„Fast Track“ Entwicklung am Beispiel der Colonchirurgie

„Made in Switzerland oder Swiss made“

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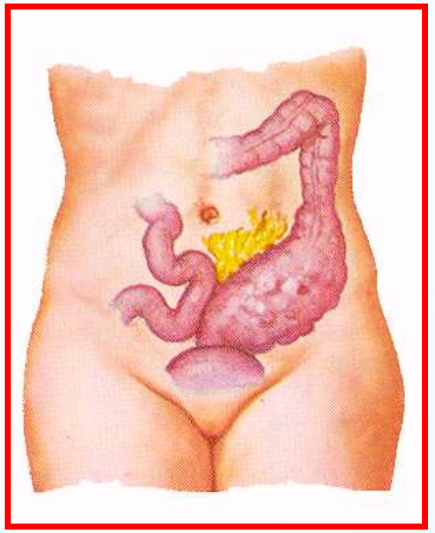
STUDY DESIGN

- Comparative 2 „open“ retrospective Studies
  - „Open Colonic Resection“ („High“/ „Low“ Anastomosis)
  - 1993 - 1995 (Group I) : „Traditional pre-/postop. Treatment“
  - 1996 - 1998 (Group II) : „Short-Track Rehabilitation“
- Comparative 1 laparoscopic prospective Analysis
  - 1999 - 2013 (Group IIIa) : Laparoscopic 3 holes resection with transrectal removal, „Short-Track Rehabilitation“
  - 2014 - 2018 (Group IIIb) : Laparoscopic 3 holes resection with transumbilical removal, „Short-Track Rehabilitation“

INDICATIONS

- 2/3 Diverticulosis/ Diverticulitis of Sigmoid Colon (>2 Episodes), Patient‘s desire
- Rectum Prolapse
- Benign Tumours of Colon
- Malignant Tumours of Colon< pT2



INVESTIGATION

- Colonoscopy, Biopsy
- Standardised Contrast-Studies
- Manometry, Defaecography
- Gynaecological Examination

„SHORT TRACK“ (Group II and III a & b)

- Preoperative Immunonutrition („Impact oral“)
- Normal food intake till 6 hours before operation
- Drinking clear liquid still 2 hours before operation
- Only small enema (3 hours before operation)
- Corticosteroids (4mg Dexamethason)
- Local anaesthesia before incision and before waking up
- Chewinggum 1-2 hours postop.
- Fast normal oral intake, fast mobilisation

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PATIENTS

- G I: 95 G II: 132 G III a & b: 455
- No Differencies in:

  Age

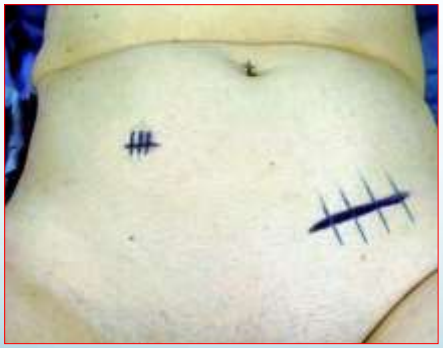
  Sex

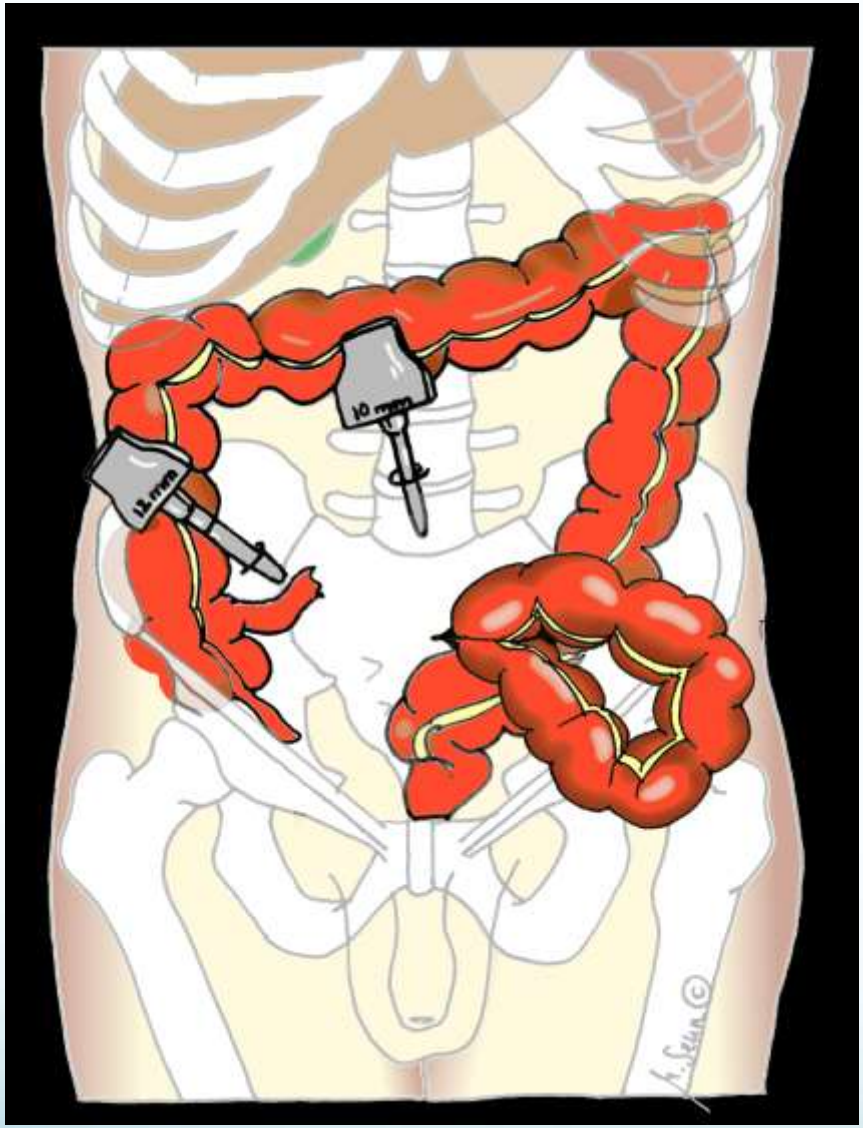
- Distribution of Different DiseasesorResections

OP. STRATEGY (Group III)

Positioning of Trocars

- Camera (10 mm) → Umbilicus
- Working Port (12 mm) → Rightlower Quadrant
- Short IncisionLeftLower Quadrant → Transrectal : III a
  → Transumbilical : III b





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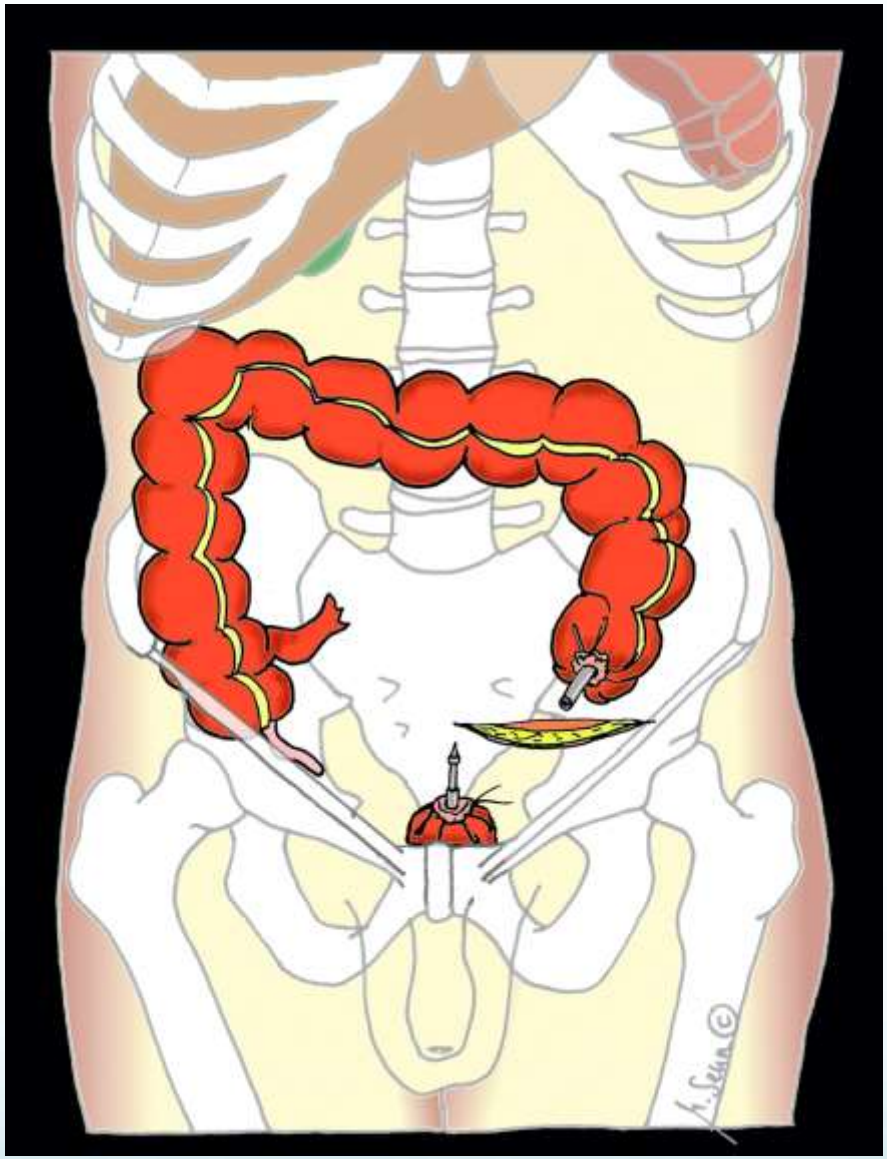

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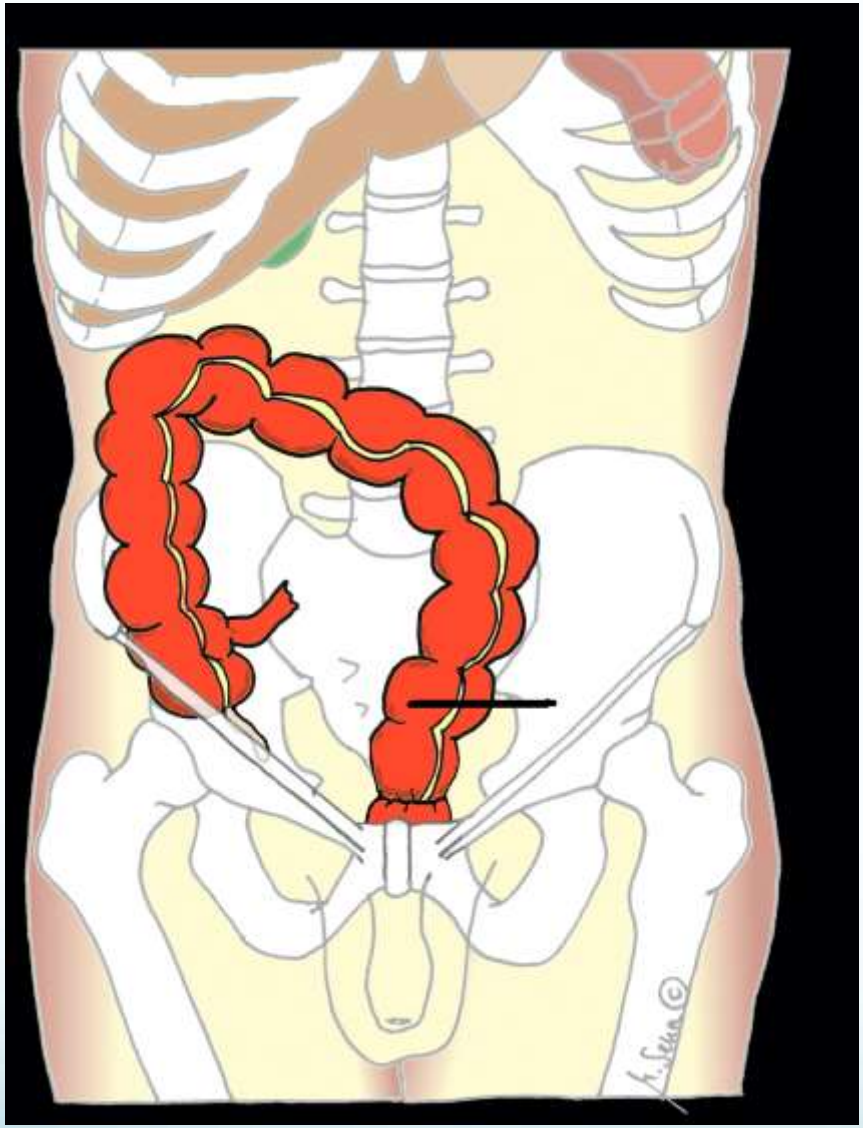

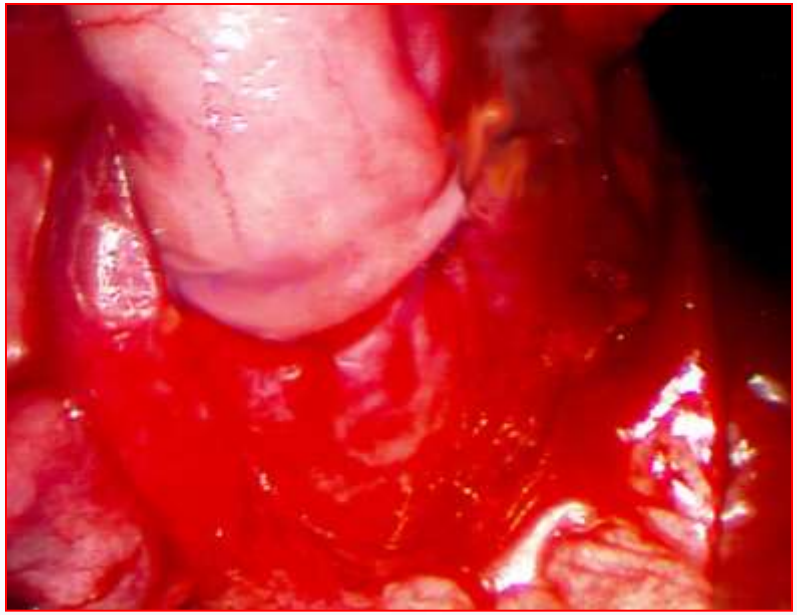

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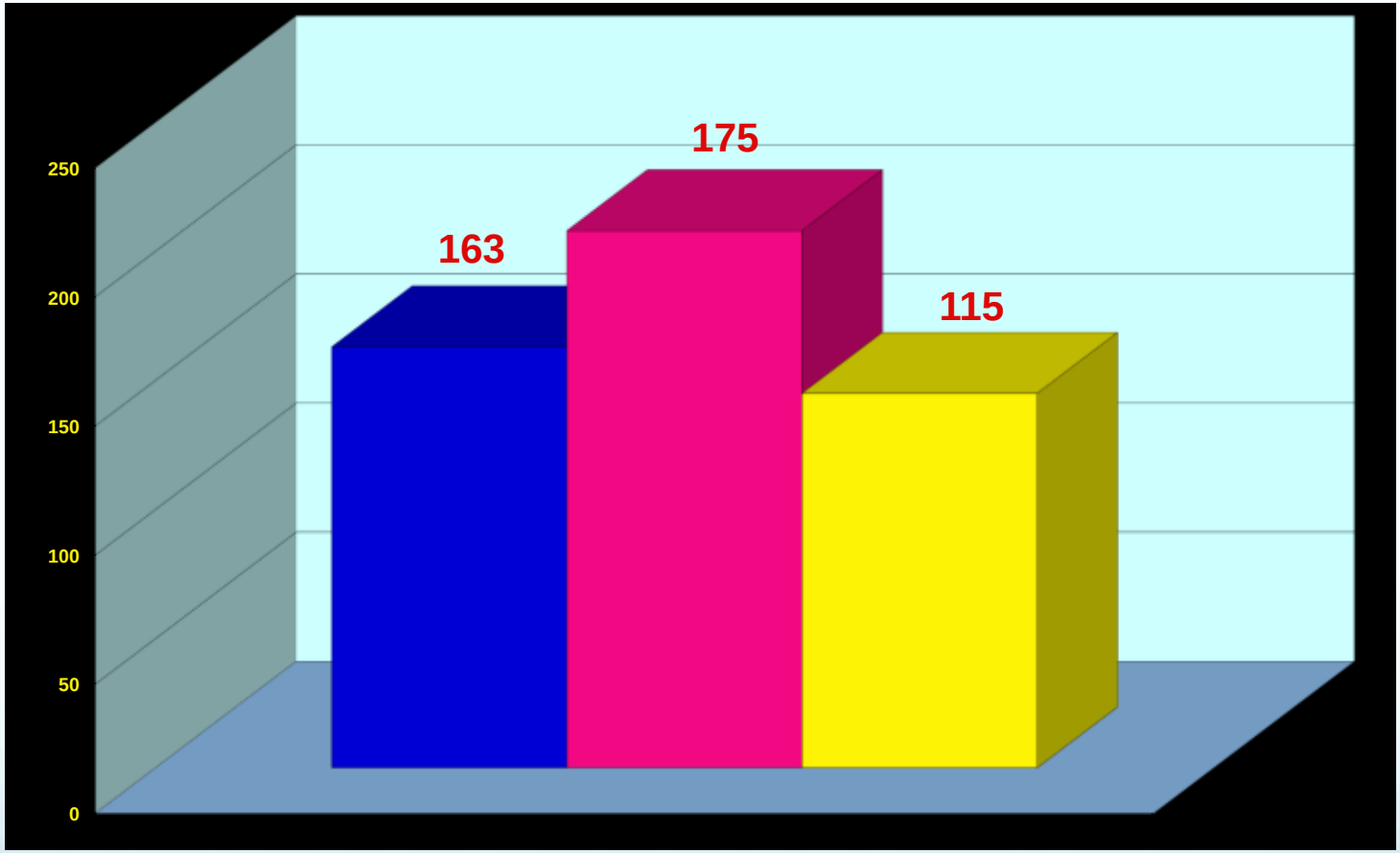
RESULTS

- Operative Time
- Bloodloss
- Leakage Rate
- Oral Food Intake
- Complications
- Hospital Stay

OP - TIME

min.



(s + hs)

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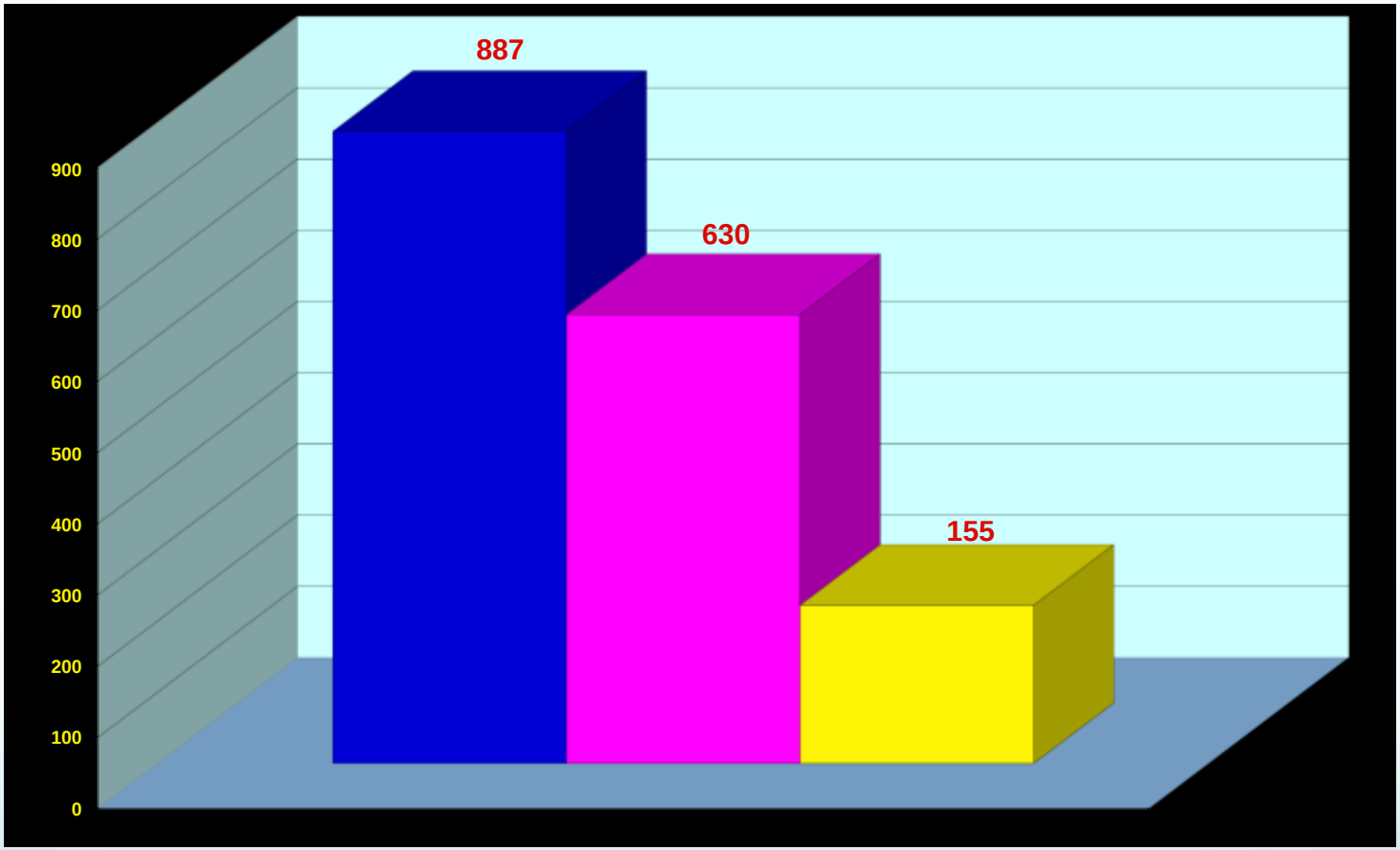
BLOOD LOSS

ml



(hs)

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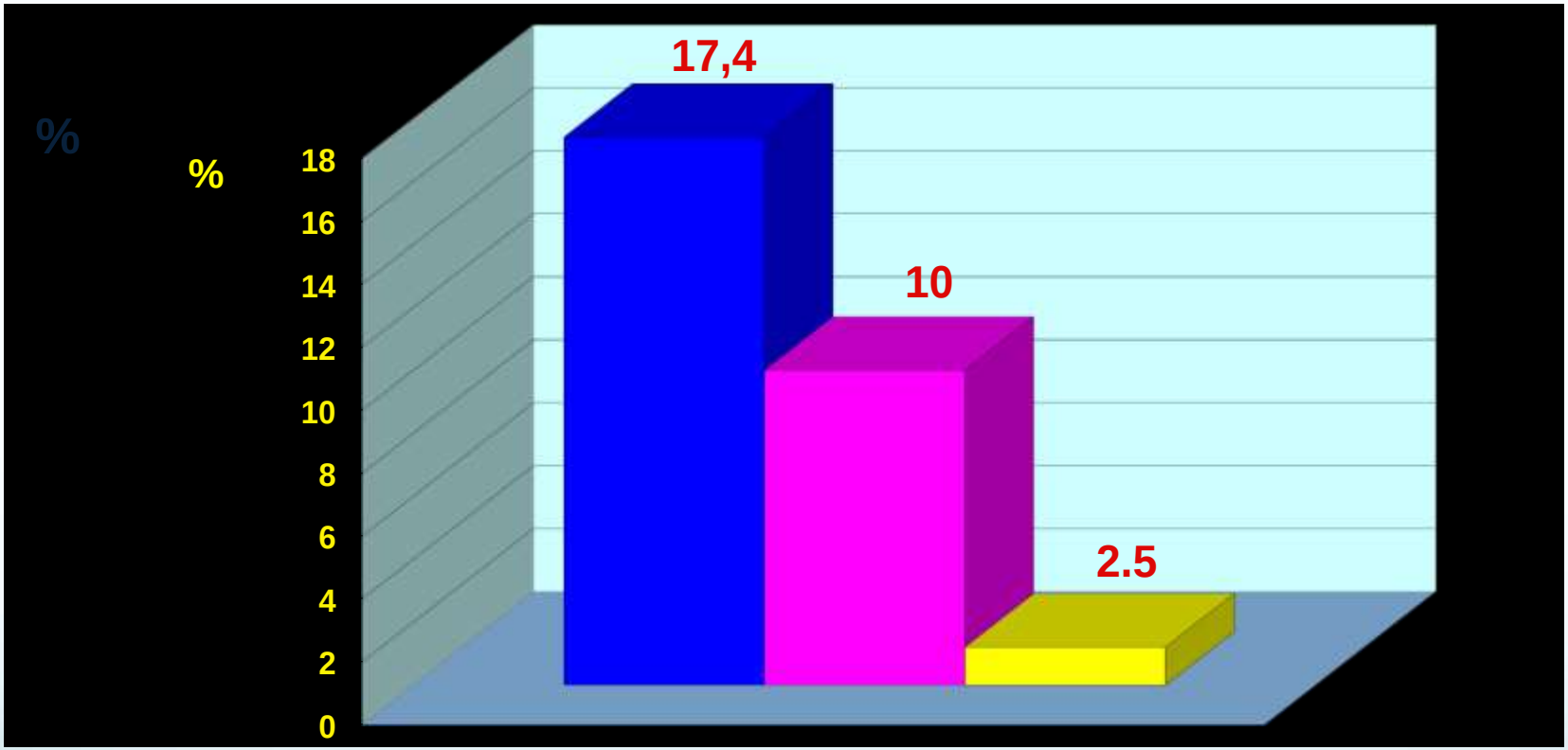
ANASTOMOTIC LEAKAGE



(s + hs)

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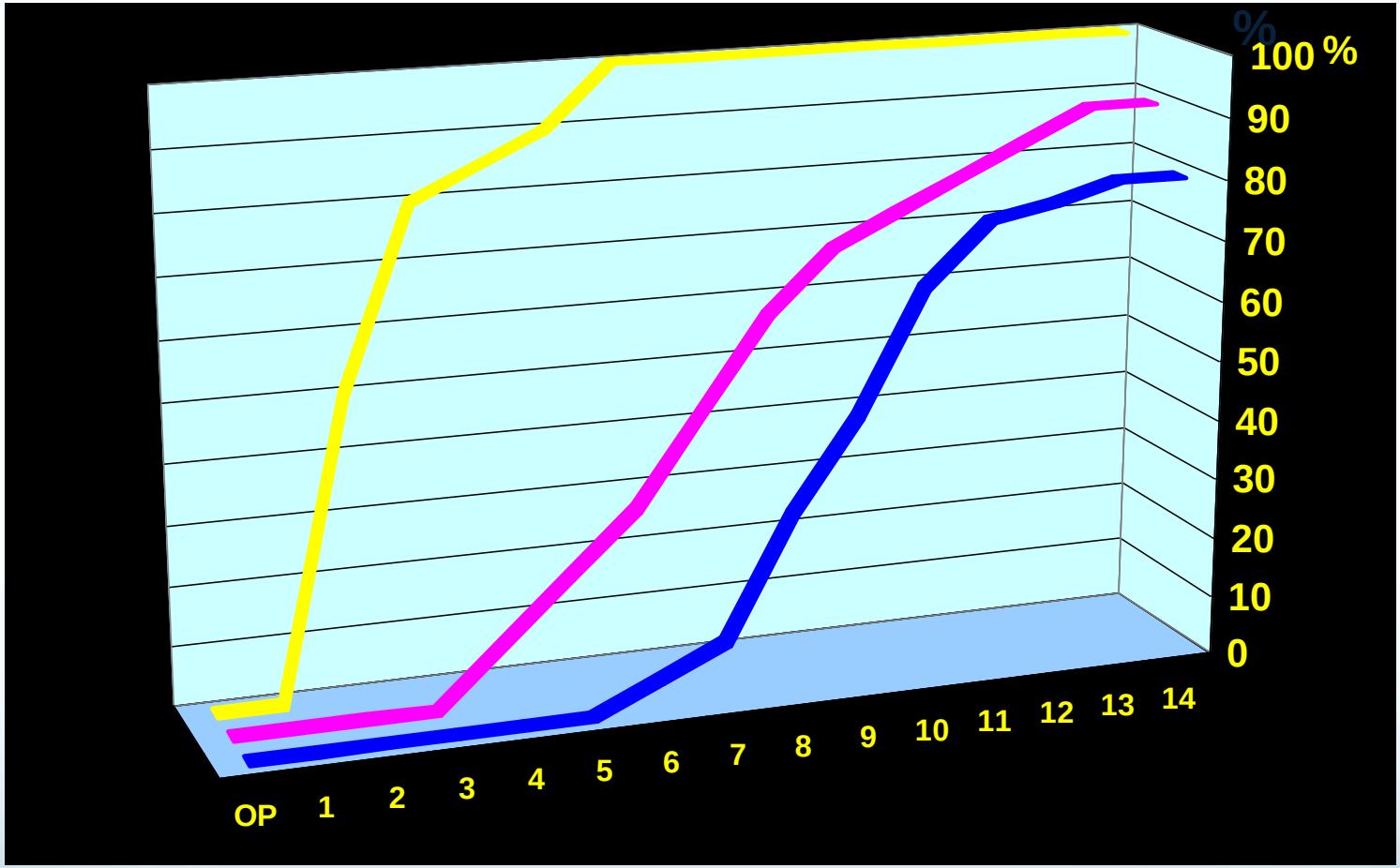
ORAL FOOD INTAKE



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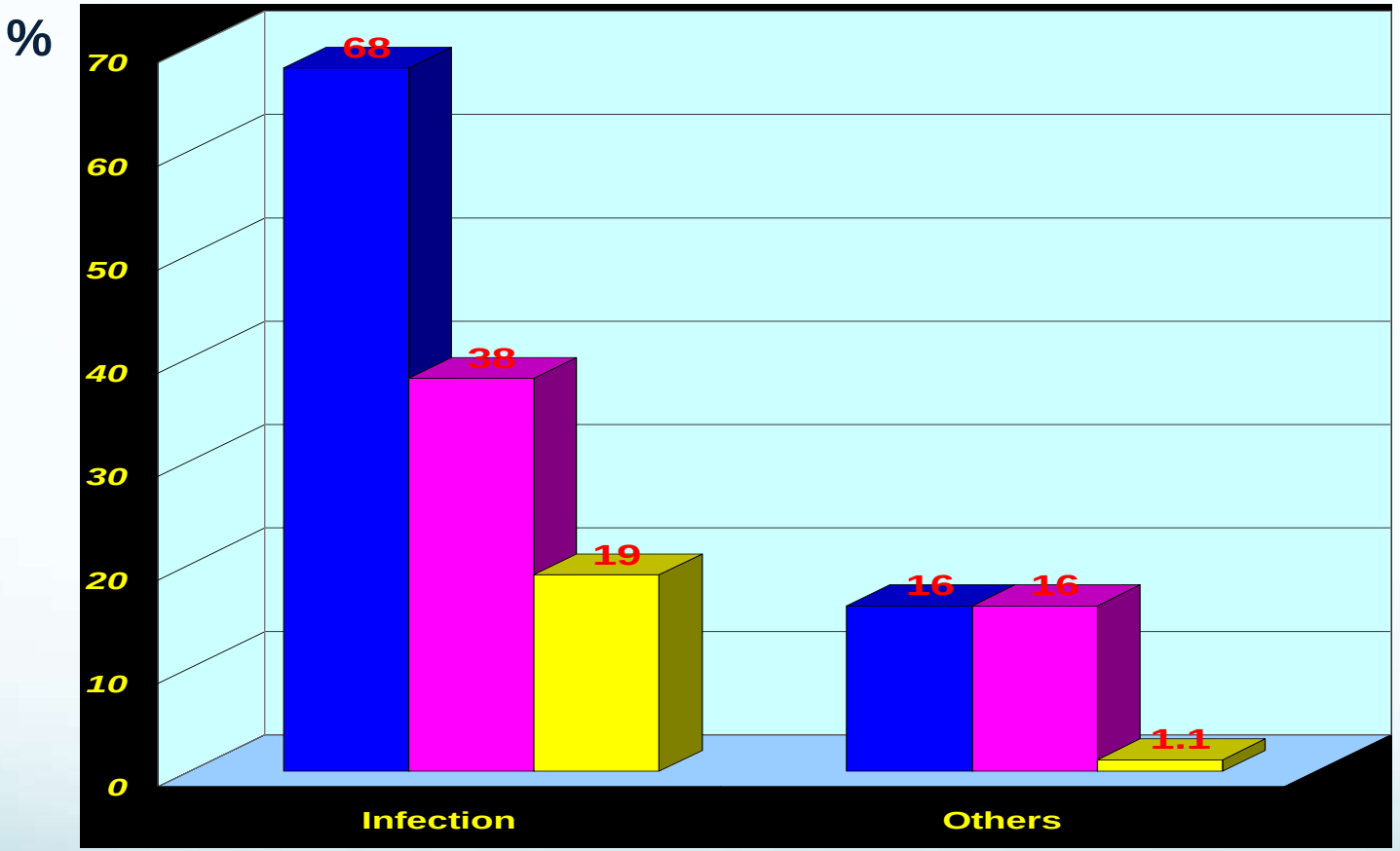
COMPLICATIONS



(s + hs)

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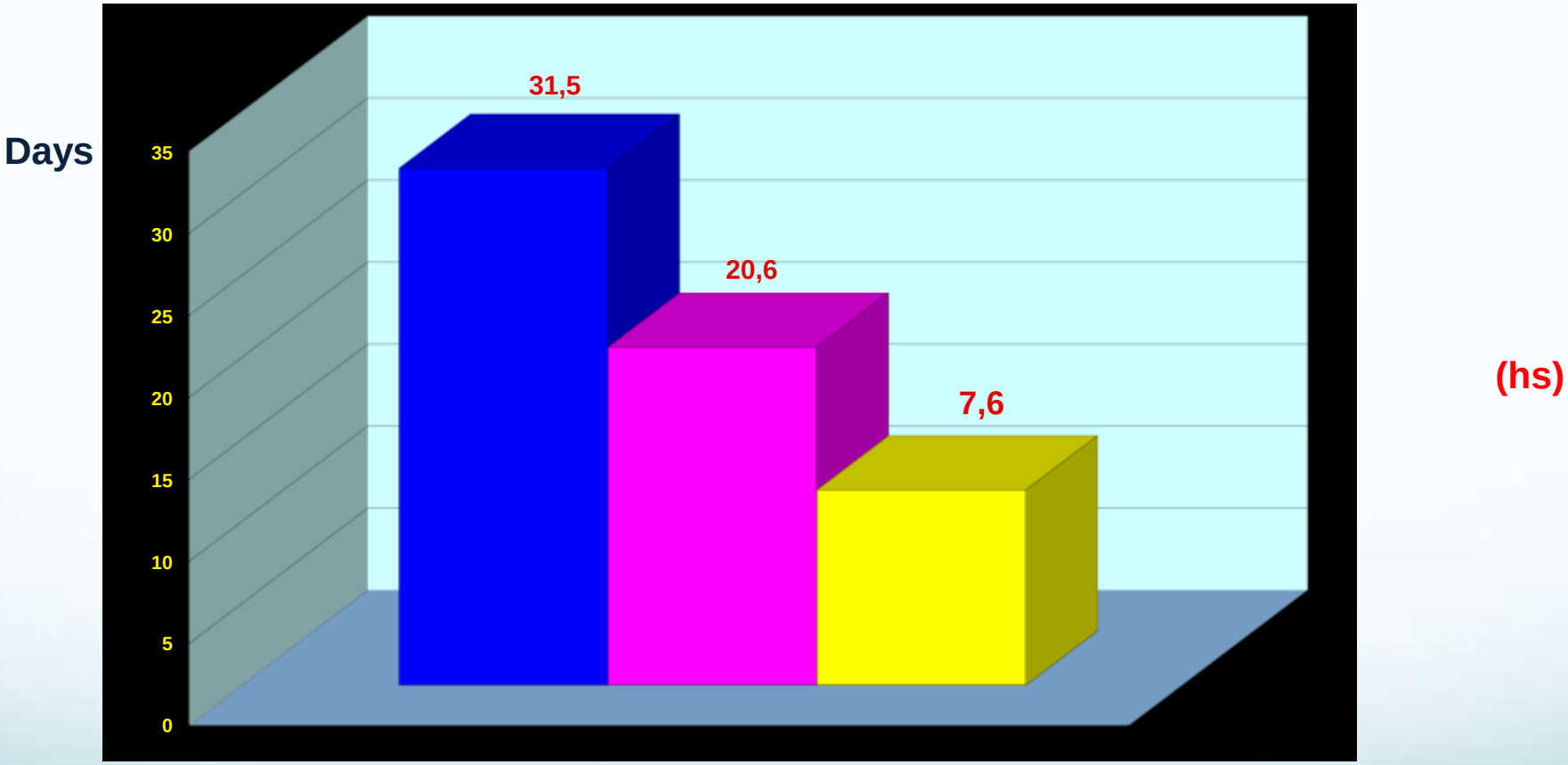
HOSPITAL STAY



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SUMMARY

Laparoscopic SHORT TRACK ColonicResection

- Shorter OP - Time (s +hs)
- Lower Blood Loss (hs)
- LowerAnastomoticLeakage-Rate (hs+ s)
- Earlier Oral Intake (strategy)
- Fewer Complications (hs + s)
- Shorter Hospital Stay (hs)

Was ein kleiner Gummi kann - auch in der Bauchchirurgie!

DieReduktion der postoperativen Darmatonie durch Scheinspeisung

Sham-Feeding of Patients with Chewing Gum after Abdominal Operations

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PROBLEMSTELLUNG

- Postoperativer Ileus /Subileushat grosse klinische und finanzielle Relevanz
- Erhöhung der propulsiven Wirkung des Parasympathicus durch kephaleVagusstimulation mittels leerer Kautätigkeit
- Reduktion der postoperativen Darmatonie durch „Scheinspeisung“ mittels Kauen von Kaugummi
- Verschiedene Studien mit kleiner Patientenzahl und jeweils nur einem (meist colo-rectalen) Operationstyp zeigen raschere Darmgeräusche, Flatus und Stuhlgang

MATERIAL UND METHODEN:

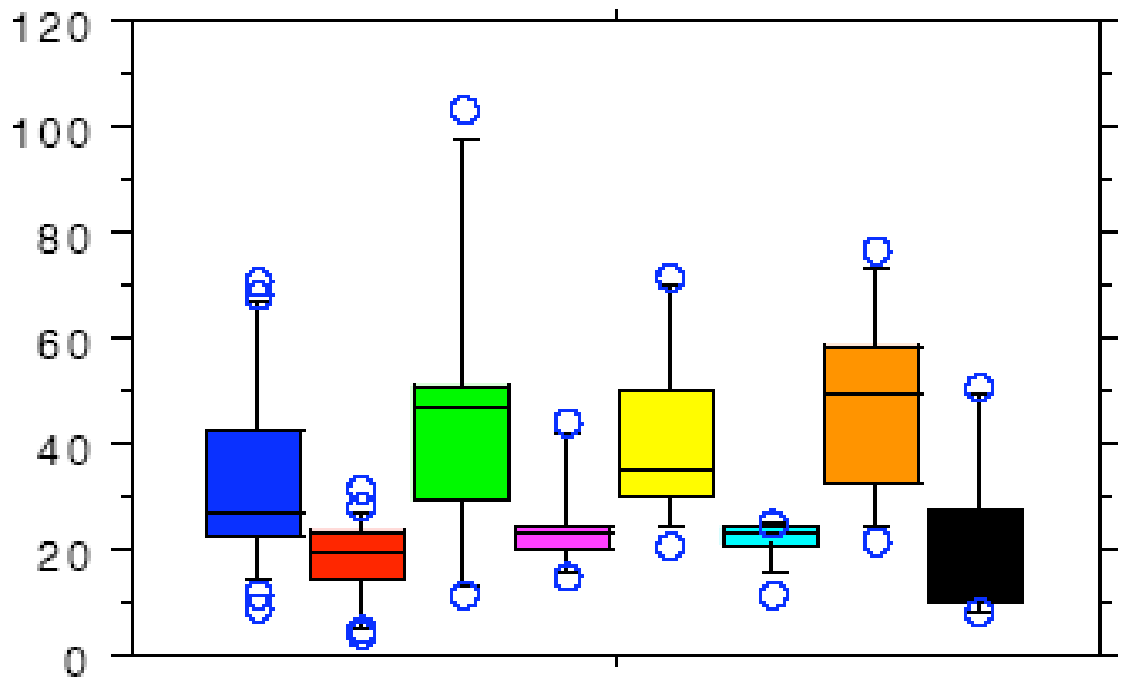
- Vier verschiedene Operationen: Cholecystectomie, Magen-/Dünndarm, Colon, lap. Prostatektomie
- Prospektiv, randomisiert in Kontroll- und Testgruppe
- Einverständnis, Vigilanz, Kaufähigkeit (Gebiss, Wollen)
- Mind. 3 x 15 min. / Tag (zuckerfrei, Fa. Cadbury)
- Postop. engmaschige Registrierung durch Patient, Pflege und Dissertand

RESULTATE:

- 123 Patienten 12/07 - 12/08 ; 60 m, 63 f ; 62a +/-14,2a; alle elektiv
- 50 Testgruppe, 55 Kontrollgruppe, 18 Ausfälle (Gebiss, Nichtkönnen, Nichtwollen)
- Cholecystektomie: 40 Pat., 19 Test, 21 Kontroll
- Magen-/Dünndarm: 12 Pat., 6 Test, 6 Kontroll
- Colon: 24 Pat., 11 Test, 13 Kontroll
- Prostata: 29 Pat., 14 Test, 15 Kontroll

ZEIT BIS FLATUS

Kontroll- und Testgruppen 1 - 4 (in h)



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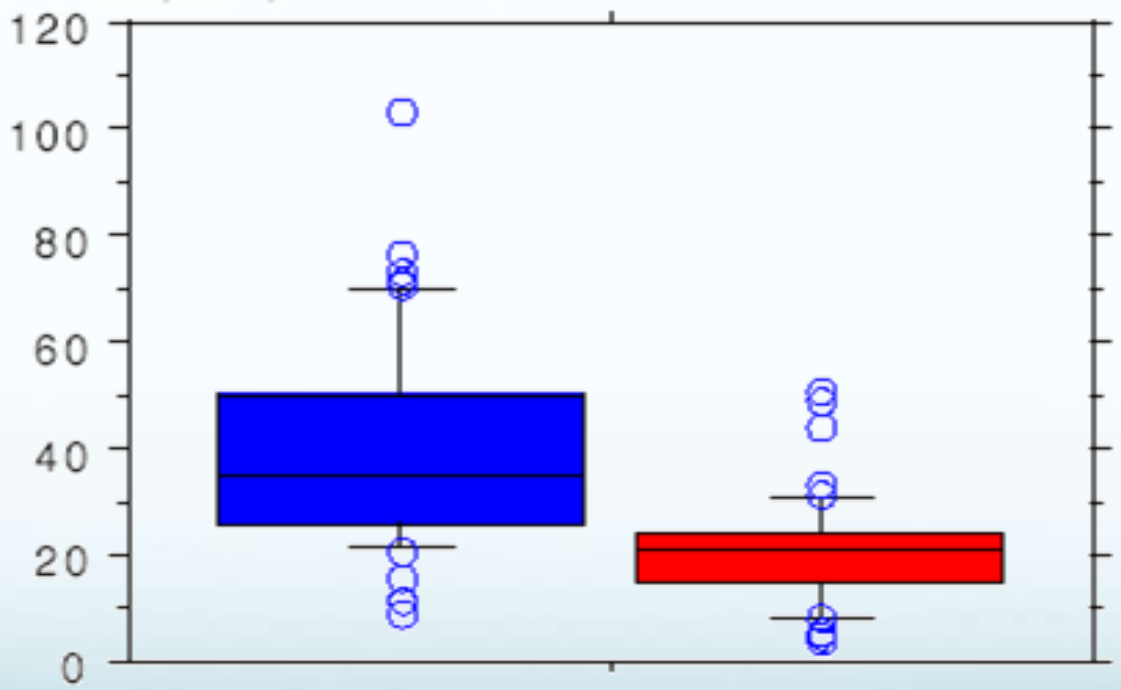
ZEIT BIS FLATUS

AlleKontroll- und Testgruppen (in h)



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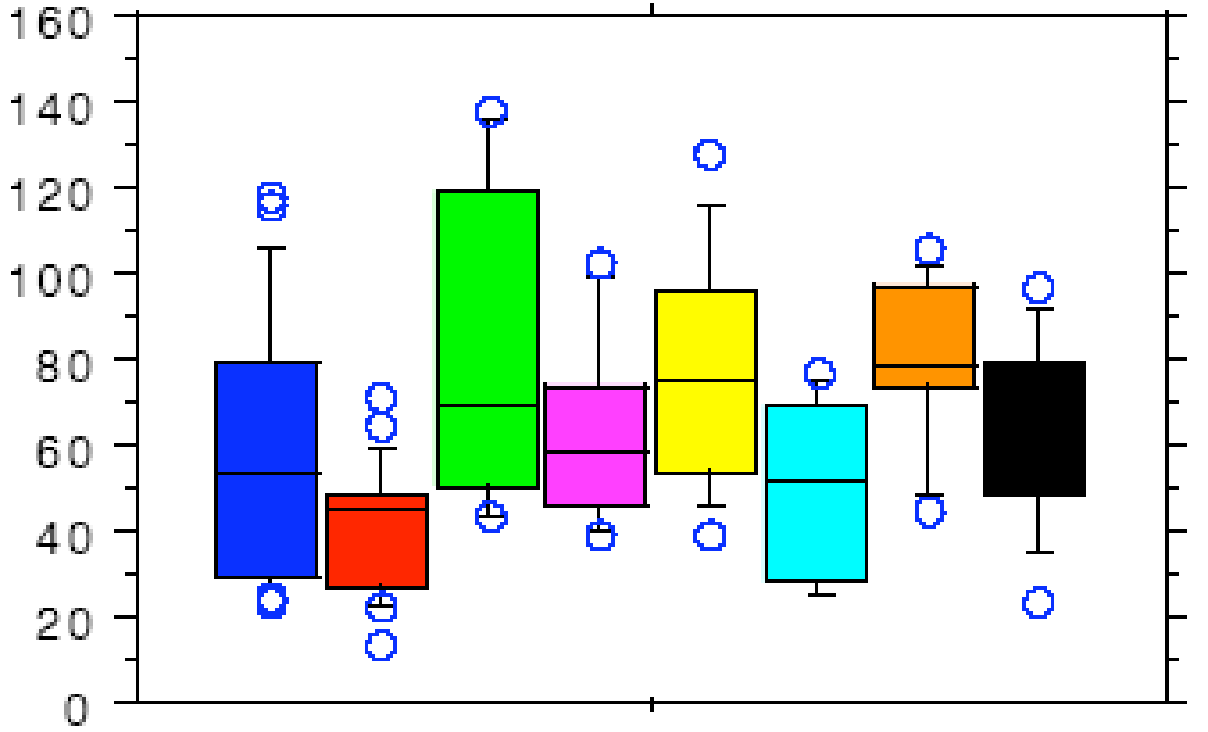
ZEIT BIS DEFÄKATION

Kontroll und Testgruppen 1- 4 (in h)



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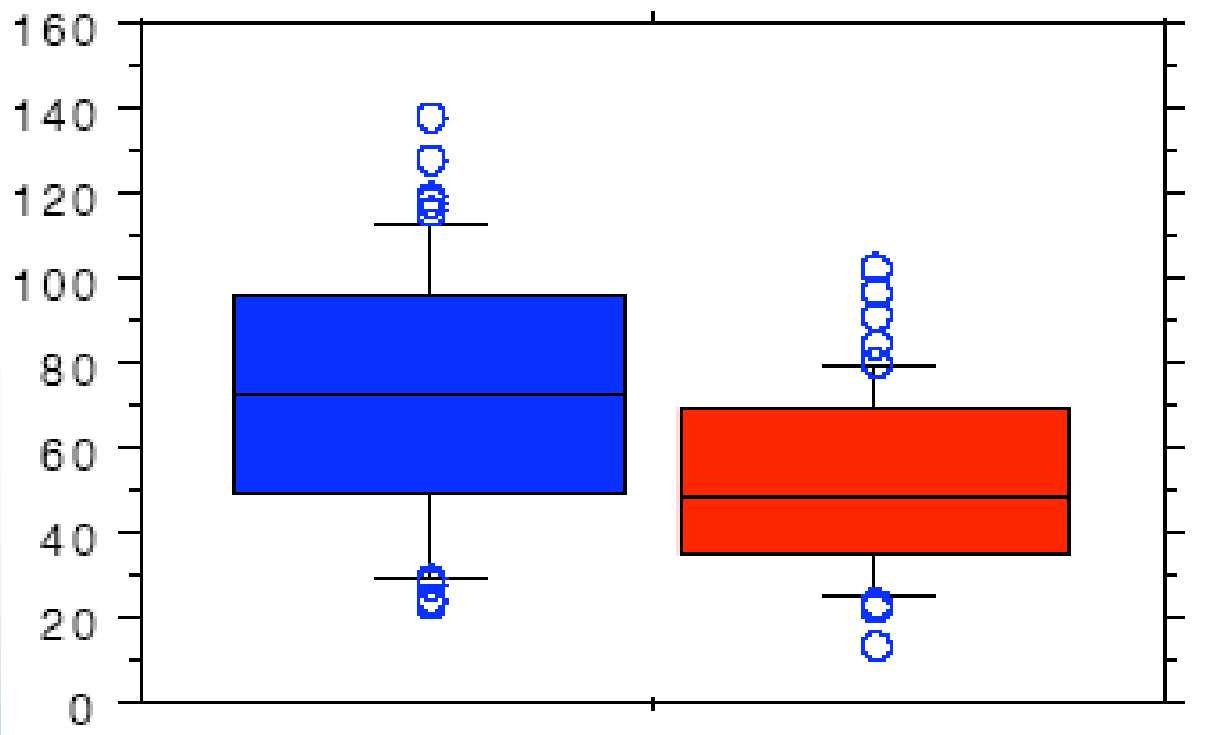
ZEIT BIS DEFÄKATION

AlleKontroll und Testgruppen (in h)



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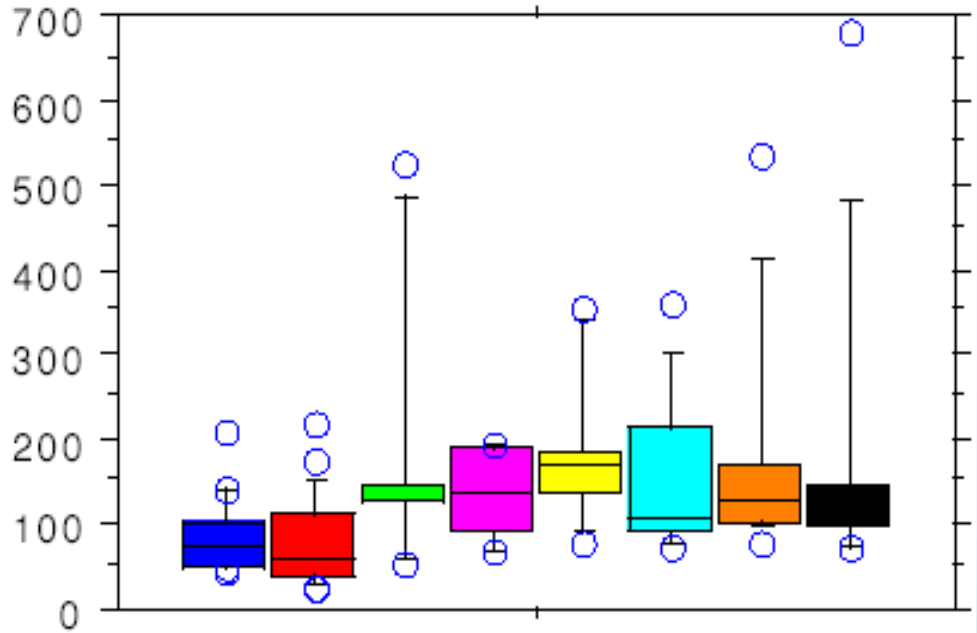
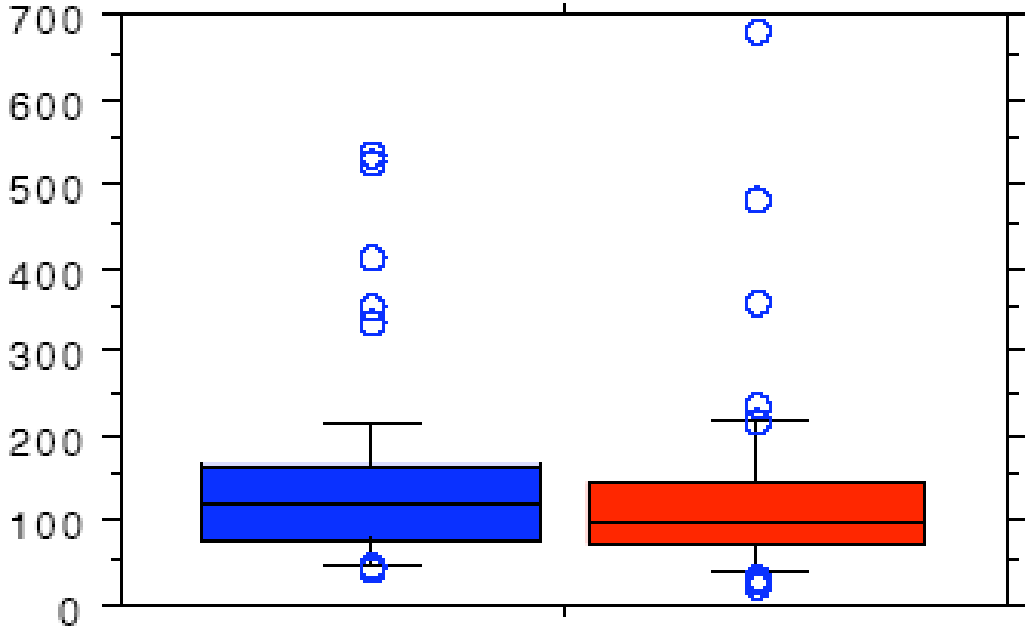
ZEIT BIS SPITALAUSTRITT

Kontroll und Testgruppen 1 – 4 und alle (in h)





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ZUSAMMENFASSUNG

- 18/123 Studien-„Ausfälle“: Zwölf Gebiss-/Zahnprobleme, 6 Kaugummi-Verächter
- Keine Probleme, keine Komplikationen in der Testgruppe
- Gute Akzeptanz (60% gut, 36% o.k., 4% neg.)
- Signifikanz($p<0,05$) für Flatus und Stuhl
- Tendenz für Spitalaustritt ($p=0,224$)
- Einfach, sicher, günstig, effizient, komfortabel und empfehlenswert