

InSiGHT, March 2019

Indications and outcomes for pouch excision in patients with familial adenomatous polyposis (FAP)

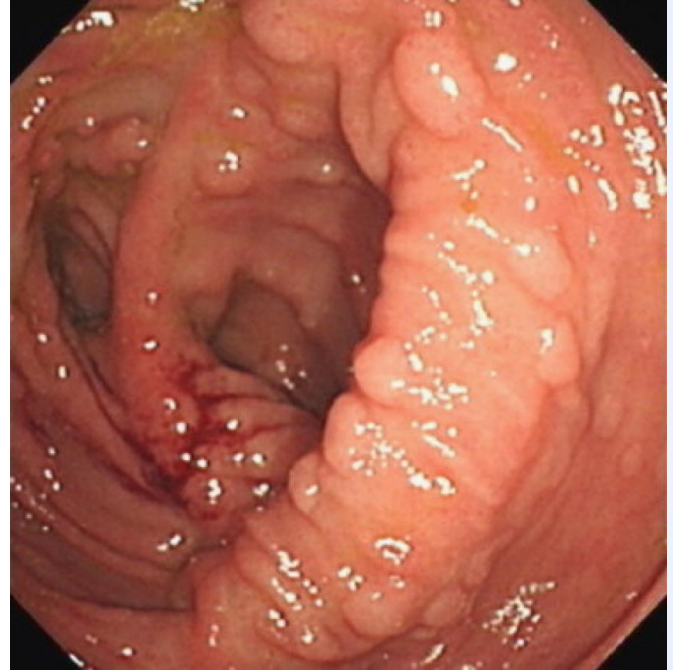
R Patel^{1,2}, C Anele^{1,2}, A von Roon², S Clark^{1,2}, A Latchford^{1,2}

1 The Polyposis Registry, St Mark's Hospital, London, UK.

2 Department of Cancer and Surgery, Imperial College London, UK.

Aim

- Determine indications for pouch excision
- Describe post-operative complications



Methods

Prospectively maintained database

- 1978–2017
- Demographic details
- Indications for pouch excision
- Post-operative outcomes

Results

- 38/413 (9%) patients underwent pouch excision
- Median time since pouch formation 11 years
(range 0–25 years)

Indications for pouch excision (1/4)



Neoplasia	16
Polyp burden	12
Cuff cancer	3
Pelvic recurrence after rectal cancer	1

Indications for pouch excision (2/4)

Functional / sepsis / fistula / stricture	13
Poor pouch function	5
Pouch vaginal fistula	4
Chronic pouchitis	2
Pre-pouch stricture	2

Indications for pouch excision (3/4)

Immediate complications post RPC construction	2
Pouch ischaemia	1
Major haemorrhage	1

Indications for pouch excision (4/4)

Other	7
Dehiscence of anastomosis	3
In anticipation of Whipple's and poor pouch function	1
As part of small bowel transplant surgery	1
Small bowel obstruction causing pouch necrosis (secondary to band)	1
Desmoid	1

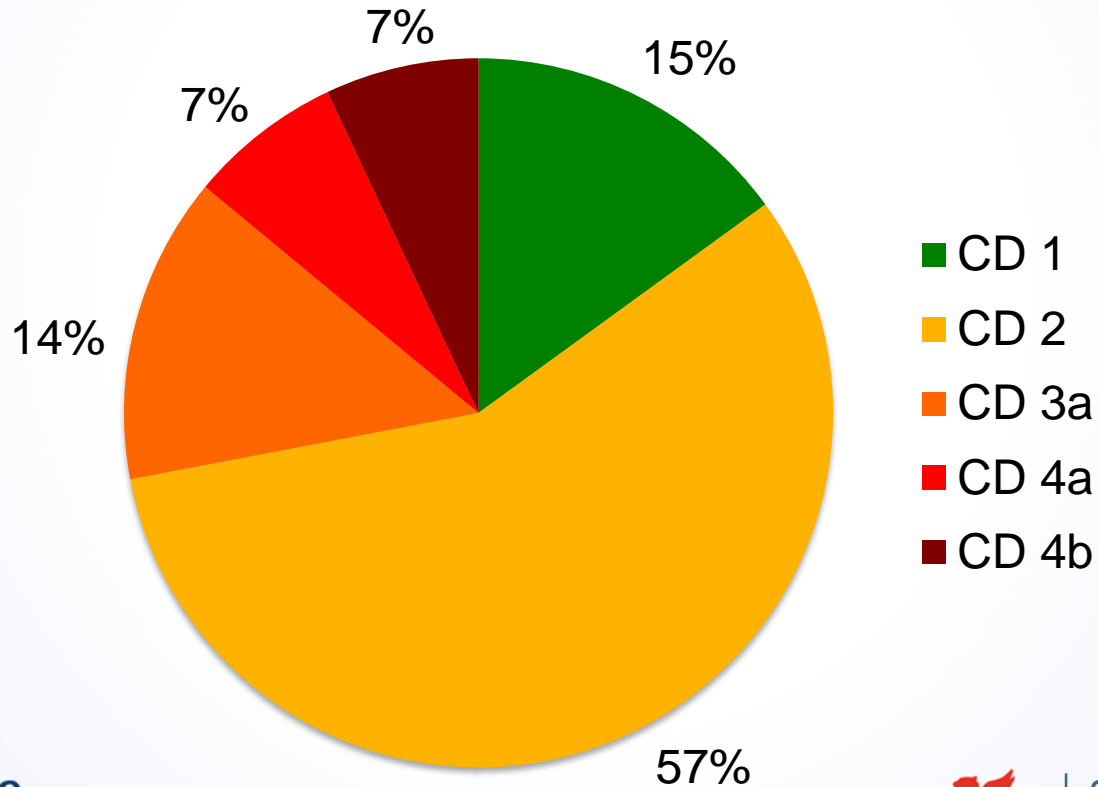
Post-operative complications

Post-operative records available for 25/28 patients who had excision at our centre

Clavien-Dindo Classification

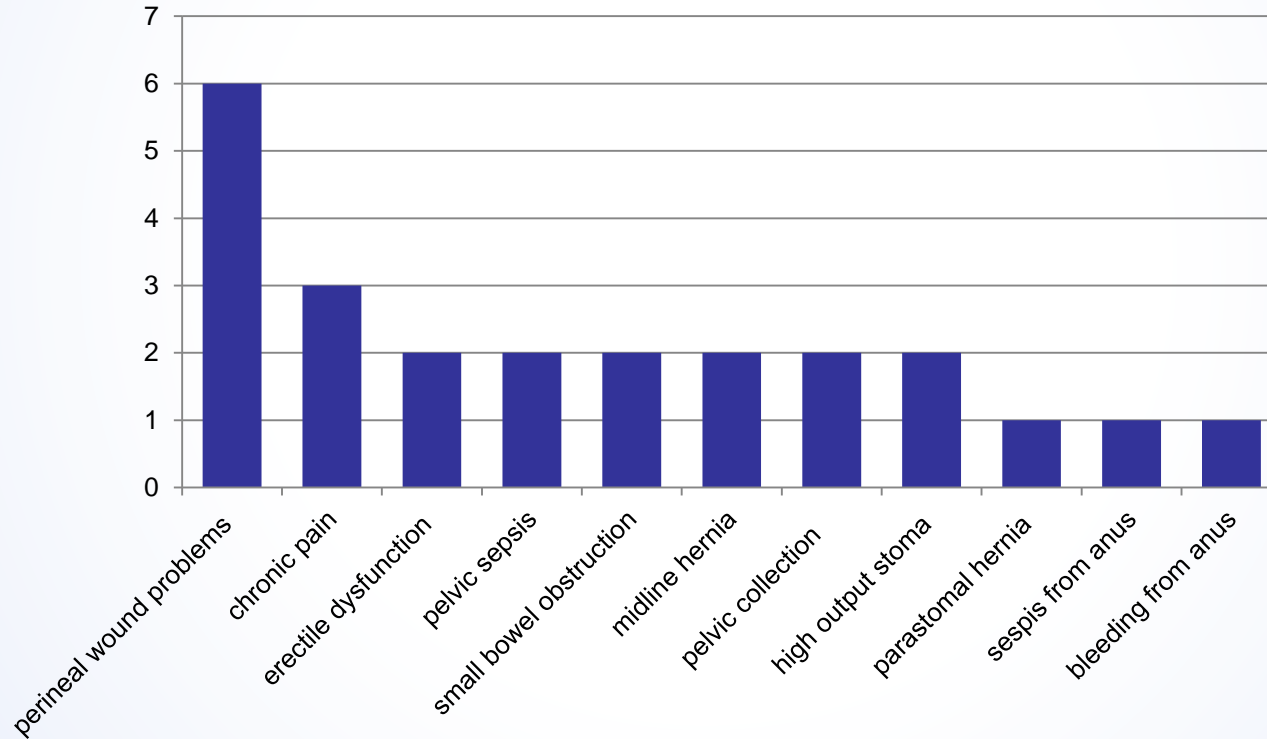
Grade 1	Complication but no pharmacological/ surgical/ endoscopic/ radiological interventions required. Includes wound infections opened at the bedside.
Grade 2	Pharmacological treatment with drugs other than such allowed for grade 1 complications. Blood transfusions/ TPN.
Grade 3	Requiring surgical, endoscopic or radiological intervention
- 3a	Intervention not under general anesthesia
- 3b	Intervention under general anesthesia
Grade 4	Life-threatening complication (including CNS complications)* requiring IC/ICU-management
- 4a	Single organ dysfunction (including dialysis)
- 4b	Multi-organ dysfunction
Grade 5	Death of a patient

Complications within 30 days (n=14)



Complications after 30 days

17 patients (68%) had 24 complications



Conclusions

- Neoplasia is the most important indication for pouch excision in patients with FAP
- Pouch excision is associated with significant morbidity
- No 30 day post operative mortality

Thank you

Supervisors

- Dr Andrew Latchford
- Mr Alex von Roon
- Professor Sue Clark

