

Laparoscopy-Assisted Colorectal Surgery

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Aim. Assessment of the outcomes of laparoscopy-assisted colorectal surgery in 89 patients.

Methods. Laparoscopy-assisted colorectal operations included sigmoid resection, right hemicolectomy, closure of colostomy after Hartmann's procedure, and rectopexy.

Results. Of the 96 patients who were subjected to laparoscopy-assisted colorectal surgery, 7 required conversion to open technique. The duration of the operations in the remaining 89 patients averaged 150 ± 60 min, while the patients' postoperative hospital stay lasted 12 ± 3 days. Oral nutrition with liquid food was resumed on the second postoperative day. Surgery-related complications occurred in 13 patients: 2 developed wound infections, 3 anastomosis insufficiency, one had postoperative bleeding, one developed pneumothorax, and 4 ileus combined with the absence of bowel activity. Two patients died, both due to the insufficiency of anastomosis.

Conclusion. The patients' recovery was more rapid and less complicated, and they suffered less pain after laparoscopy-assisted colorectal surgery. We recommend the use of the procedure in colorectal surgery, although, at present, colorectal carcinomas should only be operated laparoscopically when at an early stage or for palliative purposes.

Key words: colon and rectal surgery; colorectal neoplasms; colorectal surgery; laparoscopy