

Standardized Laparoscopic Intracorporeal Right Colectomy for Cancer: Short-Term Outcome in 111 Unselected Patients

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Résumé en anglais	<p>Purpose This study was designed to evaluate the impact of a standardized laparoscopic intracorporeal right colectomy on the short-term outcome of patients with neoplasia. Methods Consecutive patients with histologically proven right colon neoplasia underwent a standardized laparoscopic intracorporeal right colectomy with medial to lateral approach encompassing ten sequential steps: 1) ligation of ileocolic vessels, 2) identification of right ureter, 3) dissection along superior mesenteric vein, 4) division of omentum, 5) division of right branch of middle colic vessels, 6) transection of transverse colon, 7) mobilization of right colon, 8) transection of terminal ileum, 9) ileocolic anastomosis, 10) delivery of specimen. Values were medians (ranges). Results From July 2002 to June 2005, 111 laparoscopic intracorporeal right colectomies were attempted with a 5.4 percent conversion rate. There were 57 women and 54 men, aged 64.9 (range, 40–85) years, with body mass index of 33 (range, 20–43), American Society of Anesthesiology score of 2 (range, 2–4), 36.9 percent comorbidities, and 37.8 percent previous abdominal surgery. The indication for surgery was cancer in 109 patients. Operative time was 120 (range, 80–185) minutes. Estimated blood loss was 69 (range, 50–600) ml. Overall length of skin incisions was 66 (range, 60–66) mm; 29 (range, 2–41) lymph nodes were harvested. Length of stay was four (range, 2–30) days. Complication rate was 4.5 percent. Conclusions A standardized laparoscopic intracorporeal right colectomy resulted in a favorable short-term outcome in unselected patients with neoplasia of the right colon.</p>

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