

TIC-5 Colpoplasty using pedunculated ileal flap after posterior pelvic exenteration in rectal cancer patients-report of 12 cases

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Backgrounds: Young female rectal cancer patients (70%) often complain sexual dysfunction after posterior pelvic exenteration because of resection of posterior wall of vagina. Purpose: In order to restore the sexual function after operation a one-stage colpoplasty technique using pedunculated ileal flap was developed. Methods: From May 1995 to May 2000, a total of 12 cases underwent one-stage colpoplasty. Indications for colpoplast are: patient's age between 25 to 45, resectable cancer without distal metastasis, having a strong desire to recover sexual function. Patients' average age is 35.6. Median follow-up stage is 30.5 months. After the specimen was resected. A 10—15cm segment of ileum was mobilized and dissect vertically to form a flap with preservation of the blood supply. This flap was placed down and sutured to the anterior wall of vagina by the perineal group. Results: No necrosis and perforation of ileal flap was found in all the 12 cases. One case was died of distal metastasis (24 months). Patients were recommended to restore sexual life after 3 months operatively. The satisfaction rate of postoperative sexual life was 91.1%. No perforation and stenosis of vagina was found. Conclusion: The mucosa of ileum secretes mucus. That makes it possible that the vagina restores to a natural environment which is also essential for sexual rehabilitation. One-stage colpoplasty using pedunculated ileal flap is a useful technique towards the rehabilitation of sex after posterior pelvic exenteration in female patients.

Key words: Rectal cancer, Colpoplasty, Ileal flap.

TIC-6 A new approach of hybrid laparoscopic-assisted modified Sharon's operation for patients with recurrent sigmoid volvulus and its long term outcome
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Sigmoid resection through a small incision followed by functioning end to end anastomosis for recurrent sigmoid volvulus was firstly reported by Sharon and his colleagues. But its clinical outcome remains unknown.

(Purpose) The purpose of this study was to determine the clinical utility of this technique for recurrent sigmoid volvulus which we modified using laparoscopy.

(Patients and Methods) The study group comprised a total of 5 patients (mean age 78.6; range: 73—85) with recurrent sigmoid volvulus including 2 men and 3 women. All the patients had one or more histories of endoscopic derotation. All the patients were followed up for 9 months to 3 years and half after surgery. (Operative Technique) The abdominal cavity was observed laparoscopically under general anesthesia. A small midline incision 4 cm in diameter was made at the lower abdomen and sigmoid colon was pulled outside from the abdominal cavity. Functioning end to end anastomosis using TLC 75 and TL 60 (Ethicon) was performed and a redundant part of sigmoid colon was removed. The anastomosed colon was returned to the abdominal cavity and the wound was closed. (Results) In one patient adhesion due to previous abdominal surgery was detected. No concomitant lesion which might be the cause of the patient's outcome was found. Operative time ranged from 50 to 153 ml (mean 108 ml). Neither operative mortality nor morbidity was found in any patient. All the patients presented neither ileus nor recurrence after surgery. (Conclusions) This technique was safe and had an advantage of observing no concomitant lesion which might be the cause of symptoms.