

TABLE 61.—*Influence of location of injury and type of operation on case fatality rates in 1,222 wounds of colon and rectum*

Operation	Ascending colon	Transverse colon	Descending colon	Ascending and transverse colon	Descending and transverse colon	Ascending and descending colon	Sigmoid	Extrapertoneal rectum	Colon and extrapertoneal rectum	Total
Colostomy:										
Loop.....	145	252	67	3	8	2	82			559
Spur.....	27	146	48	9	29	1	32			292
Tube.....	39	4								43
Intrapertoneal closure, proximal colostomy.....	1	1	3	6	9	6	34			60
Diversional colostomy.....								8	2	10
Resection, ileocolic anastomosis, and colostomy.....	29			6						35
Resection, double-barreled ileocolostomy.....	17	2		6					1	26
Posterior drainage, proximal colostomy.....								82	19	101
Posterior drainage, closure, proximal colostomy.....							4	25	17	46
Closure only.....	13	6	1	2				1		23
Resection, separate exteriorization of limbs.....	2	3			2		2			9
No intestinal operation ¹	9	3	1	1	1		3			18
Total cases.....	282	417	120	33	49	9	157	116	39	1,222
Total deaths.....	87	161	42	19	19	6	52	27	20	433
Case fatality rates.....	30.9	38.6	35.0	57.6	38.8	66.7	33.1	23.3	51.3	35.4

¹ In 5 of these 18 injuries (3 involving the ascending, 1 the transverse, and 1 the descending colon) the wound was overlooked at laparotomy. Eleven of the remaining patients died on the operating table before the intestinal lesion was dealt with. The other two developed, respectively, a pelvic abscess and a fecal fistula and underwent secondary surgery for these complications.