

Postoperative Functional Result and Quality of Life after Oesophageal Reconstruction Based on the Type of Cervical Anastomosis

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Abstract

Introduction. The keystone of the rate of postoperative complications and functional outcome in oesophageal reconstruction is the technique/method of performing cervical anastomosis. Despite new technologies and improved technique in specialized centres, post-anastomosis complications have not significantly improved.

Purpose: The goal of our study is to analyse the causes that make anastomosis with the oesophagus/hypopharynx a particular case. If anatomical and morphological aspects cannot be adjusted (poor histological structure and vascularity etc.), some important elements for performing a good anastomosis can be identified and corrected.

Material and Method: Between 1981-2014, 195 oesophageal reconstructions were performed in our clinic. Our study involved an analysis of 72 cases (2000-2014), based on a statistical evaluation by Kaplan-Meier method that considered a series of factors (oesophagus/hypopharynx as anastomotic partner, stomach, jejunum-ileum, colon as visceral partner, pharyngotomy type, T-L, T-T, L-L, L-T type anastomosis, number of anastomotic layers). Results were compared with those obtained by standard clinical and laboratory investigation, analysing the post-therapeutic outcome using three criteria (clinical aspects of swallowing, barium swallow and endoscopy) and by subjective assessment by each patient of his/her state and complaints, with effects on long-term functional outcome (dysphagia, reflux, pain, asthenia, weight loss, hoarseness).

Results: Statistical analysis determined that only some of the analysed factors proved to be valuable. The higher the level of the anastomosis, the more intense the impairment of the digestive function. The jejunum and left colon proved to be most effective anastomotic partners. The best method for implantation seems to be T-T or T-L and the number of anastomosis layers has no influence on postoperative outcome.

Conclusions: Acquired data can influence to some extent the operatory technique, with a lower complication rate. Unfortunately, laborious technical aspects and specific anatomical limitations make this goal difficult to achieve.

Key words: oesophageal postcaustic stenosis, oesophageal reconstruction, cervical anastomosis, technical variables, quality of life, functional outcome

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