

2nd International Meeting On

NURSING RESEARCH AND EVIDENCE BASED PRACTICE

March 19-20, 2018 | Singapore City, Singapore

Laparoscopic palliative management of distal gastric tumours

Mushtaq Chalkoo
GMC-Srinagar, India

Background: Gastric Outlet Obstruction is a disease condition, where there is inability of gastric contents to go beyond the proximal duodenum. The major cause is known to be malignancy, especially in the developing world. Palliative treatment is important and required for patients with unresectable primary gastric outlet tumours or even with metastatic lesions. We took up laparoscopic gastrojejunostomy as a study to observe the results of laparoscopic hand sewn and laparoscopic stapled anastomosis with reference to operative time, anastomosis time, return of bowel sounds, post operative complications and total hospital stay.

Methods: This study was prospective, observational, hospital based conducted in the department of General and Minimal Access Surgery, Government Medical College Srinagar between June 2014 to September 2016. 40 patients were selected and grouped into 20 each as A & B. Laparoscopic hand sewn anastomosis was performed in Group A and laparoscopic stapled anastomosis was performed in Group B and different parameters were observed in each group.

Results: The results of our study were conclusive. The mean operative time in minutes in laparoscopic hand sewn anastomosis (Group A) was 101.2 with S.D of 8.94 and in laparoscopic stapled anastomosis (Group B) was 90.8 with S.D of 7.97. The time of anastomosis in minutes in laparoscopic hand sewn anastomosis (Group A) was 22.3 with S.D of 1.86 and in laparoscopic stapled anastomosis (Group B) was 17.4 with S.D of 2.48. The mean hospital stay in days in laparoscopic hand sewn anastomosis (Group A) was 8.4 with S.D of 0.89 and in laparoscopic stapled anastomosis (Group B) was 7.9 with S.D of 0.91. The appearance of bowel sound in days in laparoscopic hand sewn anastomosis (Group A) was 2.6 with S.D of 0.59 and in laparoscopic stapled anastomosis (Group B) was 2.3 with S.D of 0.47. In laparoscopic hand sewn anastomosis (Group A) the complication rate was 15% while as in laparoscopic stapled anastomosis (Group B) was complication rate was 10%.

Conclusion: Stapling devices in surgery are a versatile tool in the armamentarium of a surgeon. Anastomosis in laparoscopic stapled group took less time and thus decreased total operative time.

Biography

Mushtaq Chalkoo working as Additional/associate professor at GMC Srinagar from 22 Oct, 2017 Working as Assistant Professor Surgery at GMC, Srinagar from 2012- oct 2017 Worked as Permanent Lecturer Surgery at GMC, Srinagar from 2009 to 2012 Worked as Adhoc Lecturer Surgery at GMC, Srinagar from 2007 to 2009 Worked as Assistant Surgeon at SDH, Tangmarg from 2003 to 2007 Worked as Resident Surgeon at KSA from 2001 to 2003 Worked as Senior Resident Surgery & Allied Specialties at SKIMS from 1997 to 2001 Postgraduate Surgery, SKIMS from 1994 to 1997 House Surgeon from 1993 to 1994 Internship in GMC, Srinagar from 1992 to 1993

mushtaq_chalkoo@rediffmail.com

Notes: