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Poster Presentations

P001 - Abdominal Cavity and Abdominal Wall

Effects of Chosen Operation Techniques on Recurrence Rates About Incisional Hernia

N. Ozlem

Samsun Education and Research Hospital, Samsun, Turkey

Introduction: Incisional hernia after abdominal surgery is an important problem.
Objectives: We aimed to evaluate the long-term recurrence rate in patients operated with primary repair-onlay-sublay mesh repair techniques for incisional hernia.
Material/Patients and Methods: We studied a serial of 75 patients retrospectively, operated due to incisional hernia in between 2003–2008 in Ankara Atatürk Training and Research Hospital General Surgery Department. The patient's age, sex, location and size of the defect, previous operation type (emergency or elective), operation findings, duration of hospitalization, early and late complications and recurrences were recorded. 14 (18,7 %) patients have primary, 24 (32 %) patients have onlay, 37 (49,3 %) patients have sublay hernia repair. There is no statistically significant difference between 3 groups in mean ages, previous operation types and weights.
Results: there are recurrence 42,9 % of patients in primary repair group, 45,8 % in onlay group, 21,6 % in sublay group. There is a significant difference between onlay and sublay repair group. Surgical site infections in onlay group increases statistically significant the recurrence rate.
Conclusion: Retromuscular Mesh Placement avoids contact between the mesh and abdominal viscera and has been shown in long-term studies to have a respectable recurrence rate (14 %) in large incisional hernias. Prospective analysis of onlay technique is not available, but a retrospective review has reported recurrence rates of 28 %. Our rate is 45,8 % and about two-fold higher than the literature rates. Primary repair can be done, for instance, with a direct suture technique, but recurrence rates are high. Recent literature advises the use of mesh repair. Although in our research there is no statistical significant difference between sublay and primary repair technique in recurrence rates. We have good outcomes in incisional hernia patients who have sublay hernia repair technique.

P002 - Abdominal Cavity and Abdominal Wall

First Results of One General Surgical Clinic About Laparoscopic Incisional Hernia Repair: Problems

N. Ozlem

Samsun Education and Research Hospital, Samsun, Turkey

Aims: Minimal invasive surgery (MIS) for incisional hernia repair is still debated. Some studies showed LIHR is associated with less postoperative pain, comparable postop complications, low recurrence rate, safety, good long term results, lower ssi incidence, but some others reported, it is not better than open technic in term of recurrence.
Method: We aim to present first 17 patient experiences on LIHR; 17 of 22 patient included. This study stopped in 22 months. Four patients are male, 13 female. Their mean age was 55.7(36–76). Mean follow-up period are 8.1 (1–22) months. Mean hernia defect size 7.5 cm (4–15), 6 patients have multiple fascial defect. Mean length of stay (LOS) 3.1 day (1–8), BMI = 33.7 (mean), range 24–48). ASA score is mean 2.05 (1–3), operative time is 160.5 ± 82 min (mean). 14 patients have comorbidities. First oral intake was mean 1.05 day. Two surgeon a performed all operations. Antibiotic prophylaxis were made routinely. Eight patients have recurrent, 9 have incisional hernia. Parietex-Composite mesh (covidien) were used. The mesh was anchored with four transfascial full-thickness sutures to the anterior abdominal wall, fixed with spiral tacks using the double-crown technique. At follow up the recurrence rate, satisfaction with the surgical results on a scale (0 = no satisfaction, 10 = very satisfied) were determined. For statistical analysis, possible associations between therapeutic, prognostic parameters, hernia recurrence were examined univariately by means of Student's t, Fisher's exact test. The data are reported as means with standard deviations (SDs), ranges.
Results: 4 Seromas without need for intervention developed, in 2 patients postoperative ileus occured. Total complications range are 35 %. The satisfaction with the overall result of the operation was a mean value of 5.7 (0–10) in the laparoscopic group. In the interview, 60 % of the patients with LIHR would choose the laparoscopic approach for repair of their hernias again.
Conclusion: The main benefits of MIS include a reduced risk of wound complications, less pain, faster recovery, a rapid return to normal activity. we did not have any wound complication. The other benefits of MIS did not assessed. LOS of our patients were longer than Bisgaard's, shorter than Ferrarie's. Recurrence rate of these patients were 5.8 %, Wolter et al. reported, a rate of 8.6 was. Kurmann reported, 15.9 % of recurrence rate was. Our study limitations: short term period follow-up, retrospective design, that contains the small group of patients. Satisfaction rate of our patients is not perfect; 5.7. Wolter et al.'s patients satisfaction mean level being 8.2 in LIHR. Our mean operative time was longer than Ferrari's, Wolter's, but shorter than Kurmann's. It needs to design a prospective randomised study.

P380 - Intestinal, Colorectal and Anal Disorders

Quality of Life in Local Advanced Rectal Cancer Treated by TEM or Laparoscopic Total Mesorectal Excision After Neoadjuvant Radio-Chemoterapy

G. d'Ambrosio, A. Balla, F. Mattei, S. Quaresima, A. Paganini, E.L. Lezoche

Sapienza University, Rome, Italy

Aims: In selected patients with N0 rectal cancer Endoluminal Loco-Regional Resection (ELRR) by Transanal Endoscopic Microsurgery (TEM) may be an alternative treatment option to Laparoscopic Total Mesorectal Excision (LTME). Aims of this study is retrospectively compare the short and medium term Quality of Life (QoL) in patients with iT2-iT3 N0-N + rectal cancer, who underwent ELRR or LTME after neoadjuvant Radio-Chemoterapy (n-RCT).
Methods: Thirty patients with iT2 or iT3 rectal cancer who underwent TEM (n = 15) or LTME (n = 15) were enrolled in this study. QoL was evaluated by EORTC QLQ-C30 and QLQ-C38 questionnaires at admission, after n-RCT and 1, 6, and 12 months after surgery.
Results: No statistically significant differences, before and after n-RCT, were observed between two groups. At 1 month, QLQ-C30 showed statistically significant differences with better results in the TEM group in the following items: Nausea/Vomiting (p = 0,05), Appetite Loss (p = 0,003) and Costipation (p = 0,05). In QLQ-CR38 significant differences were observed for better scores in TEM group in the following items: Body Image (p = 0,05), Sexual Functioning (p = 0,03), Future Perspective (p = 0,05) and Weight Loss (p = 0,036). At 6 months in QLQ-C30, LTME showed worst statistically impact on Global Health Status (p = 0,05), Emotional Functioning (p = 0,021), Dyspnoea (p = 0,008), Insomnia (p = 0,012), Appetite Loss (p = 0,014) and in QLQ-CR38 in Body Image (p = 0,05) and Defecation Problems (p = 0,001). At one year, the two groups were homogenous in QLQ-C30 questionnaire. In QLQ-CR38, TEM results were better than LTME results in Body Image (p = 0,006), Defecation Problems (p = 0,01) and Weight Loss (p = 0,005).
Conclusions: No statistically significant difference between the two group was observed after n-RCT. Patients in the TEM Group had better QoL than LTME Group at 1 and 6 months after surgery in both questionnaires. At 12 months after surgery, only QLQ-CR38 questionnaire showed better results in the TEM Group.

P381 - Intestinal, Colorectal and Anal Disorders

Our First Experience of Right Hemicolectomy by SILS (Single Incision Laparoscopic Surgery)

M. Ilhan, H. Yanar, B. Ozcinar, M. Ilhan, K. Gok, Z. Akyol, Z. Ozdemir, K. Günay

Istanbul University, Istanbul medical faculty, Istanbul, Turkey

Introduction: In recent years, single incision laparoscopic colectomy surgery has been used in order to reduce scars and give better cosmetic results. The aim of this study is to present our initial three cases of SILS single incision right hemicolectomy.
Material and Methods: SILS right hemicolectomy was undergone to three patients with cancer at Istanbul Faculty of Medicine between January 2011 and December 2012. The data of these 3 cases were analyzed retrospectively.
Conclusion: All of the cases were women and the mean age was 42. Two patients were taken to surgery due to right colon cancer and the third was operated due to appendiceal neuroendocrine tumor. All resections were made with a single incision inside of abdominal and hand port was put in there. Anastomoses were made with linear stapler after colon segments had been removed out of abdomen. Then the for the segments which were made anastomoses were put in. Mean of the operations time was 64 (58–71). All of the patients had gas discharge on second day; they were all discharged on fifth day from hospital.
Discussion: Colectomy by SILS can be done safely in the hands of those who experience standard laparoscopic colon surgery without increasing the rate of complication after surgery, the less scarring and better cosmetic result.

P382 - Intestinal, Colorectal and Anal Disorders

Laparoscopic Colorectal Cancer Surgery: Early Result in Initial Experiences

M. Ilhan, H. Yanar, M. Ilhan, K. Gok, I. Azamat, S. Egin, S. Meriç, K. Günay, C. Ertekin

Istanbul University, Istanbul medical faculty, Istanbul, Turkey

Introduction: The aim of the this study is to present early results of laparoscopic resection of colorectal cancer patients.
Material and Methods: hundred and thirty patients hospitalized and laparoscopic resection is done between January 2009 and September 2012 with the diagnosis of colorectal cancer were evaluated and the early results have been reported.
Conclusion: 67 of 130 cases were male and 63 were female, median age was 58(24–96), median length of hospital stay 8.3 (4–2) days. In 54 patients left colon, 51 cases rectum, 25 cases right colon tumors were present. In 5 cases (%3.8) operation is completed with open surgery. The most common complication was wound infection. 4 patients underwent re-operation because of anastomotic leakage. Median follow up time was 17.5 (3–57) months, local recurrence was observed in one patient during this time (T4a). Recurrences were not detected at the port site, incision and the pelvis. Postoperative mortality was not observed in any patients in the early stages.
Discussion: Laparoscopic colorectal surgery can be performed safely and efficiently in centers that have experience about laparoscopic and open colorectal surgery. In any of the cases a negative effect of laparoscopy is not detected

P383 - Intestinal, Colorectal and Anal Disorders

Laparoscopic Right Hemicolectomy Strategy in Colonic Obstruction

T.S. Longworth, N. Naguib, R. Scott, P.K. Dhruva Rao, P. Shah, A.G. Masoud

Prince Charles Hospital, Cheltenham, United Kingdom

Introduction: Laparoscopic surgery for bowel obstruction is a challenging operation with limited working space, increased risk of iatrogenic injury and a high conversion rate. We present a surgical strategy in a patient with a small bowel obstruction who underwent a laparoscopic right hemicolectomy.
Method: Naso-gastric tube is inserted to deflate the stomach and aspirate the small bowel contents the night before surgery. The pneumo-peritoneum is performed by open technique. The camera in the suprapubic port provides a good panroramic view of the abdomen and a maximum right side up tilt provides adequate exposure of the right side of the abdomen. If there is still difficulty, the air in the bowel can be aspirated by a laparoscopic needle. Instead of traction on the caecum, the ileo-colic pedicle is tented with two graspers and a mesenteric window is created. The third part of the duodenum is identified followed by the division of the ileo-colic pedicle. The dissection is carried on medially. The terminal ileum is freed from the pelvic brim followed by lateral and posterior colonic mobilisation of the hepatic flexure. After checking the mobility of the right colon, the specimen is delivered through a 6 cm midline supra-umbilical incision. In cases of bulky tumours, to minimise the incision size for the specimen delivery, the terminal ileum is delivered first and divided followed by the transverse colon. The specimen is delivered by traction on both colonic and ileal ends. Side to side stapled ileo-colic anastomoses is performed. The small bowel content is then milked towards the stomach to facilitate the closure of the wound.
Result: Patient had an uneventful recovery
Conclusion: The above strategy is helpful in laparoscopic right hemicolectomy for the colonic obstruction.