

# InSiGHT 2019

## **Safety and efficacy of laparoscopic near-total colectomy and ileo-distal sigmoid anastomosis - a modification of TC-IRA for prophylactic surgery in patients with adenomatous polyposis syndromes – a comparative study**

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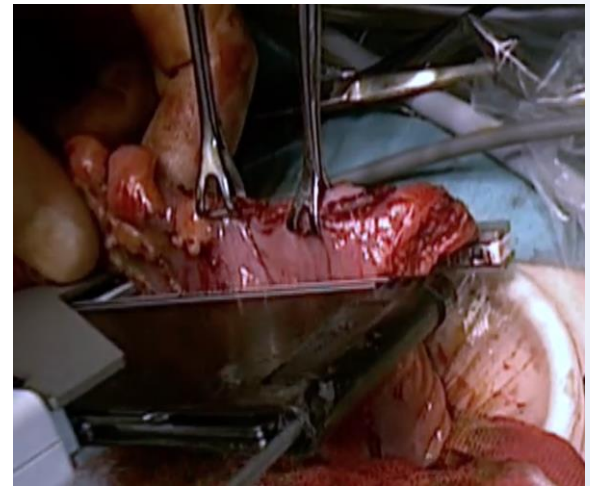
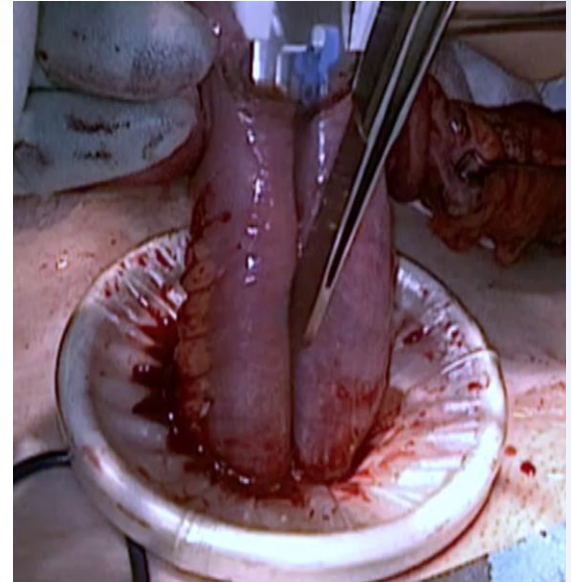
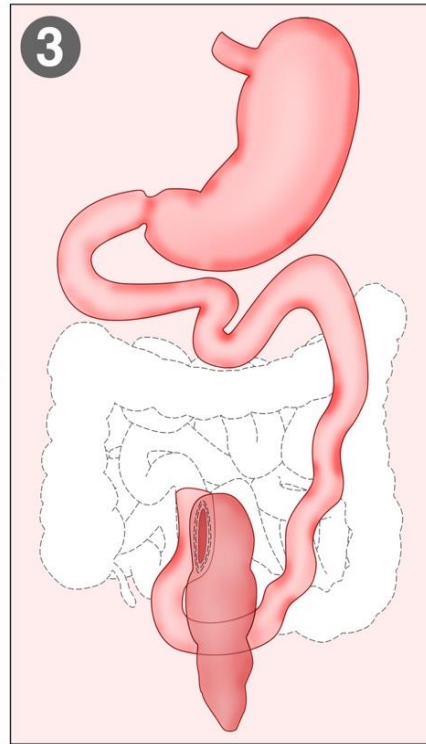
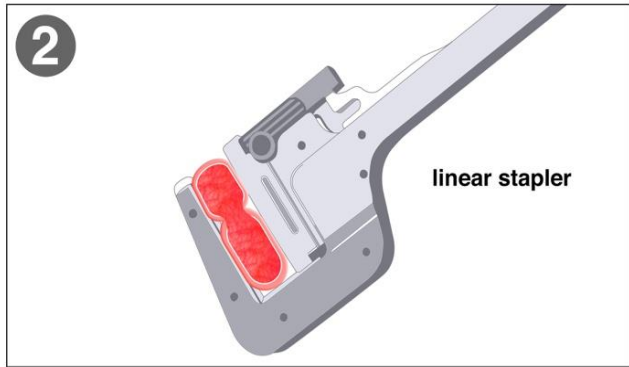
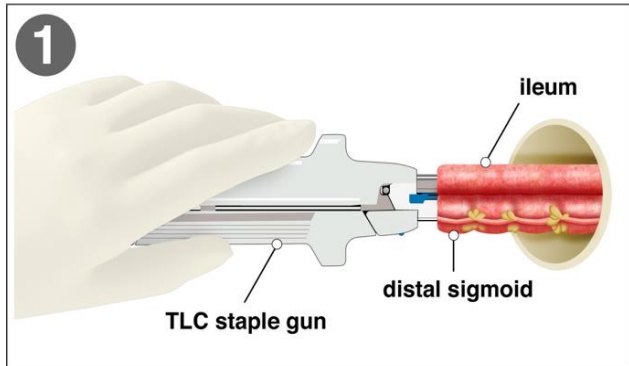


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# Introduction

- Total colectomy with ileorectal anastomosis (TC-IRA) is associated with anastomotic leak rates of **2%-11%** in patients with FAP
  - Re-operation and ileostomy formation
- Young and healthy patients
- Near total colectomy with ileo-distal sigmoid anastomosis (NT-IDSA) is a recent modification of our practice
- We compare the post-operative outcome between NT-IDSA and TC-IRA in patients with adenomatous polyposis syndrome

# NT- IDSA



# Method

- A retrospective review of the prospectively maintained St Mark's Hospital Polyposis Registry
  - Patients with AP (FAP, MAP, clinical adenomatous polyposis)
- Patient demographics
- 30 day morbidity and mortality and outcome
  - Clavien-Dindo classification
- Post operative endoscopic surveillance data

# Results- Demographics

<b>Patient characteristics</b>			
<b>Characteristics</b>	<b>TC-IRA (n=139)</b>	<b>NT- IDSA (n=52)</b>	<b>P value</b>
<b>Gender</b>			<b>0.627</b>
<b>Male</b>	<b>71 (51.3)</b>	<b>29 (55.8)</b>	
<b>Female</b>	<b>68 (48.9)</b>	<b>23 (44.2)</b>	
<b>Underlying disease</b>			<b>0.081</b>
<b>FAP</b>	<b>123 (88.5)</b>	<b>43 (82.7)</b>	
<b>MAP</b>	<b>10 (7.2)</b>	<b>6 (11.5)</b>	
<b>Unclassified</b>	<b>6 (4.3)</b>	<b>3 (5.8)</b>	
<b>ASA Score</b>			<b>0.722</b>
<b>I</b>	<b>101 (72.7)</b>	<b>40 (76.9)</b>	
<b>II</b>	<b>37 (26.6)</b>	<b>12 (23.1)</b>	
<b>III</b>	<b>1(0.7)</b>	<b>0 (0)</b>	
<b>Defunctioning ileostomy</b>			<b>0.548</b>
<b>Yes</b>	<b>1 (0.7)</b>	<b>0 (0)</b>	
<b>No</b>	<b>105 (99.3)</b>	<b>51 (100)</b>	

# Results-Early postoperative outcome using Clavien-Dindo classification

Outcome	TC-IRA (n=139)	NT- IDSA (n=52)	P-value
Grade IV & V	Nil	Nil	
Grade IIIb complication			
Anastomotic leak	15 (10.8)	Nil	0.013
Grade IIIa			
Radiological drainage	1 (0.7)	1 (1.9)	0.47
Grade II			
Pneumonia	2 (1.4)	2 (3.8)	0.30
Enterocutaneous fistula	0	1 (1.9)	0.27
Venous thromboembolism	1 (0.7)	1 (1.9)	0.47
Ileus requiring TPN	3 (2.1)	4 (7.7)	0.09
Grade I complications			
Ileus	9 (6.5)	6 (11.5)	0.24

# Results: Endoscopic surveillance post TC-IRA and NT-IDSA

Variable	TC- IRA (n=136)	NT-IDSA (n=41)	P value
Pre-op rectal polyp count	10 (2-18)	10 (4-16)	0.08
Length of anastomosis /cm	18 (18-20)	25 (22-30)	P<0.001
Cumulative adenomas/patient/year	6 (1-17)	11 (3-23)	P<0.001
Polypectomies/patient/sigmoidoscopy	2 (0-7)	3 (1-9)	0.39

# Conclusions

- This study demonstrates that laparoscopic NT-IDSA reduces anastomotic leak rate
- It is too early to tell if NT-IDSA alters:
  - Surgical intervention - proctectomy
  - Endoscopic polypectomy
  - Ease of surveillance
  - Bowel function
- Longer follow-up and bowel function studies



Thank you

**Supervisors and collaborators**

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Dr Andrew Latchford

Prof Susan Clark



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