Tipo	Periódico
Título	Laparoscopic Versus Open Restorative Proctocolectomy for Familial Adenomatous Polyposis
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DOI	10.1089/lap.2017.0397
Assunto (palavras chaves)	familial adenomatous; polyposis ileal pouch; anal anastomosis; postoperative complications; restorative proctocolectomy; laparoscopy
Idioma	Inglês
Fonte	Título do periódico: Journal Of Laparoendoscopic & Advanced Surgical Techniques. Part A ISSN: 1092-6429 Volume/Número/Paginação/Ano: v. 28, p. 47-52, 2017
Data da publicação	1 Jan 2018
Formato da produção	Digital https://doi.org/10.1089/lap.2017.0397
Resumo	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. 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. 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. 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

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