

6th Global Gastroenterologists Meeting

August 11-12, 2016 Birmingham, UK

Laparoscopic surgery vs. traditional surgery in patients with locally advanced colorectal cancer

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Introduction: The expediency of the application of laparoscopic surgery in locally advanced colorectal cancer remains controversial. The aim of our study was to evaluate the safety and efficacy of laparoscopic multi-visceral resections for cancer of the colon and rectum.

Materials & methods: The study included 86 patients with tumors of the colon or rectum with the degree of invasion . T4b was operated during the period from 2013 to 2015. Laparoscopic and traditional surgery for tumors of the colon and rectum with invasion of the adjacent organs was carried out for 42 and 44 patients respectively.

Results: The following procedures were performed laparoscopically: 10 patients (23.8%) underwent laparoscopic bowel resection, combined with hysterectomy with appendages, 5 (11.9%)-combined with liver resection, 5 (11.9%)-with adnexectomy, 5 (11.9%)-with small bowel resection, 2 (4.8%)-with splenectomy, 3 (7.1%)-with atypical gastric resection, 2 (4.8%)-with the resection of the ureter, 2 (4.8%)-with nephrectomy and 5 (11.9%)-with the resection of the bladder. Three (7.1%) patients underwent laparoscopic pelvic exenteration. Conversion of the access during laparoscopy was performed in 4 (9.6%) patients. The average amount of blood loss during laparoscopic operations was 205 ml as compared with traditional system which had 480 ml of blood loss. Mean operative time was 201 minutes and 150 minutes respectively. R0 resection was achieved in 100% of the cases. The average number of examined lymph nodes in the two groups was 14. The average length of patient stay in the hospital was 15 days after laparoscopic surgery and 23 days after traditional surgery. Postoperative complications were 22% (8) and 13% (6) respectively. Reliable invasion according to the morphological study in both groups was 56 and 61%. In other cases, there were infiltrations or perifocal inflammation passing to adjacent rgans.

Conclusions: Laparoscopic multiorgan resections of colon and rectum cancer are effective in terms of oncological radicality. The volume of blood loss and length of postoperative period was significantly lower in the laparoscopic group than in traditional surgery group.

Biography

Chernikovskiy 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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