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Laparoscopic surgery vs. open surgery in elderly patients with colorectal cancer

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Actuality: Age is one of the major factors of the risk of death from colorectal cancer. The place of laparoscopic radical surgery in elderly patients with colorectal cancer is still being studied.

Objective: To assess our experience of surgical treatment of elderly patients with colorectal cancer.

Materials & Methods: 106 patients older than 75 years with colorectal cancer were divided into 2 groups: 66 patients underwent traditional surgery and 40 underwent laparoscopic surgery.

Results: The average duration of operation in laparoscopic group was significantly lower (127 minutes vs. 146 minutes). Intraoperative blood loss was 167 ml against 109 ml respectively, but the differences were not significant ($p=0.36$). The quality of lymph node dissection and an adequate amount of resection between two groups did not differ significantly. The average hospital stay was not significantly lower in the laparoscopic group ($p=0.43$). Complications occurred in both groups with the same frequency (13.6% vs. 15.0%), which did not exceed the average in the other age groups. Median follow-up was 16 months (6 - 30 months). The number of deaths among patients operated traditionally was twice more than in the laparoscopic group. However, the differences did not reach statistical significance.

Conclusions: The frequency of postoperative complications and postoperative mortality among elderly patients with colorectal cancer is not more than average and does not depend on age. In terms of intraoperative blood loss, radical intervention and the quality of lymph node dissection, both groups are comparable. Laparoscopic surgery is faster than traditional, but, however, it gives no benefit in reducing the average hospital stay and the number of complications in the laparoscopic group. Selection of surgical access does not affect the quality of life of patients after discharge. There was a tendency of increasing of mortality in the long term from non-colorectal cancer causes and as a result, reducing overall survival among elderly patients who were operated in traditional way.

Biography

Chernikovsky I L graduated from the St. Petersburg Medical University in 2001. He completed his Doctorate in 2008. The theme of his work was Transanal Endoscopic Microsurgery Villous Tumors of the Rectum. He is working as a Surgeon-Oncologist since 2008. He is the Head of the Department of Coloproctology in St. Petersburg Cancer Center since 2011. His main professional interest is a minimally invasive surgical technique in the treatment of colorectal cancer. He devoted much time and effort for the introduction of laparoscopic surgery in different cities of Russia. He has more than 45 published scientific articles in the Russian medical journals.

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