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The Influence of the Type of Surgery on the Immediate Postoperative Results in Patients with Colorectal Cancer Operated in Emergency

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Abstract
Introduction: The emergency surgery for colorectal cancer is associated with high rates of morbidity and mortality due to factors related to the characteristics of the patients but also the therapeutic attitude. This study aims to identify the surgical interventions associated with the postoperative complications, with the main causes of morbidity, with the reinterventions and with the postoperative deaths.
Patients and methods: We included in this retrospective study 431 patients hospitalized and operated in an emergency for complicated colorectal malignant tumors in the Surgery II Clinic of the Clinical Emergency County Hospital "Sf. Ap. Andrei ”from Galati, in the period 2008-2017. The patients' data were collected from observation sheets, operative protocols, pathological, imaging and laboratory bulletins, at the time of the emergency intervention, as well as from those of subsequent admissions in patients who benefited from serial interventions.
Results: The postoperative morbidity was 10.44%. The resections with anastomosis were associated with the presence of postoperative complications ($p<0.01$): pseudomembranous colitis, ($p<0.01$) and postoperative intestinal occlusion ($p<0.01$). The practice of lymph node dissection was associated with postoperative complications ($p<0.01$): pseudomembranous colitis ($p<0.01$) and intestinal occlusion ($p<0.01$). The reinterventions were associated with resections with anastomosis ($p<0.01$), lymph node dissection ($p<0.01$) or patients with open /semi-open abdomen ($p<0.04$). The postoperative mortality was 9.28%. It was associated with the practice of lymph node dissection ($p<0.01$), of the ileostomy ($p<0.01$), with the open /semi-open abdomen ($p<0.04$). Patients with colostomy had the lowest number of hospitalization days ($p<0.01$).
Conclusions: The resections with anastomosis per primam and the lymph node dissection were associated with morbidity. The type of main surgery did not influence the postoperative mortality, this being associated with the concomitant surgery: the lymph node dissection, the ileostomy, and the abdomen closure type. The reinterventions were associated with resections with anastomosis per primam, with lymph node dissection and with the open /semi-open abdomen. The duration of hospitalization was significantly shorter in patients with a colostomy.
Key words: complicated colorectal cancer, emergency surgery, results, morbidity, mortality