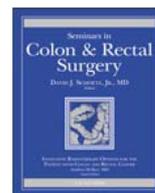




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Seminars in Colon and Rectal Surgery

journal homepage: www.elsevier.com/locate/yjcrs

Emergency consults in colorectal surgery

**Introduction**

Inpatient consultation is an important aspect of colorectal practice. Patients are often higher acuity and require a more thoughtful approach towards disease management. In this volume of *Seminars in Colon and Rectal Surgery*, we review common causes for emergency inpatient consultation for colorectal surgeons including infectious, inflammatory and neoplastic processes. The inspiration for this issue comes from the clinical experience of the editor and authors with these highly challenging real-life cases that most surgeons face at some point in their career if they practice in an inpatient setting. Thinking through the challenges of managing these cases day to day, the authors review the literature and provide practical recommendations for each complex scenario.

This issue begins with a review of inpatient consultations and appropriate billing followed by common clinical diagnoses that are the source of urgent inpatient consultations. Malignant bowel obstructions, ischemic bowel in the cardiovascular patient, iatrogenic bowel injury and colonoscopic perforations are all common reasons for colorectal consultation. Some require immediate operative

intervention while others can be managed endoscopically or with percutaneous intervention. In other cases, the disease process can be a common malady such as an anorectal disorder or diverticulitis but presents in an atypical patient who is post bone marrow transplant or who has renal failure which complicates management decisions.

In every case, the surgeon must take into consideration a patient's desires, disease process, co-morbidities and fitness for surgery to determine the best course of action. By comparison to elective colorectal surgery, rarely is there a standard approach to these complex cases and in each case the goals of care must be balanced with expected outcomes. A review of this issue will assist the reader with management options in these complex cases and broader understanding of how to approach emergency colorectal consults.

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