

RESULTS OF LAPAROSCOPIC ROUX-EN-Y RECONSTRUCTION FOR GASTROINTESTINAL CANCER USING THE ACS NSQIP RISK CALCULATOR

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INTRODUCTION

- Cancer surgery is associated with increased perioperative complications.
- Laparoscopic resections have been shown to decrease such complications.
- Aim of study:** analyze the risk of complications after laparoscopic cancer resection and Roux-en-Y reconstruction using the ACS NSQIP Risk Calculator.

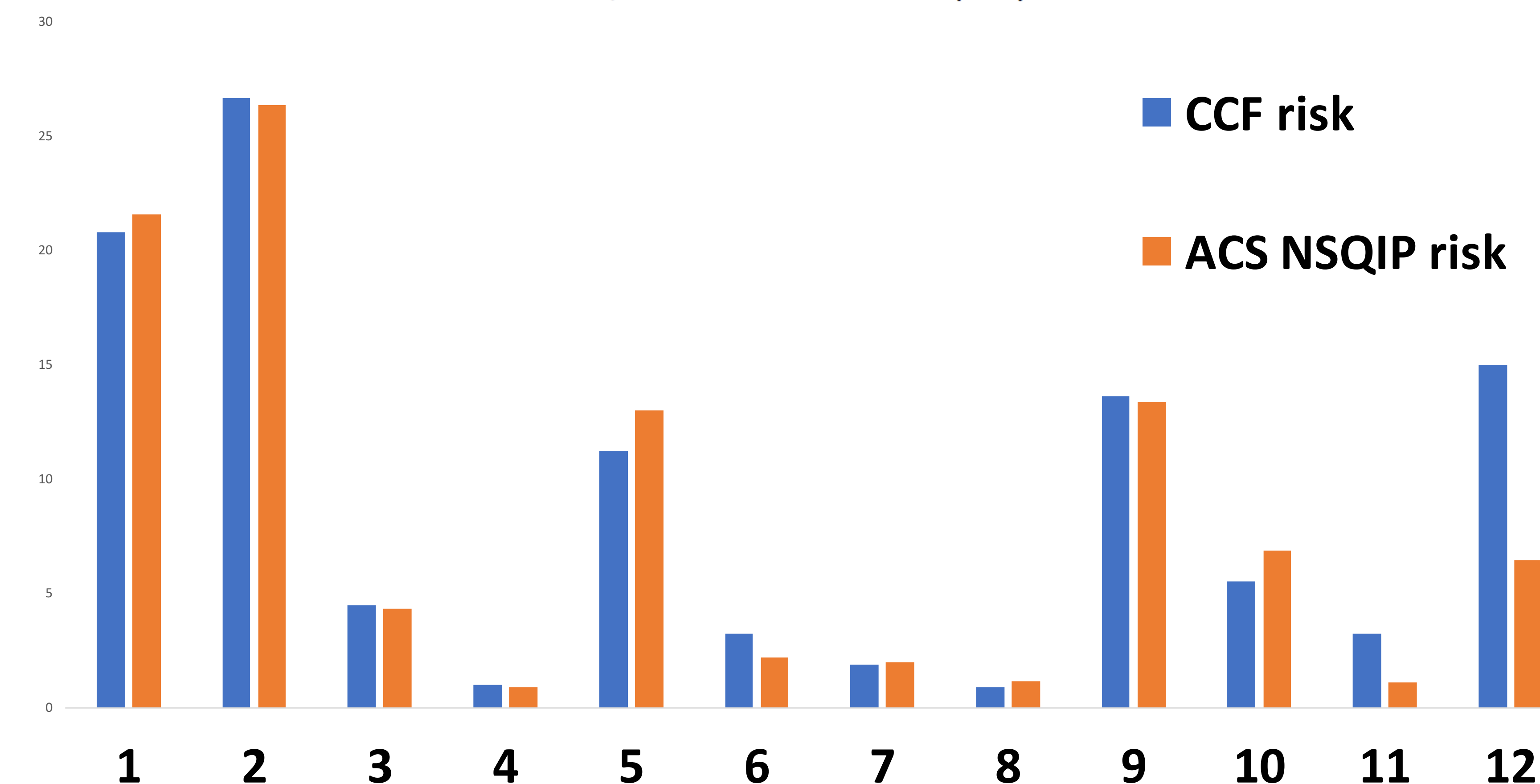
METHODS

- Study design:** retrospective chart review
- Inclusion:** patients who underwent laparoscopic Roux-en-Y reconstruction (LRNY) for gastrointestinal cancer resection (CR), between 2008 and 2018 at Cleveland Clinic Florida (CCF).
- Data analyzed:**
 - demographics
 - ACS NSQIP risk calculator variables.
- Endpoint:** compare CCF predicted risk vs. average ACS NSQIP predicted risk predicted by the ACS NSQIP risk calculator

Table: ACS NSQIP Surgical risk results

	Variables	CCF* risk %	NSQIP risk%	Relative Risk** (95%CI)
1	Serious complication	20.77	21.56	0.95 (0.56 to 1.62)
2	Any complication	26.66	26.36	1.03 (0.65 to 1.64)
3	Pneumonia	4.46	4.33	1.25 (0.34 to 4.51)
4	Cardiac complication	0.97	0.86	1 (0.06 to 15.76)
5	Surgical Site infection	11.24	13	0.84 (0.39 to 1.79)
6	Urinary Tract infection	3.2	2.2	1.5 (0.25 to 8.78)
7	Venous Thromboembolism	1.85	1.98	0.5 (0.04 to 5.42)
8	Renal failure	0.86	1.16	0.5 (0.04 to 5.42)
9	Readmission	13.6	13.36	0.92 (0.45 to 1.88)
10	Return to hospital	5.53	6.86	0.71 (0.23 to 2.17)
11	Death	3.23	1.1	3 (0.31 to 28.35)
12	Discharge to Nursing Facility	14.94	6.43	2.5 (1.01 to 6.18)

*CCF: Cleveland Clinic Florida; ** Relative Risk (RR) for numerical variables



RESULTS

- Study population:** 66 patients
- Age:** 69.1 ± 14 years
- Gender:** male (43.9%, n=29) and female (56%, n=37)
- Surgical indications:**
 - Gastric cancer: 75.8% (n=50)
 - Cholangiocarcinoma: 16.7% (n=11)
 - Pancreatic cancer: 6.1% (n=4)
 - Duodenal cancer: 1.5% (n=1)
- Type of Roux-en-Y reconstruction:**
 - Partial distal gastrectomy: 48.5% (n=32)
 - Total gastrectomy: 25.8% (n=17)
 - Anastomosis of intrahepatic BD/GI tract: 25.8% (n=17)
- Death due to surgery within 30 days:** 0% (n=0)

CONCLUSIONS

- LRNY reconstruction can be safely carried out in cancer patients.
- The experience of the team with such procedure for other indications (i.e. bariatric surgery) might explain our below average risk of complications.