CORRESPONDENCE

Don’t Overlook Minimally Invasive Colorectal Cancer Surgery

Dear Editor,

We were interested to read the paper by Shalhoub et al. on the topic of concurrent aortic aneurysmal disease and colorectal cancer.

Their series reported a median stay of 13 days following colorectal surgery and demonstrated the advantages of a minimally invasive approach to aortic surgery. They fail to mention, however, the benefits of laparoscopic colorectal surgery (LCS) which, combined with EVAR, may have considerable advantages. The authors mention the commonly cited reasons for the concern over interval aneurysm rupture following colorectal resection including cytokine release, impaired nutrition and the trauma of surgical dissection. LCS would diminish these risks.

LCS provides a faster recovery of immunological homeostasis and lower peak levels of IL-6 and other cytokines\(^1\) when compared with open surgery. The increase in matrix metalloproteinase-9 associated with aneurysm rupture and seen following open colorectal resection is absent following LCS.\(^2\)

The impaired nutrition formerly associated with open surgery has largely been superseded by LCS within enhanced recovery programmes\(^2\) such that a median stay of 3 days is possible and has been achieved at our institution for all laparoscopic colonic resections over the past year.

Tissue trauma and adhesion formation from surgical dissection are also reduced in LCS.\(^1\)

We suggest that a combination of EVAR and LCS may be the optimum treatment combination for some of these patients and should be included in the paradigm.

References


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Response to Letter

Dear Editor,

We would like to thank Drs Conaghan and Acheson for their interest in our article and for their comments. We congratulate them on the length of stay for their cohort of laparoscopic colorectal cases, which is not dissimilar to those from our colorectal unit. The median length of stay in our series is following open surgery and undoubtedly reflects the comorbidities of these groups of patients.

Laparoscopic resection is increasingly being used for colorectal cancer (CRC)\(^1\) and has indeed been associated with a reduced inflammatory response compared with open surgery.\(^2\) Although this may theoretically reduce the risk of interval abdominal aortic aneurysm (AAA) rupture, there are no reliable data available regarding the risk of AAA rupture after laparoscopic CRC treatment. We have shown that this interval rupture risk is low for AAAs of 6 cm or smaller with open CRC surgery.

Also, we agree the use of an enhanced recovery protocols following laparoscopic colorectal surgery is appealing in that it may further benefit this group of patients, however when a multimodal rehabilitation programme is used in open surgery as well, the benefits of laparoscopic surgery may be more pronounced.

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surgery may not be quite so clear cut. The EnROL study that has just started recruiting in the UK will help clarify this issue.

References