

### **MEETING ABSTRACT**

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# Laparoscopic diverting colostomy in the therapeutic management of large bowel obstructions in neoplastic elderly patients

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#### **Background**

Laparoscopic approach in patients with unresectable colorectal cancer avoids major laparotomy; we would like to estimate the feasibility, safety, and efficacy of the laparoscopic approach in elderly patients with obstruction of the large bowel.

#### Materials and methods

Our personal experience includes 12 patients (8 men; 4 women); average age 75 years (range: 70-88). All patients had a history of bowel obstruction or of bleeding for sigmoid, rectal or anal cancer; the patients underwent laparoscopic stoma creation.

The patients were ASA II and III physical status. We used the strategy known as the "two-step treatment protocol" including: decompressive colostomy followed by neo adjuvant radio-chemio therapy and, in this case, by radical resection of the tumor with simultaneous stoma closure. Peri-operative and stomal complications, time to return to normal bowel function, and length of hospital stay were analysed.

#### **Results**

All the patients underwent colostomy. No intra-operative or post-operative complications occurred, nor any conversion to laparotomy was required. A regular diet was tolerated 2 days after surgery with the return to normal bowel function. The length of post- operative hospital stay was about 5 days mainly owing to concomitant pre-existing co-morbidites.

#### **Conclusions**

In our experience laparoscopic colostomy is demonstrated to be a safe and feasible technique without morbidity and mortality in elderly patients. We saw a rapid return to normal bowel function with a short hospital stay. Therefore, at our institution, laparoscopic stoma creation is considerated the method of choice for fecal diversion and it represents an example of "fast-track" rehabilitation in elderly people too.

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