Long-Term Outcomes Following Extrasphincteric Laparoscopic Abdominoperineal Resection: A Decade's Experience In Indian Setting

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Background

Minimally invasive extrasphincteric abdominoperineal resection (EAPR), in conjunction with systemic and radiotherapy, has revolutionized the management of low-lying rectal and anal cancers

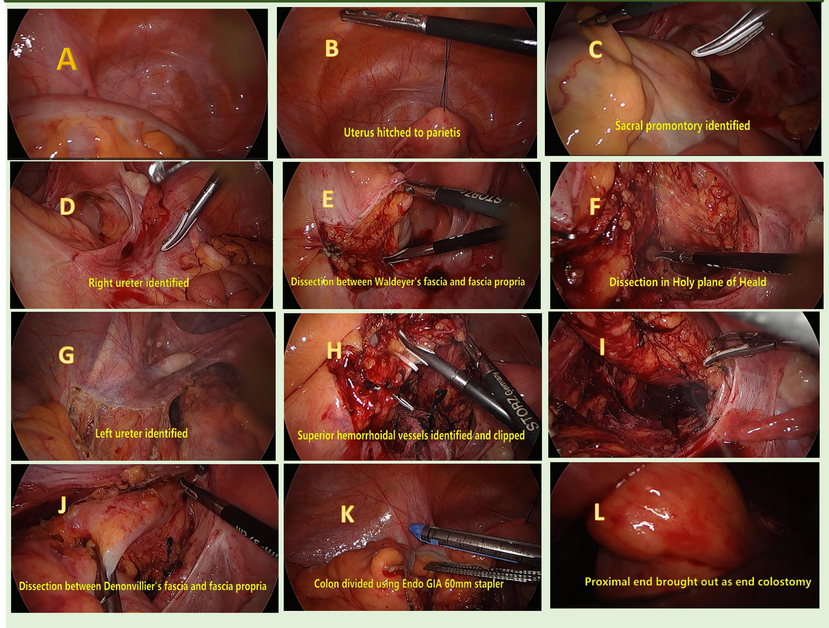
Aim

To study short-term and long-term surgical and oncological outcomes following lap EAPR (LEAPR)

Methods

- Patients with low-lying rectal or anal cancers planned for LEAPR
- January 2013 to December 2024
- Clinical presentation, tumor histology, neoadjuvant therapy(if any), intraoperative and postoperative complications were recorded
- Long-term outcomes including adjuvant therapy were noted
- Follow-up every 6 months for first 2 years and annually up to 10 years

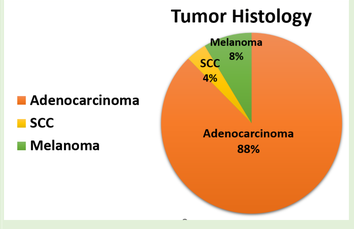
Procedure

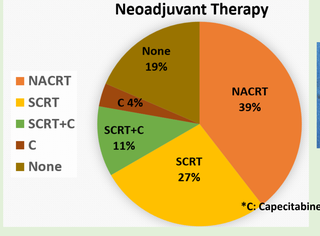


Results

- Total cases, n=81; Males 65.4% vs. Females 34.6%
- Mean age at diagnosis = 45±14.6 years
- Most common presentation – Bleeding p/r (93%)
- Time interval (symptoms to presentation) = 10.4±6.9 mo

Results







Intraop Outcomes	Result (n=81)
Operative time (min)	96.7
Blood loss (ml)	140.5
Adhesions (%)	32 (39.5)
Bowel injury (%)	0
Genitourinary injury (%)	2 (2.5)
Bleeding (%)	4 (5)
Conversions (%)	5 (6.2)

Cause of Conversion (n=5)	Number
Adhesions	3
Bleeding	1
Difficult access	1

Postop Outcomes	Result (n=81)
Length of hospital stay (d)	8.8±5
SSI (%)	16 (19.7)
Wound dehiscence (%)	12 (14.8)
Obstruction (%)	3 (3.7)
Ileus (%)	5 (6.2)
Urinary retention (%)	8 (9.8)
Prolonged catheterization (%)	10 (12.3)
Stoma revision (%)	2 (2.5)
Parastomal hernia (%)	1 (1.2)
Perineal hernia (%)	1 (1.2)

Long-term outcome	Result
Adjuvant therapy (%)	61 (75.3)
No adjuvant therapy (%)	20 (25)
Lost to follow-up (%)	18 (22.2)
Recurrence at 10 y (%)	4 (6.3)
Mortality at 10 y (%)	27 (36)

Conclusion

Satisfactory long-term oncological and surgical outcomes are seen following LEAPR