Surg Endosc (2015) 29:S75–S252
DOI 10.1007/s00464-015-4136-7

14th World Congress of Endoscopic Surgery and 22nd International Congress of the European Association for Endoscopic Surgery (EAES) Paris, France, 25–28 June 2014

Poster Presentations

P380 - Intestinal, Colorectal and Anal Disorders

Quality of Life in Local Advanced Rectal Cancer Treated by TEM or Laparoscopic Total Mesorectal Excision After Neoadjuvant Radio-Chemoterapy

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Aims: In selected patients with N0 rectal cancer Endoluminal Loco-Regional Resection (ELRR) by Transanal Endoscopic Microsurgery (TEM) may be an alternative treatment option to Laparoscopic Total Mesorectal Excision (LTME). Aims of this study is retrospectively compare the short and medium term Quality of Life (QoL) in patients with iT2-iT3 N0-N + rectal cancer, who underwent ELRR or LTME after neoadjuvant Radio-Chemoterapy (n-RCT).
Methods: Thirty patients with iT2 or iT3 rectal cancer who underwent TEM (n = 15) or LTME (n = 15) were enrolled in this study. QoL was evaluated by EORTC QLQ-C30 and QLQ-C38 questionnaires at admission, after n-RCT and 1, 6, and 12 months after surgery.
Results: No statistically significant differences, before and after n-RCT, were observed between two groups. At 1 month, QLQ-C30 showed statistically significant differences with better results in the TEM group in the following items: Nausea/Vomiting (p = 0,05), Appetite Loss (p = 0,003) and Costipation (p = 0,05). In QLQ-CR38 significant differences were observed for better scores in TEM group in the following items: Body Image (p = 0,05), Sexual Functioning (p = 0,03), Future Perspective (p = 0,05) and Weight Loss (p = 0,036). At 6 months in QLQ-C30, LTME showed worst statistically impact on Global Health Status (p = 0,05), Emotional Functioning (p = 0,021), Dyspnoea (p = 0,008), Insomnia (p = 0,012), Appetite Loss (p = 0,014) and in QLQ-CR38 in Body Image (p = 0,05) and Defecation Problems (p = 0,001). At one year, the two groups were homogenous in QLQ-C30 questionnaire. In QLQ-CR38, TEM results were better than LTME results in Body Image (p = 0,006), Defecation Problems (p = 0,01) and Weight Loss (p = 0,005).
Conclusions: No statistically significant difference between the two group was observed after n-RCT. Patients in the TEM Group had better QoL than LTME Group at 1 and 6 months after surgery in both questionnaires. At 12 months after surgery, only QLQ-CR38 questionnaire showed better results in the TEM Group.

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Our First Experience of Right Hemicolectomy by SILS (Single Incision Laparoscopic Surgery)

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Introduction: In recent years, single incision laparoscopic colectomy surgery has been used in order to reduce scars and give better cosmetic results. The aim of this study is to present our initial three cases of SILS single incision right hemicolectomy.
Material and Methods: SILS right hemicolectomy was undergone to three patients with cancer at Istanbul Faculty of Medicine between January 2011 and December 2012. The data of these 3 cases were analyzed retrospectively.
Conclusion: All of the cases were women and the mean age was 42. Two patients were taken to surgery due to right colon cancer and the third was operated due to appendiceal neuroendocrine tumor. All resections were made with a single incision inside of abdominal and hand port was put in there. Anastomoses were made with linear stapler after colon segments had been removed out of abdomen. Then the for the segments which were made anastomoses were put in. Mean of the operations time was 64 (58–71). All of the patients had gas discharge on second day; they were all discharged on fifth day from hospital.
Discussion: Colectomy by SILS can be done safely in the hands of those who experience standard laparoscopic colon surgery without increasing the rate of complication after surgery, the less scarring and better cosmetic result.

P382 - Intestinal, Colorectal and Anal Disorders

Laparoscopic Colorectal Cancer Surgery: Early Result in Initial Experiences

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Introduction: The aim of the this study is to present early results of laparoscopic resection of colorectal cancer patients.
Material and Methods: hundred and thirty patients hospitalized and laparoscopic resection is done between January 2009 and September 2012 with the diagnosis of colorectal cancer were evaluated and the early results have been reported.
Conclusion: 67 of 130 cases were male and 63 were female, median age was 58(24–96), median length of hospital stay 8.3 (4–2) days. In 54 patients left colon, 51 cases rectum, 25 cases right colon tumors were present. In 5 cases (%3.8) operation is completed with open surgery. The most common complication was wound infection. 4 patients underwent re-operation because of anastomotic leakage. Median follow up time was 17.5 (3–57) months, local recurrence was observed in one patient during this time (T4a). Recurrences were not detected at the port site, incision and the pelvis. Postoperative mortality was not observed in any patients in the early stages.
Discussion: Laparoscopic colorectal surgery can be performed safely and efficiently in centers that have experience about laparoscopic and open colorectal surgery. In any of the cases a negative effect of laparoscopy is not detected

P383 - Intestinal, Colorectal and Anal Disorders

Laparoscopic Right Hemicolectomy Strategy in Colonic Obstruction

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Introduction: Laparoscopic surgery for bowel obstruction is a challenging operation with limited working space, increased risk of iatrogenic injury and a high conversion rate. We present a surgical strategy in a patient with a small bowel obstruction who underwent a laparoscopic right hemicolectomy.
Method: Naso-gastric tube is inserted to deflate the stomach and aspirate the small bowel contents the night before surgery. The pneumo-peritoneum is performed by open technique. The camera in the suprapubic port provides a good panroramic view of the abdomen and a maximum right side up tilt provides adequate exposure of the right side of the abdomen. If there is still difficulty, the air in the bowel can be aspirated by a laparoscopic needle. Instead of traction on the caecum, the ileo-colic pedicle is tented with two graspers and a mesenteric window is created. The third part of the duodenum is identified followed by the division of the ileo-colic pedicle. The dissection is carried on medially. The terminal ileum is freed from the pelvic brim followed by lateral and posterior colonic mobilisation of the hepatic flexure. After checking the mobility of the right colon, the specimen is delivered through a 6 cm midline supra-umbilical incision. In cases of bulky tumours, to minimise the incision size for the specimen delivery, the terminal ileum is delivered first and divided followed by the transverse colon. The specimen is delivered by traction on both colonic and ileal ends. Side to side stapled ileo-colic anastomoses is performed. The small bowel content is then milked towards the stomach to facilitate the closure of the wound.
Result: Patient had an uneventful recovery
Conclusion: The above strategy is helpful in laparoscopic right hemicolectomy for the colonic obstruction.