

# Algorithmus für die Überwachung des intraabdominalen Drucks (IAD)

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## Indikationen für die Überwachung des IAD:

### Flüssigkeitsreanimation bei SIRS/Hypovolämie

- Sepsis<sup>1-2</sup>
- Pankreatitis<sup>3,5</sup>

### Größere intraabdominale/retroperitoneale Prozesse oder Verletzungen

#### Ohne chirurgischen Eingriff

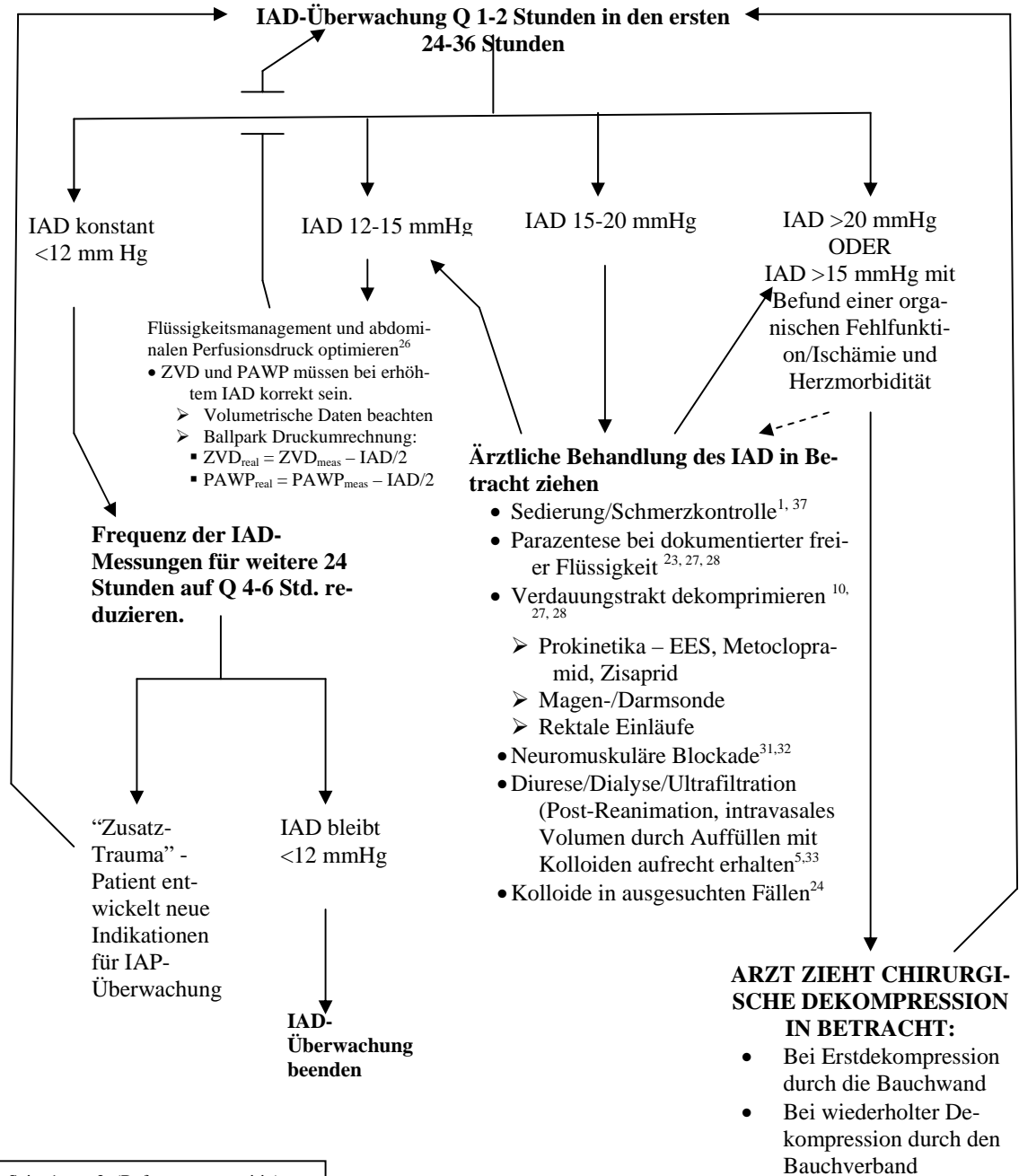
- Ausgedehnte Aszites<sup>6</sup>
- Retroperitoneale/abdominale Wandblutung<sup>7,8</sup>
- Großer Abdominaltumor<sup>9</sup>
- Ileus/Darmverschluss<sup>10,11</sup>

#### Chirurgie

- Intraoperativer Flüssigkeitsausgleich >5 Liter<sup>12,13</sup>
- Unter Spannung geschlossene Laparotomie<sup>14</sup>
- Abdominale Aortenaneurysmainstandsetzung<sup>15</sup>
- Mesenterialinfarkt/Nekrose<sup>16</sup>
- Peritonitis<sup>9</sup>
- Kardiothoraxchirurgie – dekompensierend<sup>17</sup>
- Bauchlage (Überwachung im OP)
- Gastroschisis / Nabelschnurbruch<sup>18,19</sup>

#### Trauma

- Reanimationspflichtiger Schock (Ischämie-Reperfusion)<sup>20,21</sup>
- Schadenskontroll-Laparotomie<sup>14,22</sup>
- Multiples Trauma mit oder ohne Abdominaltrauma (reanimationspflichtig mit >6 Liter Kristalloid/Kolloid oder >4 Einheiten Blut in 8 Stunden)<sup>20</sup>
- Größere Verbrennungen (> 25%)<sup>23,25</sup>



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