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Omentoplasty for the Prevention and Treatment of Complications after Abdomino-Perineal Rectal Resection – Analysis of 21 Consecutive Cases

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Abstract
Context: The abdomino-perineal rectal resection (APRR) is associated with a significant rate of postoperative complications, many of them related to the pelvi-subperitoneal dead space that remains after the removal of the rectum.
Material and Methods: We performed a retrospective study on 21 consecutive patients operated in the Surgical Clinic - Mureş Clinical County Hospital / G.E. Palade University of Medicine, Pharmacy, Science, and Technology of Târgu Mureş, Romania between 01.01.2010 – 01.01.2022 in whom we used an omental flap (OF) for primary and secondary prophylaxis, as well as for the treatment of complications associated with the remnant space after APRR; all the procedures were performed using an open approach (median laparotomy) and the mobilization of the omentum was made according to the local anatomical situation.
Results: We encountered no case of flap ischemia (intraoperative evaluation at the end of the procedure and postoperative course). In the early postoperative period, we encountered one exitus through myocardial infarction and two wound suppurations; the time required for the regain of the intestinal transit ranged between 2 and 7 days, with a median of 3.5 days. At late follow-up (between 2 and 8 years) we encountered 5 deaths through distant metastases, 2 incisional hernias, 2 cases of local recurrence, and no reoperation for intestinal obstruction. Overall, we did not find any complication directly related to the use of the OF.
Conclusions: The omentum remains a simple and quick solution for the prevention and solving of some of the complications associated with low rectal cancer surgery while its use does not seem to be associated with a significant supplementary morbidity.
Keywords: abdomino-perineal rectal resection, rectal cancer, omentum flap, omentoplasty, complications