PREDICTING THE NEED OF LAPAROSCOPIC TOTAL PROTOCOLECTOMY WITH ILEOANAL ANASTOMOSIS IN ULCERATIVE COLITIS: A CRITICAL APPRAISAL OF CLINICAL PARAMETERS

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Introduction:

Ulcerative colitis is a chronic inflammatory bowel disease of unknown etiology. Patients of ulcerative colitis are initially managed medically. Some patients develop complications like hemorrhage, perforation or near perforation and toxic megacolon,and may require surgery .
Total proctocolectomy (TPC) with ileal pouch-anal anastomosis (IPAA) has become a gold standard for ulcerative colitis. Laparoscopic TPC with IPAA has advantage of early return to routine activity, better cosmesis and, possibly, lower long-term wound and adhesion related complications as compared with the open. Clinical improvements after surgery in ulcerative colitis are evaluated with parameters like weight gain, frequency of loose & bloody stool per day, and hemoglobin.

Methods:

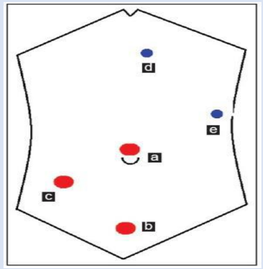
Procedure of laparoscopic total protocolectomy with ileoanal anastomosis with diverting end ileostomy was carried out .Ileostomy closure was done 6-8 week later. All operations were performed by the same surgeon. Outcomes as clinical improvement or deterioration were analysed along the multiple parameters.
All parameters measured before laparoscopic procedure and after 1 month of ileostomy closure. During the follow up ,1m after ileostomy closure, special parameters like weight gain after surgery, frequency of blood in stool, frequency of stool per day, and hemoglobin percentage were taken in consideration

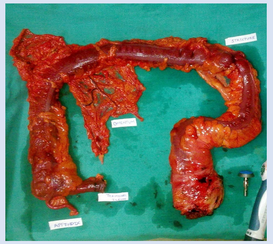
- **Inclusion Criteria:**

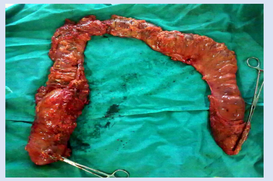
Medically refractory, histologically proven ulcerative colitis and all cases presenting to us for surgical management were offered the laparoscopic treatment on routine basis. Procedure was performed like any other laparoscopic colorectal procedure

- **Exclusion Criteria:**

Patients who were unfit for general anesthesia due to cardiopulmonary problems









Results:

A total of 30 patients underwent Total proctocolectomy (TPC) with ileal pouch-anal anastomosis with 21 males & 9 females.

Evaluation Parameters	N= 30	Mean	Standard Deviation	95% Confidence interval	P Value
Haemoglobin	Before Surgery	8.6	0.92	-2.2 to -1.45	0.000
	After Surgery	10.5	1.28		
Weight	Before Surgery	47.02	5.07	-7.17 to -5.42	0.000
	After Surgery	53.32	4.58		
Frequency of stools per day	Before Surgery	14.83	3.35	7.49 to 9.77	0.000
	After Surgery	6.2	1.39		
Frequency of Bloody stools	Before Surgery	9.86	2.11	8.37 to 10.02	0.000
	After Surgery	0.66	0.71		

Discussion:

Laparoscopic surgery offers early oral intake, reduced postoperative morbidity, faster recovery & shorter hospitalization stay with earlier return to normal activity. It also helps in providing good quality of life & better cosmetic results. Also the long term complications are lower compared to open approach. Literature supports its positive impact on patient satisfaction, cosmesis, positive body image, and overall satisfaction

Conclusion:

Laparoscopic total proctocolectomy with ileoanal anastomosis is worthwhile in patients needing surgical management of ulcerative colitis in terms of parameters like weight gain, frequency of stool, frequency of blood in stool and hemoglobin percentage.

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