

Colorectal Disease

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Conclusion: This is the first network meta-analysis showing that laparoscopic surgery is the best treatment in reducing postoperative bowel obstruction and the other complications. To enhance better postoperative outcomes, laparoscopic colorectal surgery should be selected.

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Does Laparoscopic Colorectal Surgery increase intra-ocular pressure (IOP)?

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Background: The incidence of perioperative visual loss following colorectal surgery is quoted as 1.24 per 10,000 in USA. This is thought to be due to raised IOP during extreme head-down positioning leading to reduced optic nerve head perfusion.

Aim: To assess the effect of head-down tilt on IOP during laparoscopic colorectal surgery.

Method: Right-sided resections generally spend less time in the head-down position compared to left-sided and sub-total resections. Therefore, Group 1 included right-sided resections and Group 2 left-sided and sub-total resections. Baseline IOP measurements using a Tonopen[®] XL appplanation tonometer were carried out, and then every hour during surgery and each time when the operating table was tilted.

Results: Group 1 ($n = 25$) had a mean age of 68.72 years (SD 13.91) and Group 2 ($n = 25$) 62.48 years (SD 16.39), ($P > 0.05$). The average length of surgery for Group 1 was 142 minutes (SD 48.34) and Group 2 was 268 minutes (SD 99) with ($P \leq 0.05$). The median IOP rise from baseline during surgery was 9.67 mmHg (IQR = 4.67) in Group 1 and 17 mmHg (IQR = 5.67) in Group 2 ($P \leq 0.05$). The median maximum degree of head down tilt during surgery in Group 1 was 10.3° (IQR = 8.5) and Group 2 was 18.3° (IQR = 7.9), ($P \leq 0.05$).

Conclusion: A rise in IOP occurs during laparoscopic colorectal surgery and appears to be more pronounced in those with a greater degree of head-down tilt for a prolonged time. This may have important implications for those patients undergoing prolonged surgery or those with a history of glaucoma.

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Laparoscopic resection is as good as or even better than open resection in rectal cancer

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Material methods and results: Study assessed 459 consecutive patients (299 open 160 laparoscopic) undergoing curative intent surgery for rectal cancer in colorectal services from July 2013 to September 2015. It aims to compare perioperative and short term oncological outcomes in laparoscopy and open groups. Conversion rate was 2.50%.

Groups were similar with respect to age, sex, ASA status and BMI. Cohort had 34.85% laparoscopy penetration rate, 56.9% low rectal tumors and 70.41% Sphincter preservation rate.

Open group had slightly higher T3/T4 and N+ tumors (70% Vs 80.6%, $P = 0.007$) and threatened CRM as per pre treatment staging MRI (37.12% vs 19.37%), 286 (62.3%) patients received NACRT.

Laparoscopy group had statistically non significant longer operative time (263 Vs 231 min), significantly reduced blood loss (200 vs 500 ml), similar hospital stay (7 days) and similar anastomotic leak rate (4.9% vs 7.3% $P = 0.39$) compared with the open group.

Laparoscopy and open groups had no statistical difference in CRM rate (5.6% vs 3.16%, $p = 0.25$) lymph node harvest (14.21 Vs 14.72, $p = 0.54$) and DRM rate (for restorative resections, 2 Vs 1, $p = 0.43$). These also did not differ when compared in cohort of patients receiving NACRT.

Results fared significantly better than MRC CLASSIC trial and were comparable with COLOR II and COREAN trial results.

Conclusion: Laparoscopic resections can be completed in the majority of rectal cancers with fairly low conversion rate, slightly better perioperative outcomes and comparable short term oncological outcomes even after NACRT as compared to open approach.

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Poster Withdrawn.

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Single Incision Laparoscopic Surgery (SILS) as surgical option in Crohn's disease: our experience

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Aim: Single Incision Laparoscopic Surgery (SILS) is a newer technique which is increasing in popularity. The benefit of SILS in complex Crohn's disease (CCD), which includes a significant cohort of young patients sometimes needing multiple operations has not been comprehensively assessed. This study analyses our early experience with this technique.

Method: Patients who underwent SILS for CCD were included. Data were collected prospectively from January 2013 to December 2015. Ileocolic resections, right hemicolectomy, small bowel stricturoplasties and resections were included in the CCD cohort. Primary and re-do surgeries were analysed separately.

Results: A total of 45 patients were included: 39 ileocolic resections, 6 small bowel stricturoplasty/resections. Of the total, 27 were primary resections and 18 were re-do resections. In overall, the median age was 41 years (Range – 14 years–72 years), the median hospital stay was 8 days (Range – 3 days–28 days). Three patients from primary (11%) and 2 from re-do group (11%) had to be converted to open surgery. Total complication rate was 35.5% including 31.1% Clavien Dindo 1 and 2. In term of operating time, average blood loss, conversion rates, complication rate and hospital stay, there was no significant difference between the groups. Six months follow-up showed no major complications.

Conclusion: We have demonstrated the feasibility of SILS in patients with CCD undergoing both primary and re-do surgeries. There were no significant differences between the two groups. More robust data and longer follow-up is needed in future studies to evaluate this further.

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Single incision laparoscopic surgery (SILS) for primary surgery in medically refractory ulcerative colitis: a case series

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Introduction: Medically refractory ulcerative colitis (UC) requires surgical intervention. Due to the ongoing inflammation in the colon this patient group is considered as high risk. Primary surgery includes subtotal colectomy (STC) as the first step of a staged restorative procedure, restorative proctocolectomy (RPC) or panproctocolectomy (PPC) with end ileostomy. Single incision surgery is gaining popularity in this group of patients.

Method: Patients who underwent single incision surgery for medically refractory UC from 2013 January to 2015 December were prospectively followed up. Demographics, hospital stay and early complications were analyzed. Mann-Whitney U test was used to compare the medians.

Results: A total of 34 patients (male – 24, median age – 41.5 years; range 17–69 years) were included. There were 21 STCs, 9 PPCs and 4 RPCs done as primary surgery for medically refractory UC. The median hospital stay was 7 days (4–41 days). Four out of 34 patients had a complication with Clavien-Dindo score above 3; (2-re-operation for obstruction (5%), 2 required intensive care for sepsis (5%). Two procedures (5.8%) had to be converted strategically to open. Three patients had cancer in the resected specimen. The median age of those who had PPC was significantly higher compared to those who had restorative procedures (48 years: range 17–69 Vs 38 years: range 34–64; $P < 0.005$).

Conclusion: Single incision surgery for medically refractory UC is safe with an acceptable complication profile in this group of medically unwell patients. The quality of life implications of this procedure require further evaluation.

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Laparoscopic versus total robotic rectal cancer surgery: a single tertiary care centre experience from India

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Purpose: Minimal access surgery has shown equivalent oncological outcomes and better peri-operative outcomes for rectal cancer surgery. But literature comparing laparoscopic and robotic rectal cancer surgery is scarce. We have analyzed the same at a tertiary cancer referral centre from India.

Material methods: This is a retrospective study. We used da Vinci Xi system with single docking and single phase technique for total robotic rectal surgery. Analysis was performed with SPSS 21.

Results: 181 consecutive patients (145 Laparoscopic and 36 Robotic) undergoing curative intent surgery for rectal cancer in colorectal services from October 2013 to September 2015 were assessed.