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Digestive Decompression to Prevent Digestive Fistulas After Gastric Neoplasm Resection

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Abstract

Introduction: The risk of digestive fistula in patients operated for gastric neoplasm is increased due to biological imbalances generated by the cancer's progression, by diagnosis in advanced stages, and by the scale of intervention. Under these circumstances the use of some technical means to protect digestive sutures in these patients is useful.

Aim: To analyse the efficiency of technical means to protect the digestive sutures in patients operated in various stages of development of gastric cancer.

Material and Methods: We conducted a retrospective study on a group of 130 patients operated for gastric cancer in the 1st General Surgery and Oncology Clinic of the Bucharest Institute of Oncology, between 2010-2014.

Results: 38.46% of the patients in the study group presented stage IV cancer with multiple complications and biological imbalances. 52 total gastrectomies and 40 gastric resections were carried out, while in 34 patients palliative "tumour excisions" or other types of palliative surgery were performed. In 15 of the cases with gastric resection a duodenal decompression probe was used, while in 13 of the patients with total gastrectomy an oeso-jejunal aspiration probe together with an oeso-jejunal feeding probe were used as additional technical measures to prevent fistula formation. The incidence of duodenal stump fistula was 7.69%, that of oeso-jejunal anastomosis fistula was 2.3%, with an overall mortality of 3.07% and that of gastro-jejunal anastomosis fistula was 0.76%.

Conclusion: Given the risk of fistula development in patients with gastric cancer, as well as the increased risk in advanced stages of cancer development, we consider that the use of technical means of protection of digestive sutures is beneficial and opportune, lowering the incidence of fistulas, reducing their output, pathophysiological effects, and mortality.

Key words: duodenal decompression probe, duodenal stump, digestive anastomoses, gastric cancer