

# Intra-abdominal Hypertension, Abdominal Compartment Syndrome, and the Open Abdomen

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Modern critical care paradigms emphasize rational limitations to fluid resuscitation, which may have contributed to an apparent decrease in ACS among critically ill patients. Once a critical intra-abdominal volume is reached, IAP increases exponentially with further increases in volume or as abdominal compliance decreases. Once IAH is recognized, nonsurgical steps to decrease intra-abdominal pressure (IAP) can be undertaken.

Surgical decompression with midline laparotomy is the standard ultimate treatment once ACS with organ dysfunction is established. In the face of a failure of nonsurgical methods to decrease IAP, surgical abdominal decompression and temporary maintenance of an open abdomen is considered the standard of care. Surgical decompression and an open abdomen, while potentially lifesaving, can be associated with significant morbidity.