THE SURGICAL OUTCOMES AFTER COLORECTAL STENTING AS A BRIDGE TO SURGERY

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Introduction: Colorectal stenting as a bridge to surgery is an alternative for emergency surgery in patients with acute malignant colorectal obstruction. The aim of our study was to evaluate the efficacy and safety of the self-expandable metal stent (SEMS) as a bridge to surgery in patients with malignant colorectal obstruction.

Methods: The medical records of patients who received SEMS for acute colorectal obstruction between February 2004 and April 2012 were retrospectively reviewed. A total of 79 patients with primary colorectal cancer with acute colorectal obstruction were enrolled in this study.

Results: The mean age of the patients was 63.6 years (range 30-85 years). Fifty-six patients (70.9%) were male and 23 (29.1%) were female. The most common obstructive site was in the rectosigmoid junction (25/79, 31.6%). The technical success rate and clinical success rate of SEMS were 76/79 (96.2%) and 71/79 (89.8%), respectively. Covered SEMS were used in 40/76 (50.6%) of patients. In patients with technical success (n = 76), emergency surgery following SEMS insertion was performed in 5 patients (4 stomas) for treatment of clinical failure, and elective surgery after SEMS insertion was performed in 71 patients (6 stomas). The complication rate of SEMS was 11.4%, including perforation in 2/79 (2.5%), stent migration in 2/79 (2.5%), persistent colonic obstruction in 4/79 (5.1%), and reobstruction in 1/79 (1.3%). In patients with elective surgery, one patient died six days after surgery, he had sepsis with pneumonia related to surgery.

Conclusion: SEMS allows restoration of bowel patency and elective surgery with primary anastomosis in most patients. SEMS provides an effective bridge to surgery treatment with an acceptable complication in patients with malignant colorectal obstruction.