

Subtotal colectomy for acute obstruction of left side colon cancer: A retrospective study of 60 cases

Yuping Zhu, Bo Li, Lai Jiang, Zhuo Liu, Dechuan Li, Min Lv

Colorectal surgery department, Zhejiang Cancer Hospital, Hangzhou, Zhejiang 310022, PR China

Background: Management of left side colonic obstructions is one of the surgical challenges. This study was performed to evaluate the surgery options for the patients of left side colon cancer with acute obstruction. **Methods:** A retrospective study of 60 colon cancer patients presenting with left side colonic obstruction (32 male and 28 female; mean age 56 years) was performed at the Department of Colorectal Surgery, Zhejiang Cancer Hospital from January 1, 2005 to December 31, 2013. Patients received either subtotal colectomy or standard left hemicolectomy with ileum ostomy (Two-stage approach). Data of Intraoperative blood loss, procedure times, length of hospital stay, mobility, mortality, and postoperative long term results (defecation times, nutritional status and overall survivals) were collected and analyzed with SPSS 18.0 via T test and Kaplan-Meier method. **Results:** There are no statistic significant differences on preoperative white blood cell count, intraoperative blood loss, procedure time and length of hospital stay between two groups ($P>0.05$). However, the starting of enteral feeding in subtotal colectomy group is later than left-hemicolectomy with ileum stoma group (5.17 ± 1.05 days vs 4.03 ± 1.71 days, $P<0.05$). The complications in subtotal colectomy are less than two-stage approach, especially in infection rate (6.7% vs 16.7%, $P<0.05$). Compared to subtotal colectomy group, the cost of surgery and hospitalization is significantly higher in the two-stage procedure group due to later stoma reversal (61378.5 ± 7977.6 vs 39445.3 ± 4360.1 , $P<0.01$). There was no differences in defecation times, nutritional status and overall survivals in two groups three months after operation. The long-term survival also did not show significant differences ($\chi^2=0.192$, $P=0.661$). **Conclusions:** Subtotal colectomy is a suitable procedure for treating left colonic obstruction which can reduce the complications and avoid the second operation.