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Sohag University General Surgery Center 5-year experience in colonic continuity restoration after Hartmann's procedure: A retrospective comparative study between open versus laparoscopic surgery

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Statement of the Problem: Colonic continuity restoration after a Hartmann's procedure needs a laparotomy, which has the risk of significant morbidity as anastomotic leakage, wound infection, adhesions, postoperative pain and incisional hernia. The purpose of this study is to review our surgical center experience in a period between 2014 and 2018 in colonic continuity restoration after Hartmann's procedure comparing laparoscopic versus open surgery.

Methodology & Theoretical Orientation: An approval from the Research Ethics Committee at Sohag School of Medicine, we reviewed retrospectively patients with colonic continuity restoration after Hartmann's procedure performed either by open or laparoscopic surgery at our surgical center. All cases in between January 2014 and December 2018 were reported and reviewed as regard perioperative data, postoperative complications and outpatient visits follow up.

Findings: At a 5-year period from January 2014 to December 2018, 52 cases with Hartmann's procedures underwent colonic continuity restoration (Open surgery: 35 and Laparoscopic surgery: 17). Male patients (37 cases) represent 71% of both groups. In the laparoscopic group, 6 patients (35.2%) were converted to open surgery. There was lower morbidity in the laparoscopic surgery group. The hospital stay was shorter for the laparoscopic group in a significant way.

Conclusion & Significance: The colonic continuity restoration after Hartmann's procedure can be feasibly and safely applicable using a laparoscopic approach with a significant lower morbidity rates, hospital stay period and minimal adhesions than open technique that we should list laparoscopic approach the one of choice for this procedure when done.

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