

# RUOLO DELLE TECNICHE MININVASIVE NELLA CHIRURGIA D'URGENZA DEL COLON NELL'ADDOME ACUTO

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*Chirurgia Mininvasiva del  
Colon Retto: Routine o  
Esperienza di Pochi?*  
Genova 29 Settembre 2006



# EAES CLINICAL PRACTICE GUIDELINES ON LAPAROSCOPY FOR ABDOMINAL EMERGENCIES

Consensus Development Conference 2004  
Updates 2006

*perforated peptic ulcer, acute cholecystitis,  
acute pancreatitis, acute appendicitis,  
acute diverticulitis, mesenteric ischemia,  
Gynecologic disorders, incarcerated hernia  
acute nonspecific abdominal pain,  
adhesion and small bowel obstruction,  
abdominal trauma*

Sauerland, Agresta, Bergamaschi, Borzellino, Budzynski,  
Champault, Fingerhut, Isla, Johansson, Lundorff, Navez, Saad,  
Neugebauer



# METHODS

## Oxford hierarchy for grading clinical studies according to Levels of Evidence / Grade of Recommendation

GoR	LoE	Study design
A	1a	Systematic reviews of RCTs
	1b	Individual RCT
	1c	All-or-none case series
B	2a	Systematic reviews of cohort studies
	2b	Individual cohort study
	2c	Outcomes research
	3a	Systematic review of case-control studies
	3b	Individual case-control study
C	4	Case series
D	5	Expert opinion, bench research, first principles



## ACUTE APPENDICITIS

- Patients with symptoms and diagnostic findings suggestive of acute appendicitis should undergo diagnostic laparoscopy (GoR A)
- If diagnosis is confirmed laparoscopic appendectomy (GoR A)
- If diagnostic laparoscopy shows that symptoms cannot be ascribed to appendicitis , appendix may be left in situ (GoR B)



## ACUTE APPENDICITIS

- Le linee guida dell'EAES sull'appendicectomia sono chiaramente in favore dell'approccio laparoscopico, soprattutto per il rischio significativamente ridotto di infezione della ferita e il più rapido recupero postoperatorio. Cio' in accordo con I risultati più recenti della Cochrane review
- Il dolore postoperatorio non sembra variare tra intervento laparoscopico ed intervento a cielo aperto
- I costi ospedalieri della appendicectomia laparoscopica sono ancora leggermente più alti di quelli di una appendicectomia a cielo aperto

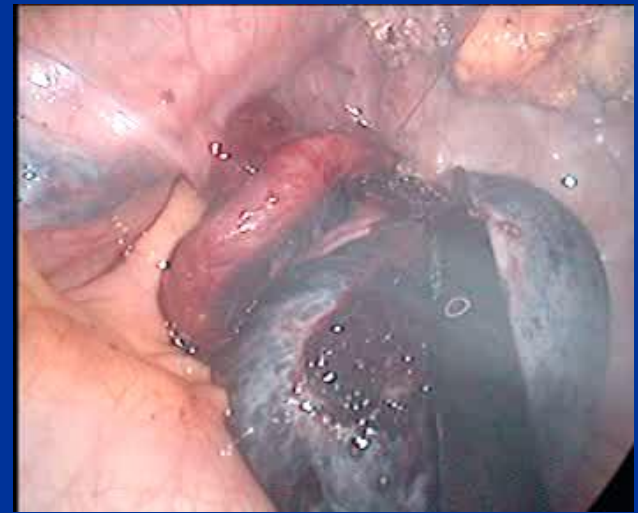
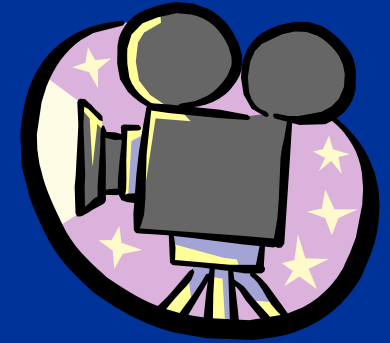
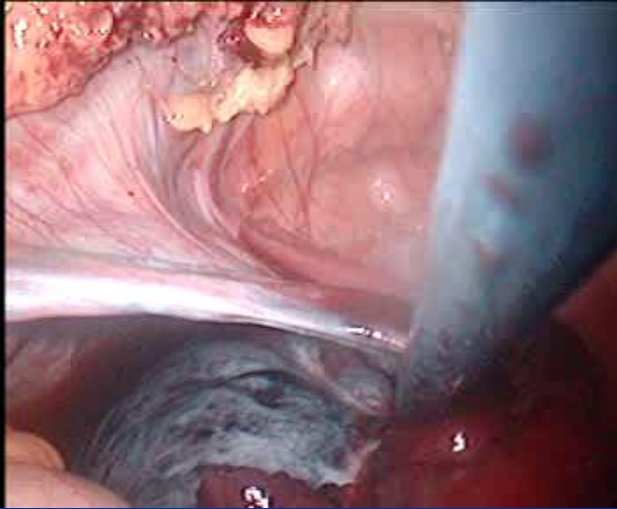


## GYNECOLOGIC DISORDERS

- If gynecologic disorders are the suspected cause of abdominal pain, diagnostic laparoscopy should follow conventional diagnostic investigations (GoR A)
- If needed a laparoscopic therapy for the disease should be performed (GoR A)



## LAPAROSCOPIA ED ADDOME ACUTO



### VIDEOCLIP

**Addome acuto – cisti ovarica endometriale torta, emoperitoneo pelvico – diagnosi differenziale con appendicite acuta, aderenze peritoneali**



## ACUTE DIVERTICULITIS

- Patients with presumed acute uncomplicated diverticulitis should not undergo emergency laparoscopic surgery (GoR C)
- Colonic resection remains standard treatment for perforated diverticulitis, laparoscopic lavage and drainage may be considered in some selected patients (GoR C)





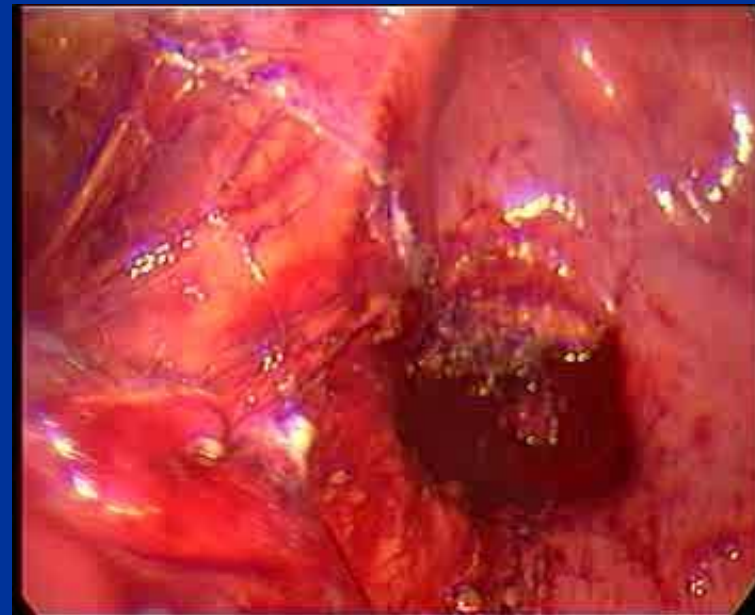
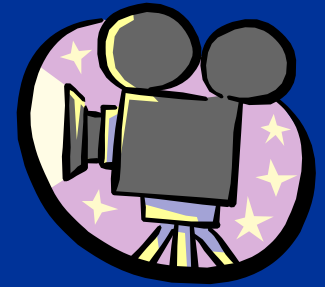
## ACUTE DIVERTICULITIS

- La diverticolite complicata viene definita secondo la classificazione di Hinchey modificata:

- Stadio I            accessi pericolici
- Stadio IIa         accessi distanti
- Stadio IIb         accessi complessi o multipli/fistola
- Stadio III         peritonite purulenta
- Stadio IV         peritonite fecale

- Per la diverticolite acuta ricorrente complicata, stadi I e II di Hinchey trattamento di scelta Sigmoidectomia VL dopo il secondo attacco, in elezione.

- Per la diverticolite complicata in stadio III e IV trattamento in urgenza sigmoidectomia con anastomosi primaria vs Hartmann. Ruolo laparoscopia controverso



## VIDEOCLIP

**Colectomia sinistra per diverticolite acuta  
ascessualizzata - Hinchey II b**



## MESENTERIC ISCHEMIA

- If mesenteric ischemia is clinically suspected, conventional imaging is preferable over diagnostic laparoscopy in defining therapeutic management (GoR C)
- Rate of mesenteric ischemia among patients with acute abdomen is 1%. Laparoscopy in these patients relates to its diagnostic rather than its therapeutic opportunities



## ABDOMINAL TRAUMA

- For suspected penetrating trauma, diagnostic laparoscopy is a useful tool to assess the integrity of peritoneum and avoid a nontherapeutic laparotomy in stable patients (GoR B)
- Stable patients with blunt abdominal trauma may undergo diagnostic laparoscopy to exclude relevant injury (GoR C)



### ACUTE NONSPECIFIC ABDOMINAL PAIN

- Il dolore addominale acuto non specifico è problema importante presente sino al 40% di tutti i ricoveri chirurgici in emergenza
- E' definito tale una condizione di dolore acuto che insorge da meno di 7 gg e che dopo tutti gli accertamenti rimane di natura incerta

- Patients with severe non specific abdominal pain after full conventional investigations should undergo diagnostic laparoscopy if symptoms persist (GoR A)
- Patients with NSAP of medium severity may undergo diagnostic laparoscopy after a period of observation (GoR C)



## SMALL BOWEL OBSTRUCTION AND ADHESIONS

- In the case of clinical and radiological evidence of small bowel obstruction nonresponding to conservative management, laparoscopy may be performed using an open access techniques (GoR C)
- If adhesions are found at laparoscopy, cautious laparoscopic adhesiolysis can be attempted for release of small bowel obstruction (GoR C)

- L'adesiolisi laparoscopica in emergenza non ha incontrato accettazione generale a causa della visione limitata e del rischio di lesioni iatrogene dell'intestino
- Esiste poi una elevata percentuale di conversione che oscilla tra il 15 e il 43 %



## INCARCERATED HERNIA

- Although the open approach remains standard treatment for incarcerated hernia, laparoscopic surgery may be considered in carefully selected patients (GoR C)

- L'evidenza sui relativi benefici della chirurgia laparoscopica delle ernie inguinali ed incisionali è grande ma riguarda esclusivamente studi ove venivano esclusi tutti i casi sintomatici o ricoverati in regime di urgenza

- Appare ingiustificato adottare il principio di trasferimento d'evidenza da dati ottenuti in elezione per indicare l'approccio laparoscopico al trattamento delle ernie incarcerate



## CONCLUSIONS

**Available evidence clearly demonstrates the superiority of a laparoscopic approach in various emergency situations, but laparoscopy offers less or unclear benefit in other acute conditions.**

**Therefore, a policy of laparoscopy for all patients with acute abdominal pain still seems unjustified, although laparoscopy will be the advantage of the majority of patients.**

*The EAES clinical practice guidelines on laparoscopy for abdominal emergencies*