ASCRS Clinical Practice Guidelines: Bowel Prep for Elective #ColorectalSurgery

Mechanical & oral bowel prep is recommended (18)

Omitting Oral (1A) or Mechanical Prep (2C) is NOT recommended

Combined prep results in:

- Rate SSI
- Anastomotic Leak
- LOS
  (without risk of c.diff)


2019 January

Low Anterior Resection Syndrome & QoL

282 patients with sphincter-sparing #RectalCancer #Surgery

LARS-Score EORTC QLQ-C30

At 2 timepoints:

1st survey:

- 27% No evidence LARS
- 20% minor LARS
- 53% major LARS

2nd Survey

@mean 11 years postop:

- 49% Still w/ Major LARS
- 76% in same LARS group
- 10% deteriorated
- 14% improved

Pieniowski EHA et al. Dis Colon Rectum 2019;(62)1:14-20
Decision Analysis for Rectal Sparing FAP

QALYs for Patients age >30 years 
\textbf{with Rectal Sparing} 
(<20 distal polyps) FAP

QALYs for IRA: \textbf{27.12}

QALYs for IPAA: \textbf{25.12}

\*IRA with \textbf{QOL} (over IPAA) in 
\textbf{86.9\%} of scenarios


Perforated Acute Diverticulitis:
Training, Approach & Outcome Differences

Urgent Colectomy for Perforated Diverticulitis
10,600 patients in \textit{NY} State Database:

\begin{itemize}
  \item Hartmann’s vs. Anastomosis with proximal diversion
  \item 98.3\% got Hartmann’s
  \item 1.7\% got Anastomosis + Diversion
\end{itemize}

Colorectal Surgeons did 6\% of all operations

\begin{itemize}
  \item Primary anastomosis rate 4.2\% vs. 1.5\% (p<0.001)
  \item Mortality 5.3\% vs. 7.5\% (p<0.05)
\end{itemize}

Changing Genetic Spectrum of ColorectalCancer Biology with Age

Genetics of 497 Colorectal Cancers Analyzed for:
- CpG Island hypermethylation, MSI, KRAS, BRAF
- 11.5% of cancers <50 years of age:
  - 0% hypermethylated
  - 0% MSI-unstable
  - 0% BRAF mutation
  - 19% proximal
- (vs. cancers over age 50):
  - 22% hypermethylated
  - 23% MSI-unstable
  - 10% BRAF mutation
  - 52% proximal


Lap vs. Open Multivisceral Resection for Locally Advanced Colorectal Cancer

T4b tumors undergoing multivisceral resection at a single institution:
- 31 lap patients:
  - 60 mL
  - 96.8%
  - 14 days
  - 22.5%
  - 56.7%
- 50 open patients:
  - 595 mL
  - 92%
  - 19 days
  - 40%
  - 62.7%

Resident’s Corner: Anastomotic Leak

Key points:
- Grade of Leakage determines management:
  - Radiologic only
  - Clinical with mild sepsis
  - Frank peritonitis
- Clinical Suspicion Must Remain High for Diagnosis


Emergent #ColorectalSurgery: Does Specialization Influence Outcomes?

889 cases at 3 tertiary care NSQIP hospitals:

- 592 by CRS
- 297 by general/ACS

Propensity score matching for illness severity, disease process:

Colorectal Surgeons: vs. General/ACS Surgeons:
- 30-day Mortality: 6.7% vs. 16.4% (p=0.001)
- Postop Morbidity: 45% vs. 56.7% (p=0.009)
- Unplanned Reop: 9.7% vs. 16.5% (p=0.04)
- Hospital LOS: 10.3 d vs. 14.7 d (p<0.001)

Conditional Probability of Survival after Neoadjuvant CXRT for #RectalCancer

545 patients with neoadjuvant CXRT and proctectomy (1992-2012):
Median F/U: 5.9 years
DFS:
1 year: 89%
3 years: 71%
5 years: 63%

Probability of Remaining Disease Free for an additional 3 years:
@ 1 year: 75%
@ 3 years: 83%
@ 5 years: 82%

Tumor Regression on Final Pathology had a lasting impact on DFS:
Regression score of 0: DFS @ 3 years = 91%


Ventral Rectopexy vs. STARR for Obstructed Defecation in the Elderly

RCT of 112 patients:
Lap ventral rectopexy
Vs.
Stapled trans-anal Rectal Resection (STARR)

Ventral Rectopexy:
Minor Complications: 20% vs. 25%
ODS Score ↓ by >50%: 73% vs. 82%
Recurrence: 7%* vs. 24%
Perineal Descent: 80%* vs. 0%

Contribution of Intussusception, IBS, & Pelvic Floor Dyssynergia to Obstructive Defecation Syndrome (ODS)

317 consecutive patients undergoing defecography and ODS assessment 2007-16:

- 30% no intussusception (IS)
- 39.7% intra-rectal IS
- 30.3% intra-anal IS

No association between:
Grade of IS, Constipation/ODS score

IBS and Pelvic Floor Dyssynergia:
Associated with Increased ODS

Patients should be screened for IBS/Dyssynergia before considering ODS surgery

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Cavallaro PM et al. *Dis Colon Rectum* 2019;62(1);56-62

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Effect of Medicaid Expansion on #ColorectalCancer Screening Rates

States with ACA Medicaid Expansion compared to those without:

Behavioral Risk Surveillance System telephone survey used to compare screening rates

Medicaid Expansion States: Overall Screening:
+4%

Low Income Screening in Expansion States:
+5.7%

Black respondents in Early vs. 2014 expansion:
+8.1% vs. -1.5%

Hispanic respondents:
No significant change

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Zerhouni YA et al. *Dis Colon Rectum* 2019;62(1);97-103
QoL Comparison of #FecalIncontinence (w/ and w/out Constipation)

- 946 patients with Fecal Incontinence (FI):
  - 69.3% w/ Constipation also had
- Higher Rates Co-existing Pelvic Organ Prolapse
- Less Severe FI Scores 21 vs. 23.8
- Higher Rates Urinary Incontinence
- FI w/ Constipation requires consideration of underlying pathology


C-Reactive Protein >100: Is Discharge Safe?

- 522 patients undergoing #ColorectalSurgery with anastomosis 2014-15
- CRP drawn on POD#1-4
- Readmission Rate if CRP >100:
  - 16.5%
- Readmission Rate if CRP <100:
  - 6% (p=0.0008)
- Readmission Rate if CRP >140:
  - 19%
- Readmission Rate if CRP <140:
  - 2% (p=0.56)

*Negative predictive value for complications if CRP <100: 89%*