**Resident’s Corner:** Enterocutaneous Fistula

**Key points:**
- Long period of preop optimization often required
- Multidisciplinary team to fix nutritional status

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Anatomic Distribution of #ColorectalCancer in Young Patients (<50)

117,686 patients < Age 50 in National Cancer Database:

- **Under Age 50:**
  - 74.4% Left Sided Cancer*
    - (67% Rectosigmoid)
  - 43.9% Right Sided Cancer

- **Over Age 50:**
  - 56.1% Left Sided Cancer*
  - 43.9% Right Sided Cancer

* p<0.001

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Predictors of Bowel Dysfunction After Sphincter Preserving Rectal Cancer Surgery

316 patients with Sphincter Preserving Surgery for Rectal CA
2009-17 at Tertiary Center:

- Poor bowel function associated with:
  - Hand sewn anastomosis
  - Preoperative CXRT
  - ≤ 1 year after surgery
  - Prior diverting ileostomy

Interviewed to assess Bowel Dysfunction


Risk of Anal Cancer in HIV patients with High Grade Anal Dysplasia

592 patients with AIN III:

- 95% male
- Median F/U: 69 months
- n=33 progressed to anal cancer

*Increased Risk with:
- Black Race
- History of condyloma

*Decreased Risk with:
- Prior anal cytology screening

**Emergency Surgery for Obstructing Colon Cancer in Elderly Patients**

- 2,294 patients with obstructing colon cancer:
  - n=650 (28%) Age 75-84
  - n=444 (20%) Age >85
- Higher Morbidity/Mortality
- 13% endoscopic stent, 87% surgery
- Age ≥ 75 associated with:
  - Less Stage IV Disease (at time of surgical resection)
  - Definitive stoma
  - Decreased overall and disease-free survival


**Morbidity of APR with and without Omentoplasty**

- 254 APR patients:
  - 106 with omentoplasty
  - 30 day wound healing & other endpoints assessed
  - No difference in:
    - 30 day wound healing (65 vs. 60%)
    - 1 year complication free rate (54 vs. 49%)
    - Persistent perineal sinus (6 vs 10%)
    - Perineal Hernia (Propensity Adjusted Analysis) O.R. = 1.34 [0.46-3.88]

How Reliable is CT staging for Right Colon Cancer?

150 scans of patients with Right Colon Cancer reviewed:
Accuracy & correlation with pathologic staging compared

- Accuracy of CT to detect any unfavorable features:
  - pT3/4: 63%
  - pN+: 18%
- Location of cancer

High rates of OVER (23-28%) & UNDER (43-53%) STAGING


Increasing Incidence of Pelvic Sepsis After Ileal Pouch Anal Anastomosis for Ulcerative Colitis

1,456 patients with IPAA for UC 1996-2013:

- Rates of pelvic sepsis increased by: Avg of 4% / year

Potential Confounders:
- Recent patients with:
  - Older age
  - More comorbidities
  - Sepsis prior to surgery

Collagenolytic Bacteria: Screening Methods in Human Samples

4 patients with recurrent anastomotic / wound healing complications:
- Delayed Anastomotic Leaks, Rectovaginal Fistula, Enterocutaneous Fistula

Culture fluid sample using agar plates overlayed with skim milk to identify:
**collagenolytic colonies of bacteria:**

Perform standard identification and sensitivity assays on collagenolytic colonies and apply appropriate antibiotics.

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Draing Seton vs. External-Sphincter Sparing Seton (After Re-routing) for Complex Anal Fistula

**RCT:** Draining seton vs. External sphincter sparing seton (after re-routing)

**Draining Seton:**
- 29.8 min OR time* (n=30)
- 17% Complications
- 100% 2nd stage fistulotomy*
- 103 days Time to* complete healing

**External Sphincter Sparing Seton:**
- 43.8 min (n=30)
- 7% Complications
- 7% 2nd stage fistulotomy*
- 46 days Time to* complete healing

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THD + Mucopexy vs. Vessel Sealer Hemorrhoidectomy for Grade III/IV Hemorrhoids

Multicenter RCT:

<table>
<thead>
<tr>
<th>Treatment</th>
<th>THD + Mucopexy</th>
<th>Vessel Sealer</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR time</td>
<td>45 min</td>
<td>20 min</td>
</tr>
<tr>
<td>Analgesic Use @ week 2</td>
<td>53.8%</td>
<td>87.8%</td>
</tr>
<tr>
<td>Time to Stop Analgesic Use</td>
<td>10.1 days</td>
<td>15.2 days</td>
</tr>
</tbody>
</table>

*p<0.006

Pain scores, Satisfaction, QoL, Return to work, Symptom scores

Trenti L et al. *Dis Colon Rectum* 2019;62(8)

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Does Coffee Intake Reduce Postop Ileus After Elective Laparoscopic Colorectal Surgery? (RCT)

115 patients undergoing elective, laparoscopic colorectal resection got:

Coffee Group: 65.2 hrs (H.R. = 1.67)

Coffee: n=56 (150mL TID)

Tea Group: 74.1 hrs

Tea: n=59

Time to 1st BM

6 days

7 days

LOS

*p=0.008
*p=0.043

MetaAnalysis of Antibiotics for Uncomplicated Diverticulitis

2,241 uncomplicated diverticulitis patients in 7 studies:

895 patients with antibiotics
Vs.
1,346 without antibiotics

No difference in:

LOS
3.1 vs 4.5 days \(p=0.2\)

Rate of Sigmoid Resection
Pooled O.R. [0.65-17.34]

Recurrence Diverticulitis
Pooled O.R. [0.9-1.79]

Readmissions [0.44-1.3]

Conclusion:
Uncomplicated Diverticulitis
can be safely monitored
without antibiotics