

## **OUTCOMES OF A LAPAROSCOPIC APPROACH FOR TOTAL ABDOMINAL COLECTOMY AND PROCTOCOLECTOMY**

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**Introduction:** The role of laparoscopy for total abdominal colectomy (TAC) and proctocolectomy (TPC) has been controversial given its technical difficulty and high conversion rate. Recent studies have documented its efficacy for experienced laparoscopic surgeons. We present our outcomes of a prospective series of patients undergoing TAC and TPC.

**Methods:** A consecutive series of patients prospectively evaluated between 2002-2005. The data were gathered from a single colon and rectal surgical specialty practice. Patient characteristics, operative parameters and patient outcomes were documented.

**Results:** 36 patients underwent 11 TAC and 25 TPC. There were 18 men and 18 women. The mean age was 41 (17-68) years. The mean BMI was 23 (19-34). 6 patients underwent surgery for colonic inertia, 2 for familial polyposis and the remainder for chronic ulcerative colitis. 4 patients had toxic colitis, 3 had dysplasia and 21 for medically refractory disease. The mean operative time was 176 minutes (85-227). The mean blood loss was 200 ml (75-500). The mean length of stay was 5 days (3-16). Open conversion was required in 2 patients both with toxic colitis (2/4, 50%). No conversions were required in the 32 elective colectomies. Seven major complications occurred with no mortality.

**Conclusions:** Laparoscopic approach to TAC and TPC is efficacious and safe. It is a viable alternative to open surgery for surgeons experienced with the laparoscopic approach for colectomy. Patients with toxic colitis may undergo a laparoscopic approach but will have a higher conversion rate.