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Original article

Laparoscopic Surgical Treatment of Ileocecal Crohn's Disease: Impact of Obesity on Short Term Results[☆]

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A B S T R A C T

Introduction: The aim of our study was to analyze the short-term outcomes of laparoscopic surgery for a no medical responding ileocolic Crohn's disease in a single center according to the presence of obesity.

Methods: A cross-sectional study was performed including all consecutive patients who underwent laparoscopic resection for ileocecal Crohn's disease from November 2006 to November 2015. Patients were divided according to body mass index $\geq 30 \text{ kg/m}^2$ in order to study influence of obesity in the short-term outcomes. The following variables were studied: characteristics of patients, surgical technique and postoperative results (complications, reintervention, readmission and mortality) during first 30 postoperative days.

Results: A total of 100 patients were included (42 males) with a mean age of 39.7 ± 15.2 years (range 18–83). The overall complication rate was 20% and only 3 patients had an anastomotic leak. Seven patients needed reoperation in the first 30 days postop (7%). The median postoperative length of hospitalization was 5.0 days. Operative time was significantly longer in patients with obesity (130 vs 165 min, $P=.007$) but there were no significant differences among the postoperative results in patients with and without obesity.

Conclusions: This study confirmed that laparoscopic approach for ileocecal Crohn's disease is a safety and feasible technique in patients with obesity. In this last group of patients we only have to expect a longer operative time.

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Cirugía laparoscópica en el tratamiento de la enfermedad de Crohn del área ileocecal: impacto de la obesidad en los resultados postoperatorios inmediatos

RESUMEN

Palabras clave:
Enfermedad de Crohn
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Resultados
Obesidad

Introducción: El objetivo de este estudio fue analizar los resultados postoperatorios de la cirugía laparoscópica por enfermedad de Crohn ileocecal en un único centro, en relación con la presencia de obesidad en los pacientes.

Métodos: Estudio observacional y comparativo incluyendo a todos los pacientes consecutivos sometidos a cirugía electiva laparoscópica por enfermedad de Crohn ileocecal desde noviembre del 2006 hasta noviembre del 2015 en un único centro. Los pacientes se dividieron en 2 grupos con relación a si el índice de masa corporal fue inferior o no a 30 kg/m². Se estudiaron las características de los pacientes y de la técnica quirúrgica, y los resultados postoperatorios (complicaciones, reintervención, reingreso y mortalidad) durante los 30 días posteriores a la cirugía.

Resultados: Se incluyó a 100 pacientes (42 varones) con una edad media de 39,7 ± 15,2 años (rango 18-83). El porcentaje global de complicaciones fue del 20% y 3 pacientes tuvieron una dehiscencia de la anastomosis ileocólica. Siete pacientes requirieron reintervención en toda la serie (7%) y la estancia hospitalaria fue de 5 días. No hubo diferencias en los resultados entre ambos grupos pero los pacientes con obesidad requirieron un tiempo operatorio significativamente superior (130 vs 165 minutos, p = 0,007).

Conclusiones: En nuestra experiencia, el abordaje laparoscópico en el tratamiento de la enfermedad de Crohn ileocecal es una técnica adecuada. La obesidad no es una contraindicación y no aumenta el número de complicaciones aunque prolonga significativamente el tiempo operatorio.

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Introduction

There is great variability in the prevalence of Crohn's disease in different European countries. While Great Britain has a reported incidence of between 5.9 and 11.1 cases per 100 000 inhabitants, the rate in Spain is between 0.9 and 6.6 cases per 100 000 inhabitants.¹ This disease commonly affects the ileocecal area and, when medical treatment is not effective, or if complications appear, surgical treatment is indicated.²

Laparoscopy is the approach of choice in colon cancer. In the surgical treatment of ileocecal Crohn's disease, this approach has also been used for years.³⁻⁵ However, despite the fact that a meta-analysis has revealed the advantages of this approach,⁶ there are no long-term published series to provide information about some of the technical aspects, the results obtained and the most frequent complications.

Obesity is a medical and social problem with data indicating an epidemic increase in our setting.⁷ In the United Kingdom, this situation is particularly serious, possibly due to social factors and the impact of their diet.⁸ Although Crohn's disease usually presents with weight loss, the association between obesity and this disease has been increasing in daily clinical practice.⁹ Therefore, there is also a growing interest in determining how this comorbidity affects the surgical results of Crohn's disease.^{10,11}

The objective of this study was to define the influence of obesity on the results of laparoscopic surgery in ileocecal Crohn's disease.

Methods

We designed an observational, comparative study to retrospectively analyze the surgical technique and results (morbidity and mortality) of laparoscopic treatment for ileocecal Crohn's disease. Data for these variables had been prospectively recorded in a specialized colorectal surgery unit.

The study was approved as a clinical audit (according to current legislation) and all patients signed an informed consent form for the use of their data in this study.

The patients included were divided into 2 groups according to the presence or absence of obesity, defined as a body mass index (BMI) greater than 30 kg/m². The main objective was to determine the short-term outcomes (operative and morbidity/mortality results) and, therefore, the percentage of patients who experienced long-term disease recurrence was not included in this analysis.

We included patients with ileocecal Crohn's disease who underwent elective laparoscopic surgery in our unit during the study period. The indication for surgery was determined at the periodic multidisciplinary meeting of all the specialists involved in the management of these patients at our hospital (gastroenterologists, surgeons, radiologists and nutrition specialists). In all the included cases, histology studies confirmed the disease in the resected specimens. In our unit, a laparoscopic approach was indicated in all cases except those in which higher surgical difficulty is expected (based on the experience of the surgeon) due to the presence of previous abdominal surgery, previous intestinal resection due to

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