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Results of videolaparoscopic surgical treatment of diverticular disease of the colon

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ABSTRACT

Introduction: Diverticular disease of the colon (DDC) is the fifth most common gastrointestinal disease in developed Western countries, with mortality rates of 2.5 per 100,000 inhabitants per year.

Objective: The objective of this study is to compare the occurrence of complications, conversion rate, use of stoma, deaths and time of hospitalization among patients undergoing rectosigmoidectomy for DDC and patients undergoing the same surgery for other reasons.
Method: This was an observational retrospective comparative study. This study was approved by the ethics committee of the Hospital Felício Rocho – Minas Gerais, Brazil – and the data were obtained from the same hospital database.

Results: The groups were classified according to age, gender, presence of comorbidities, and ASA classification. There was no evidence indicating a significant difference between groups. In this analysis, no perioperative complications were observed and there was no need for a stoma, and no deaths or fistulas occurred.

Conclusion: Elective laparoscopic surgical treatment of DDC in the analyzed group showed no difference in complications, duration of surgery and hospitalization time versus control group. Therefore, the laparoscopic surgical treatment of diverticular disease translates into an excellent tool for both the surgeon and the patient.

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Resultados do tratamento cirúrgico videolaparoscópico da doença diverticular do cólon

RESUMO

Introdução: A Doença Diverticular do Cólon (DDC) é a quinta doença gastrointestinal mais frequente nos países desenvolvidos do ocidente com índices de mortalidade de 2,5 por 100.000 habitantes por ano.

Palavras-chave:

Doença diverticular
Câncer colorretal
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Objetivo: O objetivo desse estudo é comparar a ocorrência de complicações, taxa de conversão, utilização de estoma, óbito e tempo de internação entre pacientes submetidos a retossigmoidectomia por DDC e pacientes submetidos ao mesmo procedimento cirúrgico por outras causas.

Método: Trata-se de um estudo comparativo, retrospectivo observacional. Este estudo foi aprovado pelo comitê de ética do Hospital Felício Rocho - Minas Gerais, Brasil - e os dados foram obtidos no banco de dados do mesmo hospital.

Resultados: Os grupos foram classificados em relação à idade, sexo, presença ou não de comorbidades e classificação ASA. Observou-se que não existem evidências indicando diferença significativa entre os grupos. Não houveram complicações per-operatórias, necessidade de estoma, bem como óbitos ou fístulas nesta análise.

Conclusão: O tratamento cirúrgico eletivo videolaparoscópico da DDC no grupo analisado não apresentou diferença quanto às complicações, o tempo de cirurgia e o tempo de internação em relação ao grupo controle. Portanto, o tratamento cirúrgico laparoscópico da doença diverticular traduz-se em excelente ferramenta tanto para o cirurgião quanto para o paciente.

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Introduction

Diverticular disease of the colon (DDC) is the fifth most common gastrointestinal disease in developed Western countries and courses with an estimated mortality rate of 2.5 per 100,000 inhabitants per year.^{1,2}

About 10–25% of patients with DDC will develop diverticulitis and its associated complications.³ The sigmoid is the most affected segment and is involved in 90% of cases.⁴

The American Society of Colorectal Surgeons (ASCRS) recommends that the elective surgical treatment of DDC is based on the evaluation of each case, taking into account the patient's age, clinical conditions, and the severity of his/her diverticulitis crisis and persistent symptoms after conservative treatment of an acute episode.^{5–8}

With the development of videolaparoscopic techniques (VL) in the 1990s, this access has been used for the treatment of complicated DDC, or in cases with recurrent diverticulitis attacks. In a study of 1118 patients undergoing laparoscopic colectomy, DDC was the reason for the indication in 27% of cases.⁹

In a multicenter study conducted in Brazil in 2007 and involving 4744 patients undergoing colorectal laparoscopic surgery, diverticular disease was the cause of surgical indication in 40.0% of patients.¹⁰

During the same period, Queiroz et al. conducted a study in the state of Minas Gerais; in a total of 503 colorectal surgery procedures by videolaparoscopic access, 31 cases were of patients with DDC.¹¹

Although laparoscopy is a method of treatment with proven benefits, for example, less blood loss, less post-operative pain, shorter recovery time and less days of hospitalization, besides a faster return to professional activities when compared to conventional surgery, many authors report greater difficulties in carrying out a left colectomy in patients with DDC versus patients who underwent the same surgery for other reasons, such as neoplastic diseases.^{12–14}

Despite all the benefits already known with the use of VL colectomy compared to the conventional method, only 5–10% of the procedures are carried out by that route. Of this small percentage, less than half are related to the treatment of DDC, even taking into account that this condition is more prevalent than colorectal cancer (CRC).

This greater technical difficulty, reported by some authors, could be attributed to the formation of adhesions and local fibrosis, secondary to a chronic or recurrent inflammatory process. There are few studies that have examined whether the rate of complications, technical difficulties, and of conversion observed in patients submitted to left colectomy/rectosigmoidectomy is higher in patients operated for DDC versus patients undergoing the same procedure, but for other causes, such as colorectal cancer.

Objective

The aim of this study is to compare the occurrence of complications, conversion rate, use of a stoma, deaths and hospital stay among patients undergoing rectosigmoidectomy for DDC and patients undergoing the same surgery for other reasons.

Method

This is a comparative, observational, retrospective study. This study was approved by the ethics committee of the Hospital Felício Rocho (HFR) under the protocol 37720114.9.0000.5125. Data were obtained from the database of the Coloproctology Service of Hospital Felício Rocho – Minas Gerais, Brazil. Patients of genders, aged over 18 years, and undergoing elective laparoscopic surgical treatment in this hospital between Jan/2008 and Dec/2013 were included. Operated patients in the emergency department and those who underwent previous colorectal surgery were excluded. And in the group of cancer patients (used as a control group), patients with stage

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