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Complications in esophageal surgery

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Background & Aim: Despite esophagectomy is common surgical procedure, high complication rate, their early detection and management remains challenging problem. The aim of the study is to find out complications in esophageal surgery.

Methods: We reviewed medical documentation of patients who underwent esophagectomy at National Cancer Institute (Kiev, Ukraine) between January 2010 and December 2016. Esophagectomies were done in Lewis, McKeown and transhiatal manner. We performed three field dissections in patients with upper third tumors of the esophagus with clinical lymph node metastases in the superior mediastinum; the others underwent two field dissection. All esophagectomies were done by one team of surgeons. We analyzed complications according to Clavien-Dindo classification and role of early endoscopy in prediction of anastomotic problems.

Results: 300 patients with esophageal cancer were operated: 285 Lewis, 12 McKeown and three transhiatal esophagectomies. Postoperative complication rate was 24.3% (73 cases), perioperative mortality rate—3% (nine patients). Surgical complications grade I-II took place in 23 patients, grade III—27 cases; grade IV 23 cases (according to Clavien-Dindo classification). The most frequent complications were pneumonia (n=14) and pleural effusion (n=9). Recurrent laryngeal nerve palsy developed only in one patient. We divided life-threatening complications (grade IV) into surgical (anastomotic leak n=7, empyema n=4, mediastinitis n=3) and non-surgical groups (pulmonary embolism n=7, myocardial infarction n=3). All symptomatic anastomotic leaks (n=7) were operated and anastomotic structures (n=4) were stented. Early endoscopy (within 1 week after operation) was done in 156 patients. It helped to predict anastomotic problems in six cases (true positive results).

Conclusion: Despite non-surgical complications led to death more frequently, they were always accompanied by surgical complications. To minimize anastomotic leaks rate, surgical technique and surgeon's experience (more than 40 esophagectomies every year) is crucial. Early endoscopy can predict anastomotic problems and would be investigated further.

Biography

Dmitriy Shamrai is working at National Cancer Institute, Ukraine. He is the recipient of numerous awards for his expert research works in related fields. His research interests reflect in his wide range of publications in various national and international journals.

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