Closure Of The Rectal Stump Following Colectomy For Acute Severe Colitis. Is Intraperitoneal Placement Safe?

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Introduction:
Management of the rectal stump following colectomy for acute severe colitis is debated by colorectal surgeons. Most accept that closing the rectal stump is safe. Many advocate a subcutaneous (SC) placement to avoid pelvic septic complications (1). Others argue an intraperitoneal (IP) closure of the rectal remnant confers technical advantages acceptable morbidity (2).

Aims:
To examine the complications related to rectal stump dehiscence and establish the morbidity of IP placement.

Methods:
All patients undergoing colectomy for acute severe colitis between October 2003 and October 2016 were recorded in a prospectively maintained database. The primary outcome was complications related to rectal stump dehiscence, defined as sepsis requiring antibiotics, drainage or reoperation. Secondy outcomes include 30 day all cause morbidity and mortality, time to further surgery and rate of subsequent ileal pouch construction.

Results:
75 colectomies were performed in the study period (68 IP, 7 SC). The overall rate of stump related septic complications was 8% (4/68 IP, 2/7 SC p0.004). Of these pelvic stump related complications only 2 required reoperation. Of the subcutaneous stump complications, one required surgery. Overall surgical morbidity was 35% (36% IP, 28% SC).

Conclusion:
This study shows intraperitoneal placement of the rectal stump is associated with acceptable rates of morbidity when compared to comparable series advocating subcutaneous placement.

References: