdominal surgeries are among the most intricate and challenging procedures performed in modern medicine. As the scope and nature of these surgeries evolve, so do the roles and responsibilities of nursing professionals involved in perioperative care [52].

Complex abdominal surgeries encompass a variety of procedures performed on organs within the abdominal cavity, including but not limited to the stomach, intestines, liver, and pancreas. These surgeries may include resections, reconstructions, or organ transplants, often requiring advanced surgical techniques and prolonged recovery times. The increasing complexity of these procedures, along with the rise in comorbid conditions amongst patients, has necessitated a more defined role for nursing professionals in the perioperative, intraoperative, and postoperative phases [52].

Recent Findings in Complex Abdominal Surgeries

Recent studies have highlighted several critical findings regarding patient outcomes, infection rates, and the importance of multidisciplinary approaches in complex abdominal surgeries [53].

1. **Enhanced Recovery After Surgery (ERAS) Protocols:** Research indicates that implementing ERAS protocols can significantly improve patient outcomes. ERAS focuses on optimizing perioperative care through evidence-based strategies such as preoperative counseling, standardized anesthesia,

post-operative pain management, and early mobilization. For nurses, understanding and applying ERAS protocols are crucial, as they are often the first point of contact for patients throughout their surgical journey [53].

2. **Role of Multidisciplinary Teams:** The complexity of abdominal surgeries has underscored the importance of a multidisciplinary approach. Findings suggest that collaboration between surgeons, anesthesiologists, nutritionists, and nursing staff can lead to improved surgical outcomes, including reduced complication rates and shortened hospital stays. Nurses must be adept at communication and teamwork, acting as liaisons among various health professionals and ensuring that patient care is cohesive and comprehensive [53].
3. **Patient Education and Self-Management:** Studies emphasize the role of patient education in recovery following complex surgeries. Patients equipped with knowledge about their procedures, anticipated post-operative experiences, and self-management techniques exhibit lower anxiety levels and better adherence to postoperative instructions. Nurses are pivotal in educating patients before, during, and after surgery, significantly impacting recovery and satisfaction rates [54].
4. **Infection Prevention and Control:** Infection rates in abdominal surgeries remain a persistent challenge. Research has developed guidelines and best practices for infection prevention, including proper sterile techniques, judicious use of antibiotics, and meticulous wound care practices. Nurses are essential in implementing these protocols and monitoring patients post-operatively for signs of infection, thus directly affecting patient outcomes.
5. **Technology Integration:** The advent of technology in surgery, such as robotic-assisted procedures and enhanced imaging techniques, has transformed surgical practices. Studies indicate that nurses who are familiar with these technologies can better support the surgical team and enhance patient care. Training in the operation of such technologies can empower nurses to take more active roles in the surgical environment [54].

Implications for Future Nursing Practice

The findings emanating from recent research into complex abdominal surgeries suggest several implications for the future of nursing practice [55].

1. **Continued Education and Training:** It is paramount that nursing education programs adapt to cover the

latest advancements in surgical techniques, ERAS protocols, and multidisciplinary approaches. Continued education for practicing nurses, including workshops and simulation trainings, will enhance their skills and confidence when dealing with complex surgical patients [56].

2. **Focus on Holistic Care:** Given the complexities of abdominal surgeries and their diverse effects on patients, fostering a holistic approach to patient care is essential. Nurses should be encouraged to assess not only the physical but also the emotional and psychological needs of their patients. Creating supportive environments, such as utilizing counseling and peer support programs, can help manage patients' anxiety and recovery [57].
3. **Research and Quality Improvement:** Nurses should actively engage in research and quality improvement initiatives focusing on optimizing care delivery in complex abdominal surgeries. Participating in studies about surgical nursing practices, patient outcomes, and innovative care models enhances the body of knowledge in nursing and informs evidence-based practices [58].
4. **Leadership Roles:** As healthcare continues to emphasize collaborative practice, nurses should be prepared to take on leadership roles within surgical teams. This includes advocating for patient safety, leading the implementation of best practices, and coordinating care across disciplines [59].
5. **Embracing Technology:** The increasing reliance on technology necessitates that nurses not only stay updated on surgical techniques but also embrace electronic health records, telehealth, and other digital resources. By leveraging technology, nurses can improve patient management, streamline communication, and facilitate remote monitoring of patients postoperatively [60].

Conclusion:

In conclusion, nursing collaborative care in complex abdominal surgeries is integral to achieving optimal patient outcomes and enhancing the overall quality of care. The dynamic interplay between nurses and other healthcare professionals ensures that patient needs are met at every stage of the surgical process, from pre-operative assessments to post-operative recovery. By fostering effective communication, implementing evidence-based practices, and prioritizing individualized care plans, the nursing team plays a

crucial role in minimizing complications and promoting patient safety.

Moreover, the emphasis on patient education and empowerment not only facilitates a smoother recovery but also reinforces the importance of a supportive care environment. As healthcare continues to evolve, the model of collaborative nursing care will remain essential in addressing the complexities of abdominal surgeries, ultimately leading to improved clinical outcomes and patient satisfaction. This study underscores the necessity of ongoing training and interprofessional collaboration, highlighting that teamwork in nursing practice is paramount in the face of increasingly complex surgical challenges.

References:

1. Impact of abdominal wall hernias and repair on patient quality of life. Cherla DV, Moses ML, Viso CP, et al. *World J Surg.* 2018;42:19–25. doi: 10.1007/s00268-017-4173-6.
2. Referral finder: saving time and improving the quality of in-hospital referrals. Cathcart J, Cowan N, Tully V. *BMJ Qual Improv Rep.* 2016;5:0. doi: 10.1136/bmjquality.u209356.w3951.
3. Living with a hernia: a qualitative study of patient experience of abdominal wall hernias in Ndola, Zambia. Ljungstrom E, Chibwe F, O'Brien C, Musowoya J, Grimes CE. *Trop Doct.* 2021;51:671–672. doi: 10.1177/00494755211010635.
4. A structured pathway for developing your complex abdominal hernia service: our York pathway. Smith O, MacLeod T, Lim P, Chitsabesan P, Chintapatla S. *Hernia.* 2021;25:267–275. doi: 10.1007/s10029-020-02354-9.
5. Carolinas Comfort Scale as a measure of hernia repair quality of life: a reappraisal utilizing 3788 international patients. Heniford BT, Lincourt AE, Walters AL, et al. *Ann Surg.* 2018;267:171–176. doi: 10.1097/SLA.0000000000002027.
6. Preoperative botulinum toxin and progressive pneumoperitoneum in loss of domain hernias-our first 100 cases. Bueno-Lledó J, Carreño-Saenz O, Torregrosa-Gallud A, Pous-Serrano S. *Front Surg.* 2020;7:3. doi: 10.3389/fsurg.2020.00003.
7. Validation of a decision regret scale. Brehaut JC, O'Connor AM, Wood TJ, Hack TF, Siminoff L, Gordon E, Feldman-Stewart D. *Med Decis Making.* 2003;23:281–292. doi: 10.1177/0272989X03256005.

8. EuraHS: the development of an international online platform for registration and outcome measurement of ventral abdominal wall hernia repair. Muysoms F, Campanelli G, Champault GG, et al. *Hernia*. 2012;16:239–250. doi: 10.1007/s10029-012-0912-7.
9. Quality of life and surgical outcome 1 year after open and laparoscopic incisional hernia repair: PROLOVE: a randomized controlled trial. Rogmark P, Petersson U, Bringman S, Ezra E, Österberg J, Montgomery A. *Ann Surg*. 2016;263:244–250. doi: 10.1097/SLA.0000000000001305.
10. Health-related quality of life in abdominal wall hernia: let's ask patients what matters to them? Smith OA, Mierzewski MF, Chitsabesan P, Chintapatla S. *Hernia*. 2022;26:795–808. doi: 10.1007/s10029-022-02599-6.
11. Care Quality Commission. Chelmsford: Care Quality Commission; 2020. Mid Essex Hospital Services NHS Trust Inspection Report.
12. The use of patient experience data for quality improvement in hospitals: a scoping review. Cadel L, Marcinow M, Singh H, Kuluski K. *Patient Exp J*. 2022;9:174–188.
13. Hope WW, Abdul W, Winters R. Treasure Island, FL: StatPearls Publishing; 2023. Abdominal Wall Reconstruction.
14. CeDAR: carolinas equation for determining associated risks. Augenstein V, Colavita P, Wormer B, et al. *J Am Coll Surg*. 2015;221:65–66.
15. Nursing collaborative care in complex abdominal surgeries: what defines an incisional hernia as 'complex': results from a Delphi consensus endorsed by the European Hernia Society (EHS) [in press]. Capoccia Giovannini S, Podda M, Ribas S, et al. *Br J Surg*. 2023.
16. Using patient feedback to drive quality improvement in hospitals: a qualitative study. Berger S, Saut AM, Berssaneti FT. *BMJ Open*. 2020;10:0. doi: 10.1136/bmjopen-2020-037641.
17. Abdominal wall hernia and mental health: patients lived experiences and implications for patient care. Smith OA, Mierzewski M, McVey J, Chitsabesan P, Chintapatla S. *Hernia*. 2023;27:55–62. doi: 10.1007/s10029-022-02699-3.
18. Progressive preoperative pneumoperitoneum preparation (the Goni Moreno protocol) prior to large incisional hernia surgery: volumetric, respiratory and clinical impacts. A prospective study. Sabbagh C, Dumont F, Fuks D, Yzet T, Verhaeghe P, Regimbeau JM. *Hernia*. 2012;16:33–40. doi: 10.1007/s10029-011-0849-2.
19. A patient-centered appraisal of outcomes following abdominal wall reconstruction: a systematic review of the current literature. Sosin M, Patel KM, Albino FP, Nahabedian MY, Bhanot P. *Plast Reconstr Surg*. 2014;133:408–418. doi: 10.1097/01.prs.0000436860.47774.eb.
20. Quality Improvement. Puri I, Tadi P. Treasure Island, FL: StatPearls Publishing; 2022.
21. Parker S, Mallett S, Quinn Let al. . Identifying predictors of ventral hernia recurrence: systematic review and meta-analysis. *BJS Open* 2021; 5: 1–9.
22. Heniford BT. CeDAR Mobile Application. Published by Carolinas Medical Center. Available on iTunes and Android app stores.
23. Köhler G, Fischer I, Kaltenböck Ret al. . Evolution of endoscopic anterior component separation to a precostal access with a new cylindrical balloon trocar. *J Laparoendosc Adv Surg Tech* 2017; 28: 730–735.
24. Dripps RD. New classification of physical status. *Anesthesiol* 1963; 24: 111.
25. Parker SG, Halligan S, Liang MKet al. . International classification of abdominal wall planes (ICAP) to describe mesh insertion for ventral hernia repair. *Br J Surg* 2020; 107: 209–217.
26. Flum DR, Horvath K, Koepsell T. Have outcomes of incisional hernia repair improved with time? A population-based analysis. *Ann Surg* 2003; 237: 129–135.
27. Sanders DL, Kingsnorth AN, Windsor ACJ. Is there a role for hernia subspecialists? Or is this a step too far? *Hernia* 2016; 20: 637–640.
28. Schwarz J, Reinhold W, Bittner R. Endoscopic mini/less open sublay technique (EMIOS)—a new technique for ventral hernia repair. *Langenbeck's Arch Surg* 2017; 402: 173–180.
29. Robin-Lersundi A, Hernando LB, López-Monclús Jet al. . How we do it: down to up posterior components separation. *Langenbeck's Arch Surg* 2018; 403: 539–546.
30. Novitsky YW, Elliott HL, Orenstein SB, Rosen MJ. Transversus abdominis muscle release: a novel approach to posterior component separation during

- complex abdominal wall reconstruction. *Am J Surg* 2012; 204: 709–716.
31. Köckerling F, Berger D, Jost JO. What is a certified hernia center? The example of the German Hernia Society and German Society of General and Visceral Surgery. *Front Surg* 2014; 1: 1–4.
32. Parker SG, Reid TH, Boulton Ret al. . Proposal for a national triage system for the management of ventral hernias. *Ann R Coll Surg Engl* 2018; 100: 106–110.
33. Krpata DM, Schmotzer BJ, Flocke Set al. . Design and initial implementation of HerQLes: a hernia-related quality-of-life survey to assess abdominal wall function. *J Am Coll Surg* 2012; 215: 635–642.
34. Köckerling F, Sheen AJ, Berrevoet Fet al. . Accreditation and certification requirements for hernia centers and surgeons: the ACCESS project. *Hernia* 2019; 23: 185–203.
35. Grove TN, Kontovounisios C, Montgomery Aet al. . Perioperative optimization in complex abdominal wall hernias: Delphi consensus statement. *BJS Open* 2021; 6: zrab082.
36. Heniford BT, et al. . CeDAR Mobile Application. Published by Carolinas Medical Center. Available on iTunes and Android app stores.
37. Prytherch DR, Whiteley MS, Higgins Bet al. . POSSUM and Portsmouth POSSUM for predicting mortality. *BJS Open* 1998; 85: 1217–1220.
38. Gómez-Menchero J, Guadalajara Jurado JF, Suárez Grau JMet al. . Laparoscopic intracorporeal rectus aponeuroplasty (LIRA technique): a step forward in minimally invasive abdominal wall reconstruction for ventral hernia repair (LVHR). *Surg Endosc Other Interv Tech* 2018; 32: 3502–3508.
39. Schlosser KA, Arnold MR, Angela MKet al. . Building a multidisciplinary hospital-based abdominal wall reconstruction program: nuts and bolts. *Plast Reconstr Surg* 2018; 142: 201S–8S.
40. Shelton J, Poulouse BK, Phillips Set al. . Epidemiology and cost of ventral hernia repair: making the case for hernia research. *Hernia* 2012; 16: 179–183.
41. Mosenko V, Jurevičius S, Šileikis A. Enterocutaneous fistula: open repair after unsuccessful stenting—a case report. *Medicina*. 2022;58(2):223.
42. Thirunavukkarasu D, Khanna S, Swaminathan SP, Kannan R. A rare presentation of enterocutaneous fistula. *Int Surg J*. 2022;9(3):753-755.
43. Himmeler A, Ordoñez Velecela MS, Peña Perez EF, Puyana JC, Salamea JC, Pino Andrade R. Alternative strategy for the diagnosis of an enterocutaneous fistula in a resource-limited setting. *Trauma Surg Acute Care Open*. 2020;5:e000415.
44. Agarwal H, Gupta A, Choudhary N, Kumar S, Sagar S, Mishra B. Evaluation of risk factors for enteric fistula and intra-abdominal sepsis in patients with open abdomen in trauma—a level 1 trauma centre study. *Indian J Surg*. 2019;83:53-57.
45. Denicu MM, Cartu D, Ciorbagiu M, et al. Therapeutic options in postoperative enterocutaneous fistula—a retrospective case series. *Medicina*. 2022;58:880.
46. Härle K, Börjeson S, Hallböök O, Myrelid P, Thylén I. Healthcare professionals' experiences of providing care for patients with enterocutaneous fistula in hospital and in homecare: a qualitative study. *PLoS One*. 2023;18(5):e0284782.
47. Cowan KB, Cassaro S. Enterocutaneous Fistula. StatPearls Publishing; 2022.
48. Metcalf C. Considerations for the management of enterocutaneous fistula. *Gastrointest Nurs*. 2019;17:36-42.
49. Gribovskaja-Rupp I, Melton G. Enterocutaneous fistula: proven strategies and updates. *Clin Colon Rectal Surg*. 2016;29(2):130-137.
50. Dogu D, Akkapulu N, Yazici SE, Kavuncuoglu A. Recurrent type 1 enterocutaneous fistula and granulomatous gastritis: a case report. *Am J Med Case Rep*. 2021;22(22):e928532.
51. Tuma F, Crespi Z, Wolff CJ, Daniel DT, Nassar AK. Enterocutaneous fistula: a simplified clinical approach. *Cureus*. 2020;12(4):1-8.
52. Anastasiu M, Şurlin V, Beuran M. The management of the open abdomen—a literature review. *Chirurgia*. 2021;116(6):645-656.
53. Joshi RM, Soni G, Khalife A, Ranvir D, Telang B. The gastrointestinal breach: understanding enterocutaneous fistula. *Int Surg J*. 2023;10:1870-1873.
54. Prashanth S. A Study on Causes and Management of Enterocutaneous Fistula. Dissertation. Coimbatore Medical College; 2021.
55. Stein SL. Enterocutaneous and enteroatmospheric fistulas. 2020. Accessed January, 2023.

56. Erbe J. Care of patients with enterocutaneous fistula. *Index Wound Manag Prev.* 2021;67(11):9-10.
57. Vikram K. Enterocutaneous fistula treatment and management. *Medscape.* 2022:1-12.
58. Vikram K, Mohsina S, Gurushankari B. Enterocutaneous fistula clinical presentation. *Medscape.* 2022:1-2.
59. Malelelo-Ndou H, Ramathuba DU, Netshisaulu KG. Challenges experienced by health care professionals working in resource-poor intensive care settings in the Limpopo province of South Africa. *Curationis.* 2019;42(1):1-8.
60. Himmler A, Ordoñez Velecela MS, Peña Perez EF, Puyana JC, Salamea JC, Pino Andrade R. Alternative strategy for the diagnosis of an enterocutaneous fistula in a resource-limited setting. *Trauma Surg Acute Care Open.* 2020;5:e000415.