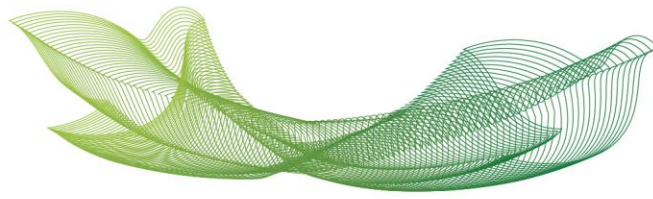




Tipo	Periódico
Título	Laparoscopic Versus Open Restorative Proctocolectomy for Familial Adenomatous Polyposis
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Resumo	<p>Purpose: This study compared outcomes after laparoscopic (LAP) or conventional (open) total proctocolectomy with outcomes after ileal J-pouch anal anastomosis (IPAA) at a single institution.</p> <p>Methods: Charts from 133 familial adenomatous polyposis patients (1997–2013) were reviewed. Demographic data (age, sex, color, American Society of Anesthesiologists [ASA] status, previous surgery, and body mass index) and surgical outcomes (length of stay, early and late morbidity, reoperation, and mortality rates) were compared among 63 patients undergoing IPAA.</p> <p>Results: Demographic features were similar among patients (25 open and 38 LAP). Conversely, colorectal cancer at diagnosis prevailed in the open group (60% versus 31.6%; $P=.02$). Tumor stages ($P=.65$) and previous surgery index (20% versus 10.5%; $P=.46$) were similar. Surgical length was longer for LAP (374 versus 281 minutes, $P=.003$). Short-term complication rates (28% versus 28.9%), hospital stay (10.9 versus 8.9 days), and total long-term reoperations (28% versus 21%) were not statistically different. However, major late morbidity (16% versus 2.6%; $P<.001$) and late reoperation rates (16% versus 5.2%; $P<.05$) were greater among open patients. Both groups did not differ regarding pouch failure rates (8% versus 5.2%). There was no operative mortality in the present series.</p> <p>Conclusions: (1) LAP IPAA is a safe procedure associated with a low conversion rate, (2) short-term results showed no clear advantages for both approaches, and (3) a greater risk</p>



	of major late complications and late reoperations should be expected after open procedures.
Fomento	