Laparoscopic Surgery For Inflammatory Bowel Disease

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Laparoscopic Crohn’s Surgery

- Obstruction (strictures)
- Pain (usually with fistula)
- Abscess
- Perforation
- Bleeding
Laparoscopic Crohn’s Surgery

Controversial!!!

- Technical challenges - mesentery & inflammation, previous surgery, on steroids
- Thoroughness of assessment? (missed lesions)
- Are there advantages?

N=60

CONCLUSION:

Faster recovery in the LAP group:
Pulmonary function is better
Length of stay: 1 day less in LAP
No differences in:
  analgesic use (IV )
  recovery of GI function
Fewer complications (5/31 LAP, 9/29 CON)

N=66

CONCLUSION:

Laparoscopic ileocolic resection for CD is feasible. There are significant postoperative benefits in terms of resolution of ileus, narcotic use, and hospital stay. This approach translates into cost savings of >$3300 for laparoscopic patients.
Conclusion

Laparoscopic surgery is also safely applicable to complicated cases of Crohn’s disease with

- previous surgery
- strictures
- fistulas
Issues in Lap Ileal Pouch (RPC) Surgery

- Is a laparoscopic approach safe for this complex procedure?
- Are the outcomes comparable to a conventional procedure?
- Are there any advantages?
# Laparoscopic Surgery in Ulcerative Colitis

## Early Case Reports

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Cases</th>
<th>Type</th>
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<td>Peters</td>
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<td>2</td>
<td>TPC</td>
<td>-</td>
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<td>4</td>
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<td>-</td>
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<tr>
<td>Lui</td>
<td>1995</td>
<td>5</td>
<td>RPC</td>
<td>? benefit</td>
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<td>Wexner</td>
<td>1994</td>
<td>22</td>
<td>RPC</td>
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N=40

CONCLUSION:

Lap cases (330, 180-480 minutes) vs. open cases (230, 180-300 minutes), P < 0.001.

Bowel function returned more quickly in lap cases (2,1-8 days) vs. open cases (4, 1-13 days), P = 0.03; and the length of stay was shorter in lap cases (7, 4-14 days) vs. open cases (8, 6-17 days), P = 0.02

N=19 Lap, 29 Open

CONCLUSION:

Lap 210 (range, 150-270) vs. Open 120 (range, 60-180) minutes, P < 0.001.

Bowel recovery faster in the lap group 1 (range, 1-3) vs 2 (range, 1-4) days; P = 0.003 and the length of stay was shorter 4 (range, 3-13) vs 6 (range, 4-24) days; P = 0.04.

Complications occurred in 3 (16%) lap patients and in 7 (24%) conventional patients

N=32

CONCLUSION:

No conversion

11 postop complications - 1 pelvic abscess, 1 pouch leak. 3 reoperations (1 temporary ileostomy, 1 lysis of adhesions, 1 transpouch drainage).

One-stage laparoscopic-assisted RPC can be performed effectively and safely.

N=23

CONCLUSION:

One LAP was converted (9.1%). Op time was shorter for HALS than for LAP (210 vs 273 min; p = 0.03).

HALS reduces the operative time but patient morbidity rates and recovery are similar to LAP. HALS may be preferable for extensive colorectal procedures such as TPC and TAC.
Laparoscopic Surgery in Inflammatory Bowel Diseases

Crohn’s Disease:

- Definite advantages in simple ileocolic disease
- Very feasible for most complex cases with fistulas and multiple strictures
Laparoscopic Surgery in Inflammatory Bowel Diseases

Ulcerative Colitis

- Restorative proctocolectomy with laparoscopic assistance is also promising
- Hand-assisted techniques may reduce operative times