

MEETING ABSTRACT

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Laparoscopic diverting colostomy in the therapeutic management of large bowel obstructions in neoplastic elderly patients

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Background

Laparoscopic approach in patients with unresectable colorectal cancer avoids major laparotomy; we would like to estimate the feasibility, safety, and efficacy of the laparoscopic approach in elderly patients with obstruction of the large bowel.

Materials and methods

Our personal experience includes 12 patients (8 men; 4 women); average age 75 years (range: 70-88). All patients had a history of bowel obstruction or of bleeding for sigmoid, rectal or anal cancer; the patients underwent laparoscopic stoma creation.

The patients were ASA II and III physical status. We used the strategy known as the "two-step treatment protocol" including: decompressive colostomy followed by neo adjuvant radio-chemio therapy and, in this case, by radical resection of the tumor with simultaneous stoma closure. Peri-operative and stomal complications, time to return to normal bowel function, and length of hospital stay were analysed.

Results

All the patients underwent colostomy. No intra-operative or post-operative complications occurred, nor any conversion to laparotomy was required. A regular diet was tolerated 2 days after surgery with the return to normal bowel function. The length of post-operative hospital stay was about 5 days mainly owing to concomitant pre-existing co-morbidities.

Conclusions

In our experience laparoscopic colostomy is demonstrated to be a safe and feasible technique without morbidity and mortality in elderly patients. We saw a rapid return to normal bowel function with a short hospital stay. Therefore, at our institution, laparoscopic stoma creation is considered the method of choice for fecal diversion and it represents an example of "fast-track" rehabilitation in elderly people too.

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