



Correspondence

What should we understand when one mentions preoperative bowel preparation?



Dear Editor,

We read the article of W.-T. Liu et al. [1] 'Is preoperative bowel preparation necessary for gynecological oncology surgery?'. The mechanical bowel preparation (MBP) technique that was described in the material and methods section drew our attention.

The study included 124 patients who had undergone surgery for gynecological cancer (ovarian, uterine, cervical or endometrial) with simultaneous colon or rectal resection. The author stated that among these 124 patients, 76 received MBP and 48 did not receive MBP (NMBP) based on the surgeon's decision. The authors explained the MBP technique in detail as the study (MBP) group having received a bowel preparation including clear liquid diet combined with oral laxatives, (eg sodium phosphate), 24 h before surgery. Retrograde enemas using 500 mL warm water have also been given in the evening before the surgery and early in the morning on the day of surgery. On the day before surgery, the patients have been administered perioperative prophylactic oral antibiotics, namely neomycin and erythromycin 1 g every 6 h for 3 doses. On the day of surgery, intravenous cephalosporins have been administered 1 h before incision.

This technique described in the manuscript, however, is not considered a MBP.

As generally accepted, "MBPs are preparations that are taken by mouth to achieve clearance of the colonic contents" [2]. Although enemas and diet restrictions are also a mechanically driven way of lower intestinal cleansing, they are usually not classified as MBPs [2].

In another study MBP interventions have been classified as: oral mechanical bowel preparation (OMBP), OMBP plus enema, enema only, and no oral mechanical bowel preparation or enema [3]. Therefore, actually, the described technique in the manuscript by W.-T. Liu et al. for preoperative bowel preparation is rather OMBP + enema + oral antibiotics + IV antibiotics, which could also be formulated as OMBP + enema + Combined antibiotics regimen.

As the authors mentioned in the text, 'few reports have investigated the necessity of MBP in patients undergoing gynecological oncology surgery with simultaneous colon or rectal resection. This study is infact one of the few studies in the literature. Also, this article is contemporary and attractive by the title, and we think many gynecologists read this article initially when searching the terms of bowel preparation and gynecologic oncology. That is why we wanted to add a contribution to this manuscript. Using right terminology can clarify the manuscript further and also can guide our clinical interventions.

Conflict of interest

The authors declare no conflicts of interests.

References

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