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A single institute experience with single port laparoscopic surgery (SPLS) for complex Crohn's disease and Ulcerative Colitis

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S ingle port laparoscopic surgery (SPLS) is a technique which is increasing in popularity. The benefit of SPLS in complex Crohn's disease (CD), which includes a significant cohort of young patients sometimes needing multiple operations, has not been comprehensively assessed. This study analyses our experience with this technique. Patients who underwent SPLS for CD 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 complex CD cohort. Primary and redo operations were analyzed separately. 57 patients were included in the study: (59 ileocolic resections, 16 small bowel stricturoplasty/resections). Of the total, 41 were primary resections and 34 were redo-resections. The median age was 39 years (Range: 14 years to 74 years) and the median hospital stay was 7 days (Range: 3 days to 28 days). The total complication rate was 31.5% most of which were Clavien-Dindo type 1 and 2. There was no difference in operating time, average blood loss, conversion rates, complication rate and hospital stay, between those who had primary or redo surgery. In our experience SPLS can be performed safely in patients with complex Crohn's disease even in redo surgery. There may be some technical advantages to the procedure in this group of patients.

Biography

Cosimo Alex Leo has completed his MD from Udine University and obtained CCT in General and Colorectal Surgery. He is currently working as a Senior Specialist Registrar at St. Mark's Hospital in the UK and he is aiming a new MD in Physiology and Neurostimulation at the Imperial College of London. He has published more than 20 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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