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P001

A COMPARISON OF TOTAL LAPAROSCOPIC HEMI-COLECTOMY VS ASSISTED LAPAROSCOPIC AND LAPAROTOMY

Gilberto Lozano-Dubernard MD, Juan J Calva-Mercado MD, Fidel Ruiz-Healy MD, Ramon Gil-Ortiz MD, Mauricio Rodriguez-Gonzalez MD, Siegfried Figueroa-Barkow MD, Hospital Angeles del Pedregal, Mexico City, Mexico

Objective. Our study aims to compare clinical outcomes from left total laparoscopic hemi-colectomy with trans-anal extraction and intra-abdominal anastomosis (TL), versus left hemi-colectomy by laparotomy (LPT) and abdominal-incision assisted laparoscopy (AL).

Methods. A retrospective hospital chart review of patients undergoing colonic resection at Hospital Angeles del Pedregal was performed to identify clinical features and outcomes as surgical time, trans-surgical bleeding, initiation of oral fluid intake, hospital complications and length of stay. A total of 233 patients were identified: LPT (107 patients), AL (65 patients) and TL (61 patients). Statistically comparison was using the U-Mann-Whitney test and the chi2 test (SPSS.10). TL was carried-out only by our team, the other 2 procedures, by several other surgeons.

Results. The TL group of patients were younger (median age: 46 y) compared to LPT and AL patients (median age: 55y and 59y; $p < 0.05$). Percentage of men in each group was: 28 %, 42 % and 51 %, respectively. Post-surgery diagnosis among patients with TL was: complicated diverticulitis (36%), dolichosigmoid (26%), non-complicated colonic diverticular disease (16%), sigmoid volvulus (11%) and others (11%). Median time of LPT and TL surgery was shorter than AL (150 and 170 min vs. 180 min; $p < 0.05$). Median volume of bleeding during surgery was smaller in LPT and TL than in AL (100 and 125 ml vs. 200 ml; $p < 0.001$). Median time to start of oral fluid intake after surgery was shorter in TL vs. LPT and AL (1.5 days vs. 3 days, in both; $p < 0.001$). Median time to discharge from the hospital was shorter in TL vs. LPT and AL (4 days vs. 8 days, in both; $p < 0.001$). Severe post-surgical complications were more frequent in AL (10%) vs. LPT (5%) and TL (2%); $p < 0.05$. There were only 3 deaths related to surgery, all in AL.

Conclusions. Since 1995 our team has successfully practiced the TL. This novel surgery is a safe technical procedure, similar to LPT and less morbid than AL. It offers the benefits of short incisions (5 to 15 mm), and a significantly shorter time of clinical recovery and hospital discharge.

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P002

COMPARISON OF INTRACORPOREAL VERSUS EXTRACORPOREAL ANASTOMOSIS IN LAPAROSCOPIC HEMICOLECTOMY

Jayleen Grams MD, Winnie Tong MD, Alexander J Greenstein MD, Barry Salky MD, Mount Sinai Hospital

INTRODUCTION: The aim of this study was to determine short-term outcomes of an intra- vs extra-corporeal anastomosis in laparoscopic hemicolectomy.

METHODS: Retrospective chart review of 105 consecutive patients who underwent laparoscopic hemicolectomy performed by a single surgeon from January 2006-August 2008. Pearson Chi-square and student's t-test were used to test for significance.

RESULTS: There were 105 patients (males = 47, females = 58) with a mean age of 47.5 years who underwent laparoscopic colectomy (ileocolic resection = 66, right = 29, left = 9, subtotal = 1). Indications included inflammatory bowel disease = 64, neoplasm = 27, polyp = 9, and other = 7. There was no perioperative mortality. While there were more males in the extracorporeal group, patients in the two groups were otherwise demographically comparable. Mean results are shown in the following table:

	IC	EC	p-value
Number of patients	54	51	
Duration of operation (min)	190	157	< 0.01
Estimated blood loss (mL)	88.7	164.0	0.02
Intraoperative narcotics (mg)*	49.0	48.3	0.83
Length of stay (days)	3.2	3.8	0.01
Postoperative narcotics (mg)*	16.0	43.6	< 0.01
Time of flatus (days)	2.0	2.4	0.02
Time to bowel movement (days)	2.2	2.5	0.17
Perioperative morbidity	6	15	0.02

IC = intracorporeal; EC = extracorporeal; * = mg in morphine equivalents

CONCLUSION: In comparison to the extracorporeal technique, intracorporeal anastomosis produces superior results with a shorter length of stay, decreased post-operative narcotic use, faster return of bowel function and decreased morbidity. Further studies will be needed to verify our findings.