

# GOSSYPIBOMA

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## **Abstract**

**The term “gossypiboma” is derived from the latin word “gossypium” cotton wool or cotton and the suffix “oma” meaning a tumor or growth and describe a collection within a patients’s body comprising a cotton matrix enclosed by a granuloma. A surgical instruments accidentally left inside the body during surgery is called a foreign body granuloma or a retained foreign body. In many studies found that the majority common threat factors associated with “retained foreign bodies” are emergency operations, unexpected changes in operating procedures, and when operating on patients with “higher body-mass index.**

**Keywords : Gossypiboma, Abdomen, Surgery, Instrument.**

## **Meaning**

**Textiloma or Gossypiboma** is the technical term for surgical complication resulting from foreign materials such as surgical sponge accidentally left inside patient body.

## **Incidence**

The actual manifestation is difficult to standardize, possibly due to a reluctance to report existences arising from fear of permissible repercussions, but reserved surgical sponges is reported to occur once in every 3K to 5K abdominal operations and are most regularly discovered in the abdomen. The occurrence of retained foreign bodies following surgery has a stated rate of 0.01% to 0.001% of which gossypiboma make up 80% of cases.

## **Signs and Symptoms**

Symptoms may not present for long period of time some times month or years following surgery.

- Exudative response early in the postoperative period.
- An abscess with or without a secondary bacterial infection.
- An aseptic fibrinous response causing in tissue adhesions.
- Vague and nonspecific symptoms
  - Abdominal pain
  - Symptoms of obstructions
  - Changes in bowel or bladder function.

The most common symptoms are

<ul style="list-style-type: none"><li>• Pain</li><li>• Palpable mass</li><li>• Diarrhea</li></ul>	<ul style="list-style-type: none"><li>• Vomiting</li><li>• Weight loss</li><li>• Abdominal distension</li></ul>
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## **Risk factors**

Long & difficult procedures particularly those with nursing /personnel changes.

- Emergency procedures.
- Hemorrhagic procedures
- Changes in operative field

*Complications*

The main complications are

<ul style="list-style-type: none"> <li>• Abscess development</li> <li>• Fistula</li> <li>• Erosion of urinary or GI tissues</li> </ul>	<ul style="list-style-type: none"> <li>• Peritonitis</li> <li>• Adhesion</li> </ul>
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*Diagnostic finding*

Plain radiography:	If the sponge contains a radio opaque maker the diagnosis can be made easily by plain radiography. The most impressive imaging finding are the covered or banded radiopaque lines on plain radiograph.
Ultrasound:	May appear as well defined mass containing bright, internal echogenic structure with a hypoechoic rim and a strong posterior shadow.
MRI:	MRI usually displays a well defined mass with a fibrous capsule that unveils. Low signal intensity on T1 weighted images High signals intensity on T2 weighted images.

*Location of gossypiboma*

Frequent site of gossypiboma formation include

- Thoracic cavity pleural and pericardial cavity
- Abdominal cavity
- Pelvic cavity

*Treatment*

- Treatment of accompanying complication
  - Drainage of fluid
  - Treatment of fistulas or bowel obstruction
- Complete exploration of site removal of retained sponge

*Prognosis*

If diagnosed and removed in the immediate postoperative period, morbidity and mortality low. Otherwise major surgical intervention may be needed with increased risk of complication and mortality. Overall mortality estimated at 11%-35% which a morbidity of about 50%.

*Prevention*

- Preventing retained surgical sponge is fare more important than cure.
- To preventing gossypiboma, sponges are counted by hand before and after surgeries. This method was codified into endorsed guidelines in 1970's by the "Association Of perioperative Registered Nurses" (AORN).
- Other guidelines have been sponsored by "American college of surgeons"& "Joint Commission for Prevention of Retained Surgical Instruments". Some surgeon recommended routine postoperative x-rays films after surgery to reduce the likelihood of foreign body inclusion.

*Summary*

A retained surgical sponge (RSS) or gossypiboma is a ubiquitous medical error that continues to be a patient safety and surgical quality issue. It can cause serious morbidity and possibly even mortality. Preventing an RSS is far more important than cure, and awareness of this problem is mandatory to avoid unnecessary morbidity.

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