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URGENT SURGERY FOR COLON CANCER-TREATMENT PATTERNS AND OUTCOMES: CAN WE IMPROVE THE SURGICAL RESULTS?

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Aim: The aim of this study is to assess treatment patterns and outcomes, for urgent colon cancer surgery and how we can improve our results.

Methods & Materials: All patients with colon cancer obstruction who were admitted for bowel obstruction from 2015 to 2017 were identified from the Surveillance, Epidemiology, and End Results registry-Medicare database. Management strategies and outcomes of bowel obstruction were compared.

Results: Among 137 patients with bowel obstruction, 66 males and 50 female underwent surgery, 77 from left colon, 32 from right colon, 9 from the transverse colon and 19 perforated, with similar sex and age distribution. A colon resection with terminal colostomy was the preferred procedure in 68 patients (49%) in the other hand a primary anastomosis was performed in only 17 patients (12%) and other procedures for 52 patients. The

overall operative mortality was 8% in urgent/emergency, been 9 % in the anastomotic group and 8% in the colostomy group other procedures were 8%, an anastomotic leakage affected 7/68 cases, 4 requiring additional surgery. Overall, about 2/3 of the perioperative deaths were related to general complications and 1/3 to anastomotic failure. The local recurrence rate was 11% in urgent/emergency surgery.

Discussion & Conclusions: Obstructing colorectal cancer is associated with a high operative and post operative mortality when we compare the results with elective surgery. The literature shows that the immediate resection with primary anastomosis represents the gold standard in selected patients with good results, a temporary defunctioning colostomy or ileostomy could be proposed for patients with an high risk; in intermediate risk cases Hartmann's operation is a good option, as a safer procedure.

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