

Emergency surgery management of complicated diverticulitis in a regional centre – an Australian experience

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Resumo

INTRODUÇÃO

Diverticulitis is the inflammation of the diverticula in the colon. When complicated by perforation, it has traditionally been managed with Hartmann's procedure. The roll of interventional radiology for management of Hinchey I /II is well established. However the roll of laparoscopic surgery and primary anastomosis in management of Hinchey III/IV is less clear, particularly in a regional setting. We present a decade of experience with management in a regional Australian hospital with specialised colorectal surgeons.

OBJETIVOS

To describe and evaluate the outcomes of consecutive patients who received treatment for complicated diverticulitis at our centre from 2001 and 2010.

MATERIAIS & MÉTODOS

The Tweed Hospital is a 250-bed regional hospital in Northern New South Wales, Australia. It services a large geographical catchment, with over 45,000 hospital admissions annually. A retrospective review of all emergency presentations with diverticulitis from 2001 and 2010 was performed. Telephone surveys were conducted to attain long-term follow-up and a review of medical records performed.

RESULTADOS

Within the study period, 92 patients presented with Hinchey III/IV diverticulitis between 2001 and 2010. Patients with less than six months of follow-up were excluded from this study. Mean follow-up for 58 included patients was 72.4 months. Emergency Hartmann's procedure was performed in 29 cases (50%), with one patient requiring relook laparotomy for bleeding and another requiring repair of early small bowel fistula. Subtotal colectomy was performed in 1 case (2%). Laparoscopic washout was performed in 26 cases (45%) and 4 required further percutaneous radiological drainage (15%). Another four patients required index admission Hartmann's procedure (15%). Two patients received percutaneous drainages as the index treatment, one of whom received an inpatient laparoscopic anterior resection. Stoma formation in patients undergoing initial laparoscopic washout was considered a treatment failure and occurred in 8 cases (31%), with requirements for Hartmann's procedures within three months of initial operation. Conclusion Management of complicated diverticulitis in a regional setting is a complex and evolving issue. The role of laparoscopic washout for Hinchey III/IV patients, should not be discounted. The majority of these patients were able to avoid stoma formation.

Palavras-chaves: diverticulitis, Hinchey, laparoscopic washout