

Early Laparoscopic Ileostomy Reversal After Rectal Cancer Surgery – Technique and Outcomes

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Abstract

Background: A temporary diverting ileostomy (TDI) is performed in a significant number of patients undergoing colorectal surgery. The best timing for ileostomy reversal (IR), early or late after its formation and the proper technique used for its closure are controversial. The objective of the present study is to describe the particular aspects of the laparoscopic technique of ileostomy reversal and to analyze the outcomes of its early closure.

Methods: A retrospective analysis on all the patients who underwent laparoscopic ileostomy reversal (LIR) after MIS rectal surgery between 2015 and 2018 in Ponderas Academic Hospital was performed. No patient was excluded from the study. The outcomes of the early laparoscopic closure of the diverting ileostomy (less than 30 days) were analyzed and compared with the standard closure ones.

Results: Twenty-one patients, (10 males), average age and BMI of 57 years (range 33-77) and 21.6 kg/m² (range 14.4-34) were included into the study. All the procedures were completed laparoscopically. No patient was lost from follow-up. The laparoscopic ileostomy reversal was performed at 50.4 days (range 7-150) from the open (1 patient) or laparoscopic (20 patients) rectal cancer resection. Twelve patients had preoperative RCT (48%), 17 low colorectal anastomosis and the coloanal one was performed in three patients with TDI. Eleven patients (52%) had an early ileostomy reversal after 23.6 days (7-30 days). A very early LIR (7-10 days) was necessary in 3 patients with complicated evolution after TDI. No significant intra-operative or postoperative complications between the two subgroups of early or late LIR was encountered. The hospital stay (LOS) after LIR was 3.9 days (2-5) with no difference between the two subgroups. We encountered one postoperative complication (5%), - enteral bleeding conservatively treated.

Conclusions: Laparoscopic ileostomy reversal may be considered as a primary option for temporary diverting ileostomy after colorectal resection. The early ileostomy reversal is safe and improved postoperative outcomes in are demonstrated selected patients. Careful investigation and rigorous selection of the patients for EIR is mandatory

Key words: diverting ileostomy, early reversal, minimally invasive, colorectal resection