The Feasibility of a Laparoscopic Approach to Reoperative Ileoanal J-pouch Surgery

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Background and Aim

No previous series have demonstrated the feasibility of a laparoscopic approach for reoperative pouch surgery. The objective of this single surgeon cohort was to establish the feasibility of a laparoscopic approach in patients presenting to a tertiary care center with pouch-related conditions necessitating reoperation for repair, revision or excision. This series is an updated, unpublished pilot series presented as a poster at the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) in Boston, MA, on March 17, 2016.

Methods

Patient demographics and outcomes were retrospectively collected from an IRB approved prospective database and from IRB approved chart review. All procedures were performed between 2013 and 2016 by a single surgeon (SDW) with an extensive expertise in both laparoscopic and reoperative pouch surgery.

Results

- 14 laparoscopic reoperative pouch procedures were performed on 11 patients.

Table 1: Demographics

Preo-op diagnosis	
• Mucosal Ulcerative Colitis	10
• Familial Adenomatous Polyposis	1
Mean age, years (range)	41.1 (17-78)
Mean BMI, kg/m (range)	23.6 (18-32)
Days from initial pouch surgery (range)	1007 (2-12562)

Table 2: Indications for Surgery

	N=14
Pouch volvulus with obstruction	1
Pouch related fistulas	5
Pouch-anastomotic dehiscence	1
High-grade dysplasia	1
Carcinoma	1
Chronic pouchitis	2
Pouch-anal anastomotic stricture	1
Fecal incontinence	2

Table 3: Surgical variables

Initial Surgical approach	
• Laparoscopy	9/11
Procedures (total)	14
• Laparoscopic pouch revision or repair	7/14
• Laparoscopic pouch excision	7/14
Mean OR time, min (range)	273 (107-430)
Conversions	2
• Pre-emptive, secondary to:	
Extensive pelvic fibrosis	1
Dense intra-abdominal adhesions	1
• Reactive	0

Table 4: Post-operative variables

Post-operative morbidity	4
• Wound infection	1
• Pelvic fluid collections*	2
• Intra- abdominal collection*	1
Mean length of stay, days (range)	9.5 (3-24)

*All collections were successfully drained through percutaneous imaging techniques

Conclusion

Our updated series demonstrates laparoscopic reoperative pouch surgery to be a feasible approach by surgeons who practice high-volume minimally invasive and pouch-related surgery. Despite long operative times, patients can still benefit from the advantages of a minimally invasive approach.