

Stapled vs. hand-sewn colorectal anastomosis in complicated colorectal cancer - a retrospective study

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Abstract

Emergences in colorectal pathology are in most cases by complications of cancer. The prognosis for colorectal cancer is poor when this pathology is addressed in emergency situations because, on one hand, of the organ specific structure, blood supply, septic content and, on the other hand, because of the special group of patients with this pathology: aged, immunosuppressed and with various comorbidities. The high rate of postoperative complications of these patients requires a specific management. The development and improvement of medical devices has brought to the surgeons new products among which mechanical devices for anastomoses. In this study we compared two groups of operated patients (with hand sutured and stapled anastomoses) who presented as emergencies with complications of colorectal cancer.

Material and Method: Retrospective clinical study with a total of 72 patients who underwent a colorectal resection procedure in emergency in our clinic (Emergency Hospital Bucharest) over a period of 2 years (2007-2008).

Results: The 72 patients who required emergency surgery were randomly assigned to 2 categories according to the type of anastomosis: hand sutured (group 1, n=34) and stapled (group 2, n=38). Age, sex, comorbidities, and tumor staging were comparable in both groups. The emergency was represented by obstruction (56,94%), hemorrhage (8,33%) and perforation (34,72%). The mortality (10,5% vs. 8,8%) and morbidity rate (20,83% vs. 15,27%) was higher in the stapled anastomosis group. The average duration of the surgical procedure performed in emergency was also quantified and was 118 min. (group 2) vs. 236 min. (group 1) respectively.

Conclusion: Comparison did not disclose any significant difference in the number of complications in these two groups. Anastomosis is safe in emergency colorectal surgery and the reduction of the operative time may also improve the outcome of these patients.

Key words: emergency surgery, colorectal cancer, stapled anastomosis, hand-sewn anastomosis.

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