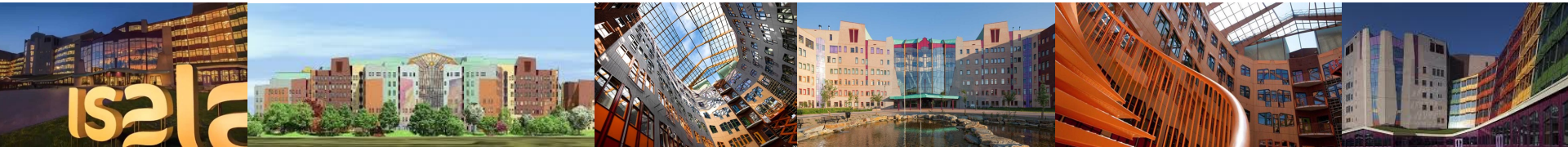

DE UITKOMSTEN VAN EEN BLOW HOLE VOOR DE BEHANDELING VAN ACUTE LINKSZIJDIGE DARMOBSTRUCTIE: 'VAN DE REGEN IN DE DRUP'?

Harriet Junte, stoma verpleegkundige
Dr. Erik van Westreenen, *gastro-intestinaal chirurg*
Isala, Zwolle



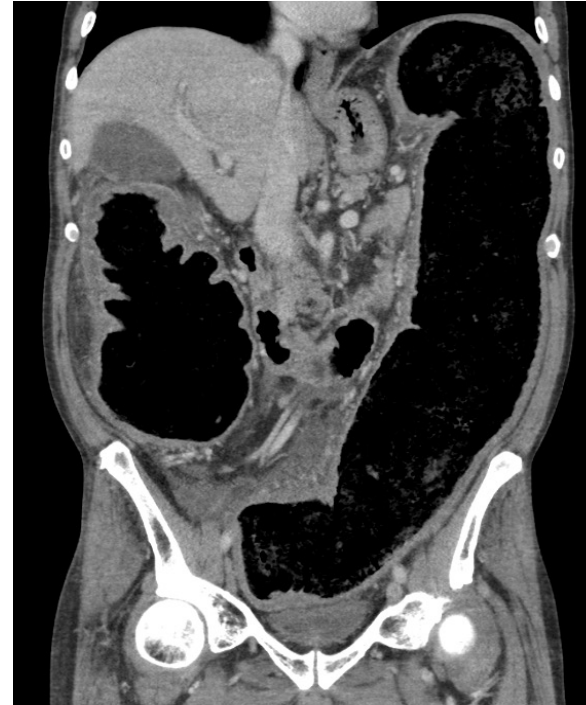
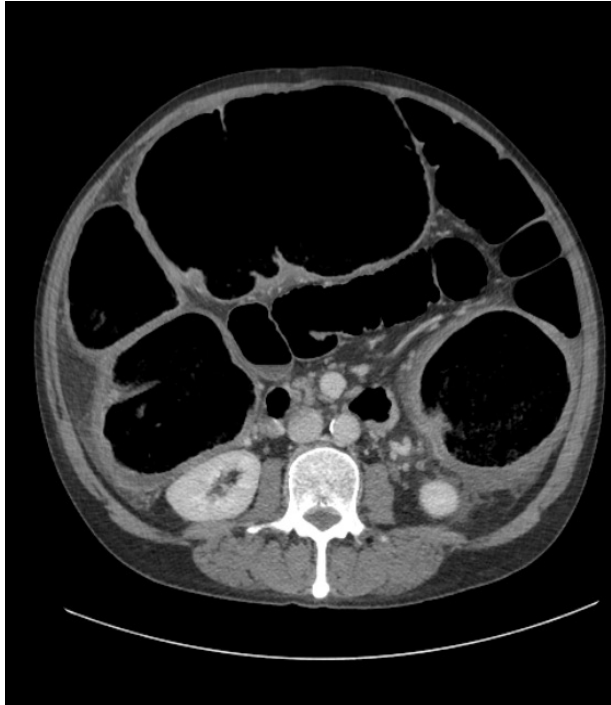


De Regen

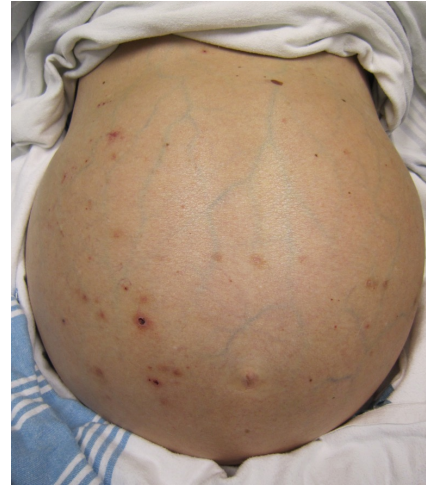




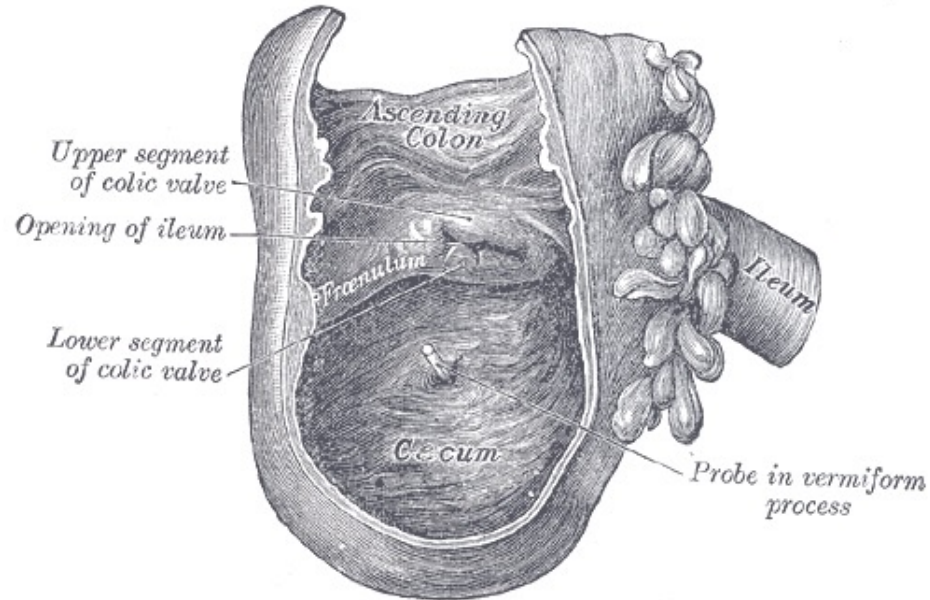




Hoe herken je de patiënt met een linkszijdige obstructie?

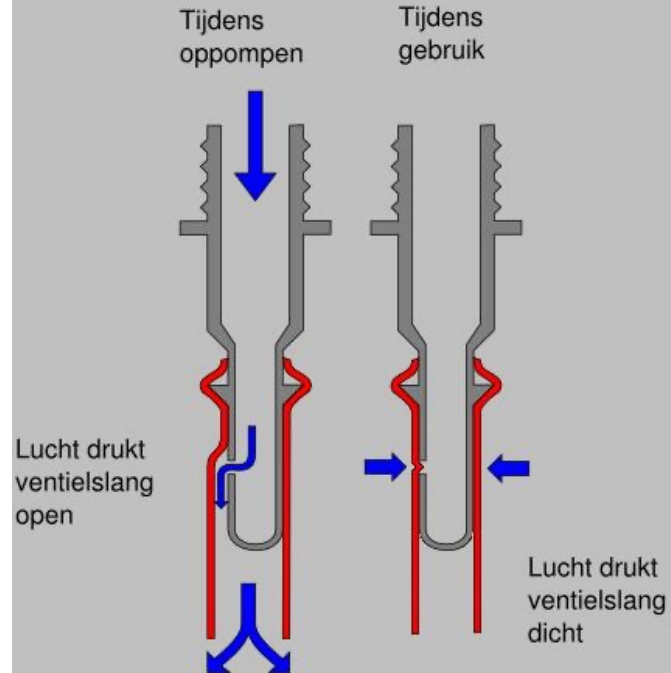


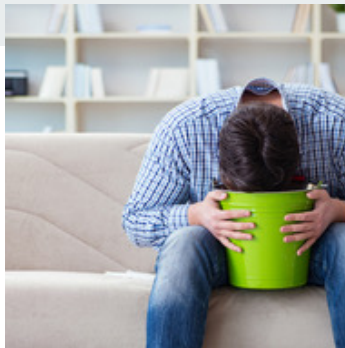
Klep van Bauhin



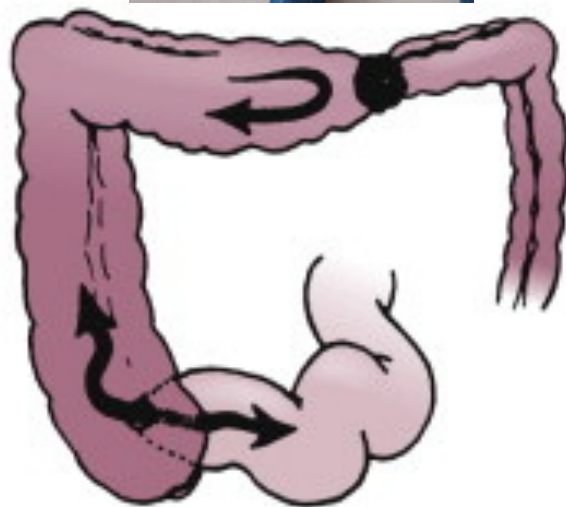


Werking fietsventiel met ventielslang





Competent



Incompetent



Definition of large bowel obstruction by primary colorectal cancer: a systematic review

J.V. Veld, MD^{1,2}, K.J. Beek, MD³, E.C.J. Consten, MD, PhD^{4,5}, F. ter Borg, MD, PhD⁶, H.L. van Westreenen, MD, PhD⁷, W.A. Bemelman, MD, PhD¹, J.E. van Hooft, MD, PhD, MBA^{2,8}, P.J. Tanis, MD, PhD¹

Element	Description
Clinical symptoms and duration	Vomiting and/or absence of stool for ≥ 48 hours
	<i>and/or</i>
Physical examination	Abdominal distention
	<i>and</i>
Radiological imaging	Signs of distended bowel proximally to a lesion suspicious for colorectal cancer

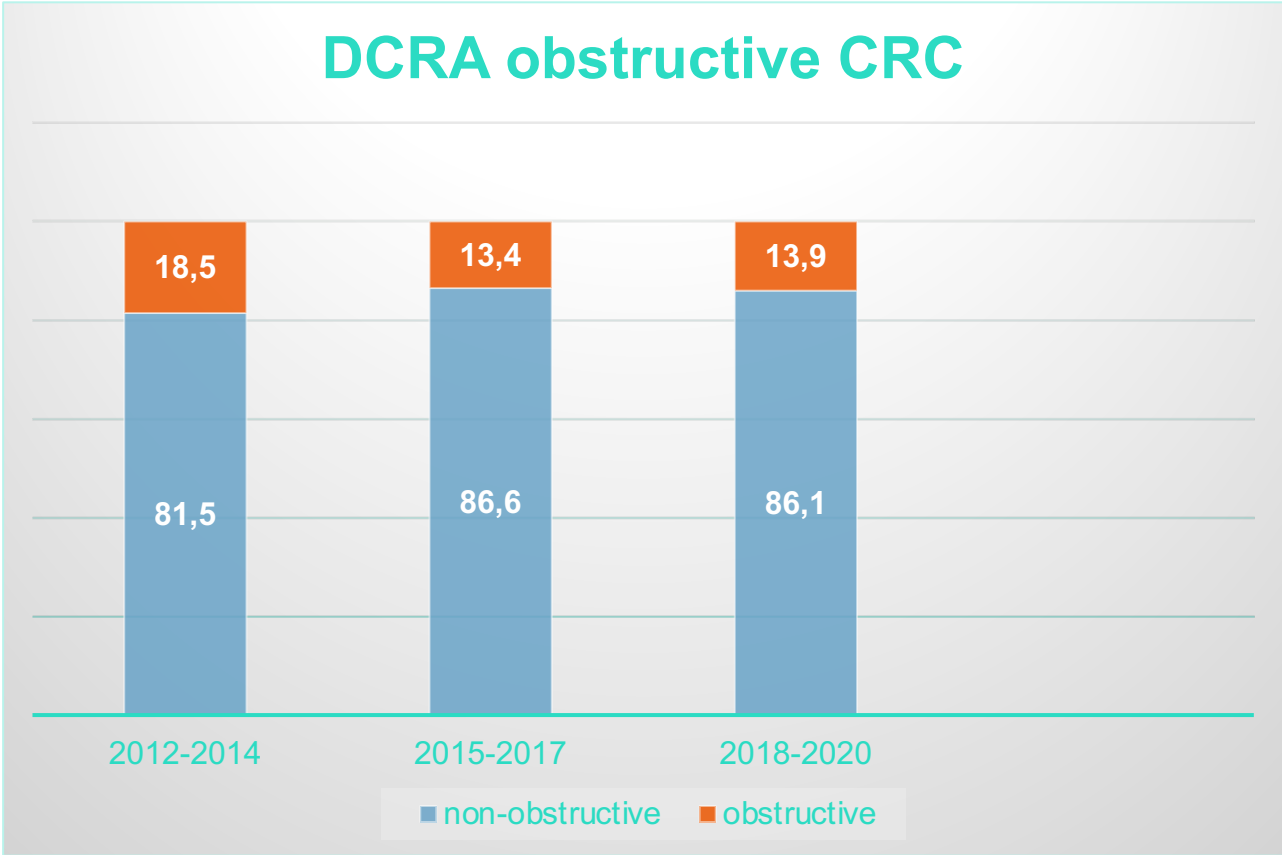


Oorzaken

- CRC
- diverticulitis
- maligniteit (uro\gyn)
- naadstenose
- volvulus



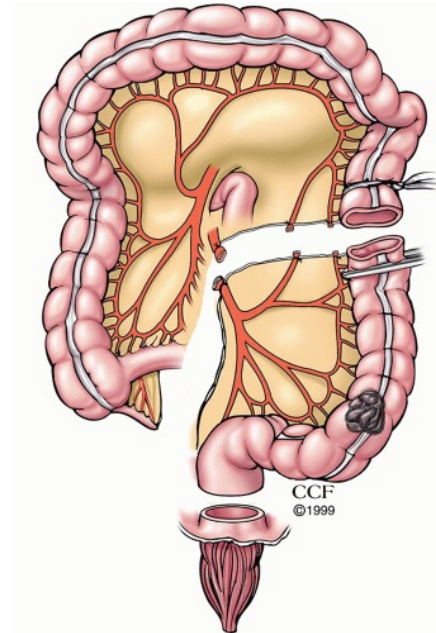
DCRA obstructive CRC



Welke opties hebben we?



Acute resectie

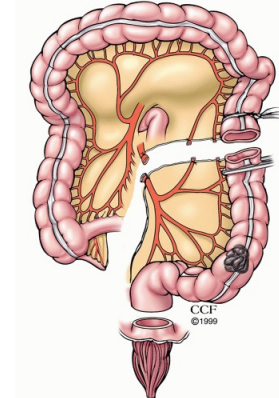


High mortality rates after nonelective colon cancer resection: results of a national audit

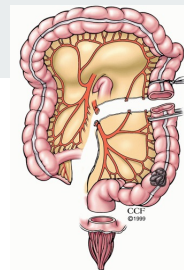
I. S. Bakker*, **H. S. Snijders†**, **I. Grossmann‡**, **T. M. Karsten§**, **K. Havenga*** and **T. Wiggers***

*Department of Surgery, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands, †Department of Surgery, Leiden University Medical Center, Leiden, The Netherlands, ‡Department of Surgery, Afd. P, Aarhus University Hospital, Aarhus, Denmark and §Department of Surgery, Onze Lieve Vrouwe Gasthuis, Amsterdam, The Netherlands

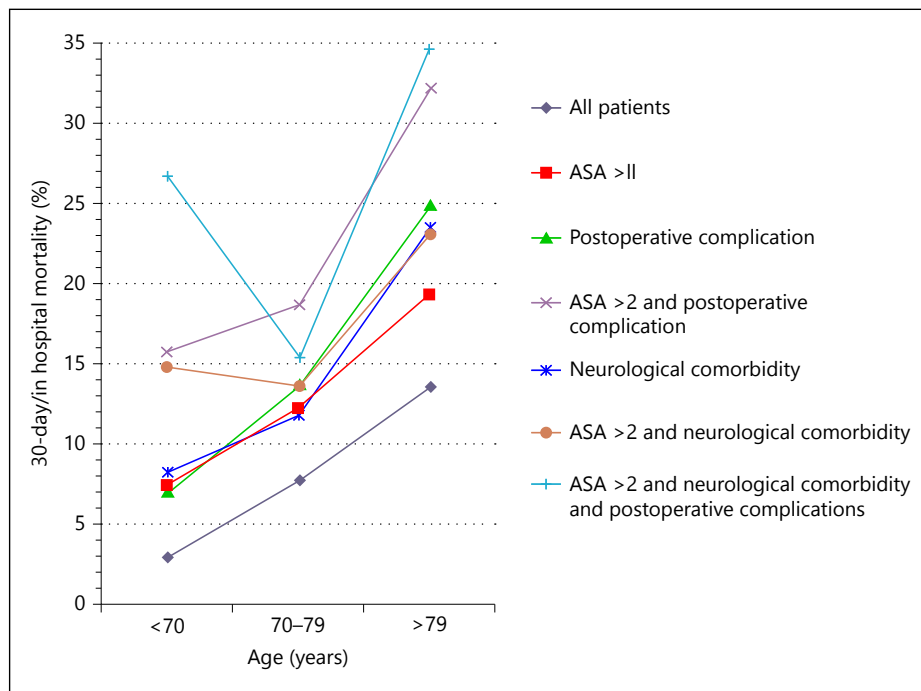
- 8.5 vs 3.4% mortaliteit
- 20% acuut geopereerd
- risico factor: hemicolectomie Re



Resection of Obstructive Left-Sided Colon Cancer at a National Level: A Prospective Analysis of Short-Term Outcomes in 1,816 Patients



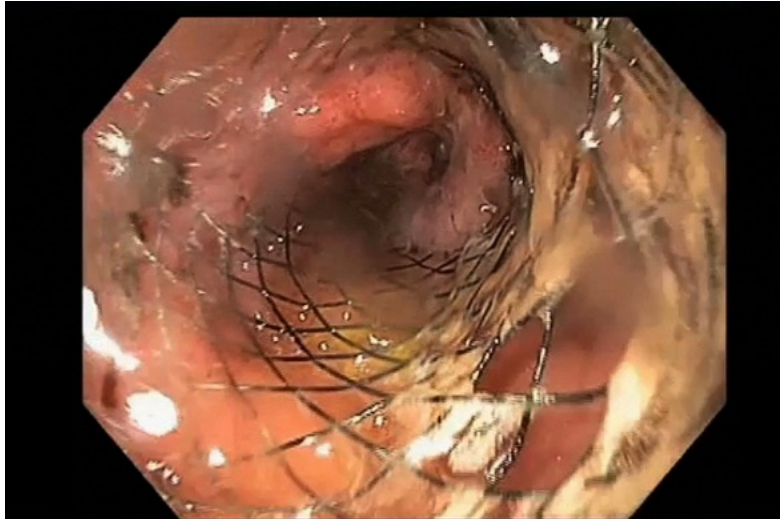
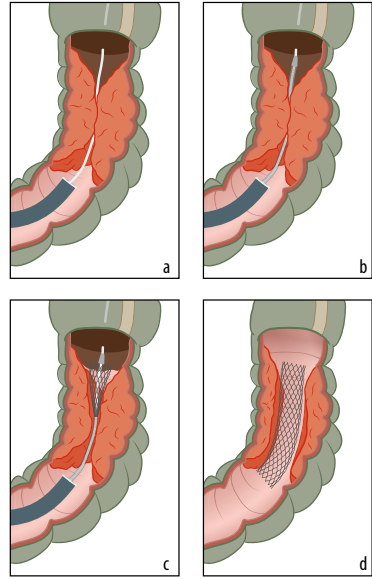
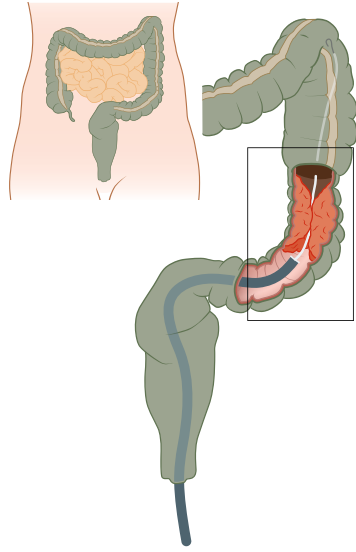
Pieter J. Tanis^a Nuno R. Paulino Pereira^a Jeanin E. van Hooft^b
 Esther C.J. Consten^c Willem A. Bemelman^a on behalf of the Dutch Surgical
 Colorectal Audit



Color version available online



Stent (Self Expandable Metal Stent **SEMS**)

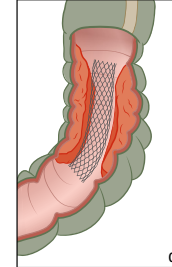


Colonic stenting versus emergency surgery for acute left-sided malignant colonic obstruction: a multicentre randomised trial

Jeanin E van Hooft, Willem A Bemelman, Bas Oldenburg, Andreas W Marinelli, Martijn F Lutke Holzik, Marina J Grubben, Mirjam A Sprangers, Marcel G Dijkgraaf, Paul Fockens, for the collaborative Dutch Stent-In study group*

Lancet Oncol 2011; 12: 344-52

Stent-in-2 study

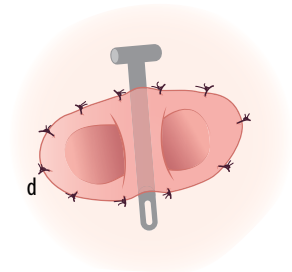
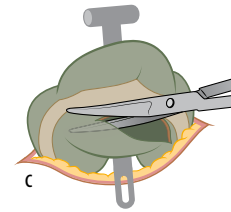
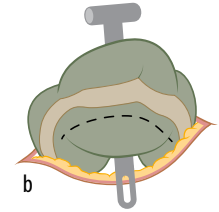
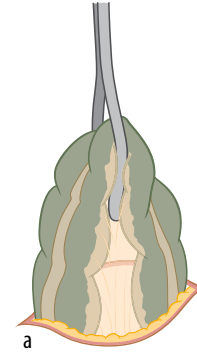
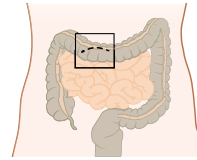


	Colonic stenting (n=47)	Emergency surgery (n=51)
Patients with morbidity*	25	23
Abscess	3	4
Perforation		
Guidewire perforations	2	0
Stent-related perforations	4	0
Anastomotic leakage	5	1

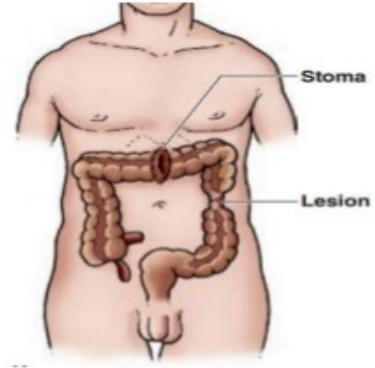
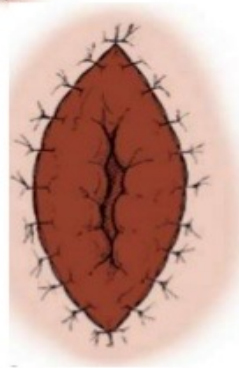
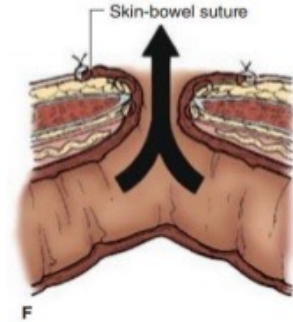
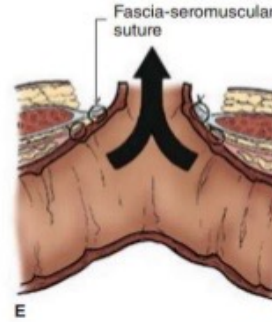
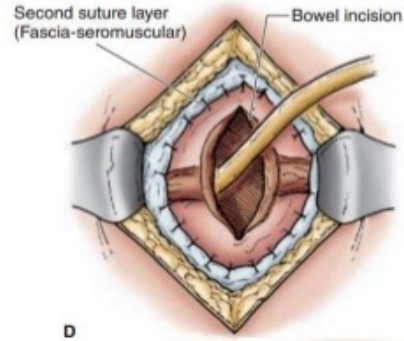
- obstructie 18%
- perforatie 10%
- migratie 9%



Dubbelloops colostoma

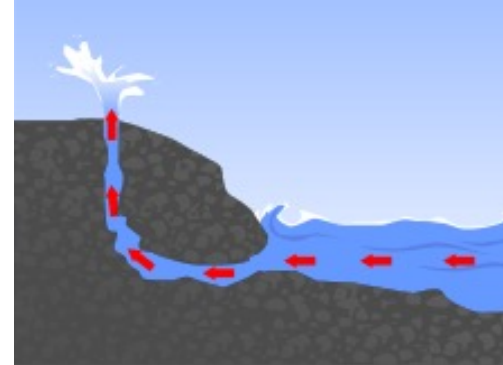


Blow-hole





Blow-hole





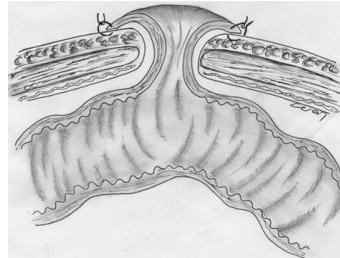
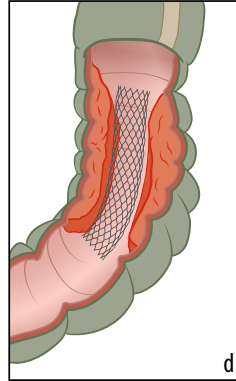
Bridge-to-surgery



tijd



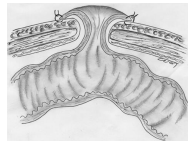
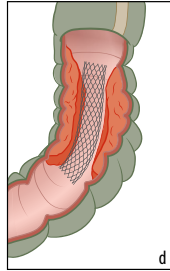
Bridge-to-surgery



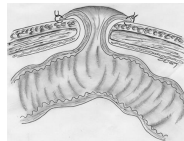
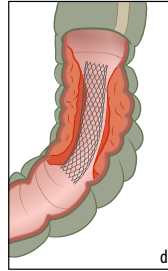
tijd



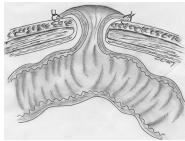
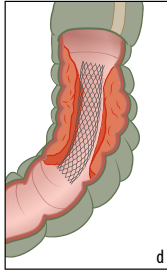
Bridge-to-surgery



Bridge-to-surgery



Bridge-to-surgery

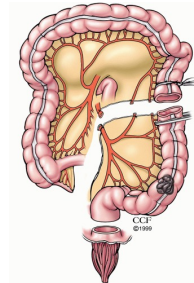
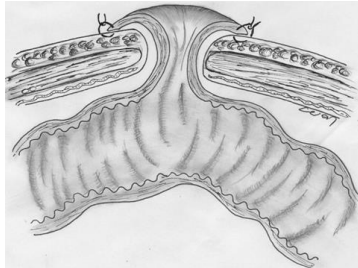
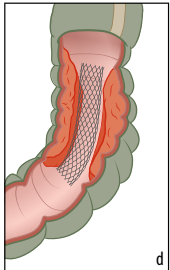


tijd



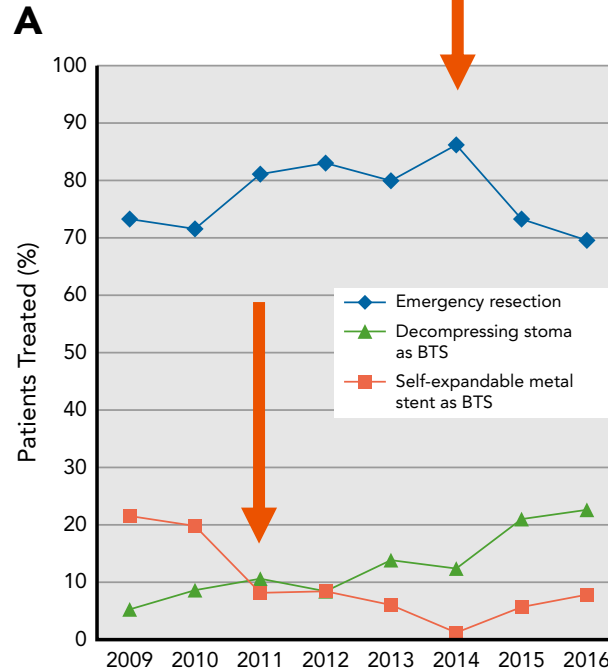
Richtlijn 2014 CRC

- >70 jaar
 - ASA III of hoger
 - stent of stoma
- <70
 - ASA I/II
 - acute resectie



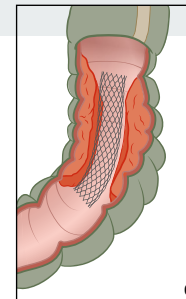


NL

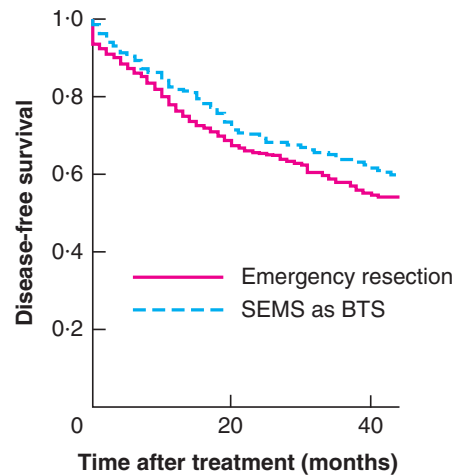


Propensity score-matched analysis of oncological outcome between stent as bridge to surgery and emergency resection in patients with malignant left-sided colonic obstruction

F. J. Amelung¹, W. A. A. Borstlap², E. C. J. Consten¹, J. V. Veld², E. E. van Halsema³, W. A. Bemelman², P. D. Siersema⁴, F. ter Borg⁵, J. E. van Hoof³, P. J. Tanis², on behalf of the Dutch Snapshot Research Group



a Disease-free survival

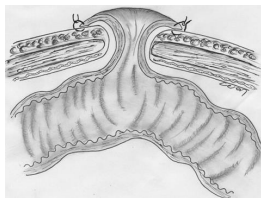


No. at risk

Emergency resection	428	244	141
SEMS as BTS	217	127	95

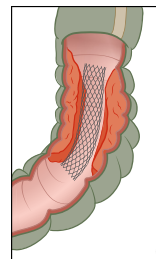


Comparison of Decompressing Stoma vs Stent as a Bridge to Surgery for Left-Sided Obstructive Colon Cancer



Stoma

- hospital stay 7 vs 4 days
- > postresection stoma's
- > additional procedures
- < major complications resection 6 vs 15%

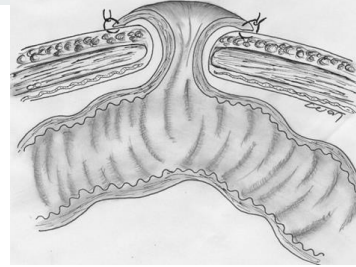
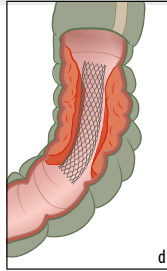


SEMS

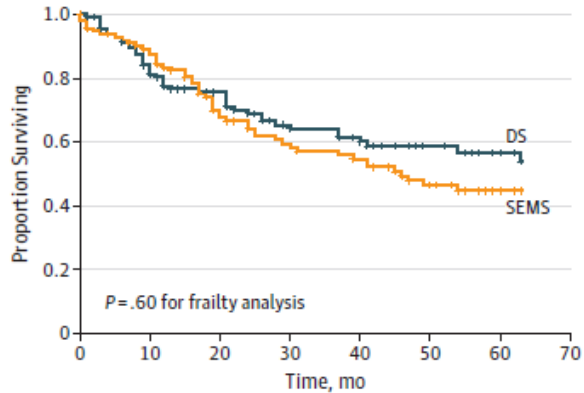
- <time stent-resection
- <primary anastomosis
- =permanent stoma rate
- 90 day mortaliteit 2 vs 5 %



Survival

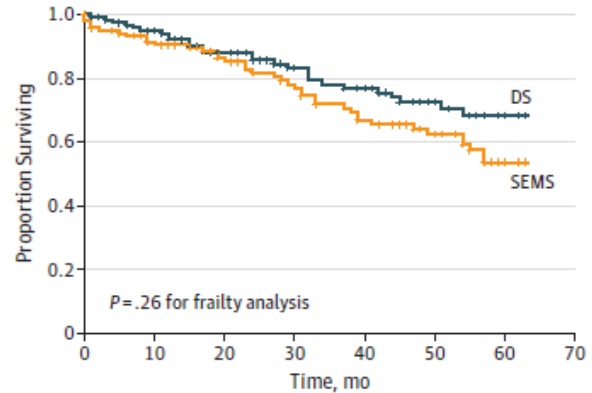


A Disease-free survival



No. at risk					
DS	116	69	44	22	
SEMS	113	62	43	19	

B Overall survival



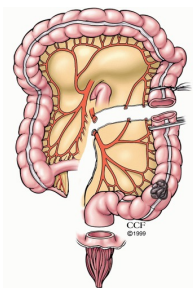
No. at risk					
DS	119	81	56	28	
SEMS	120	76	51	23	



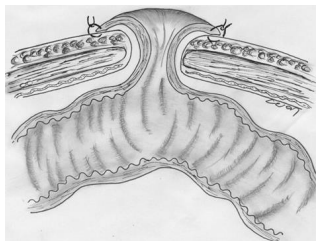
Predicting Mortality Within 90 Days Of First Intervention In Patients With Left-Sided

Obstructive Colon Cancer

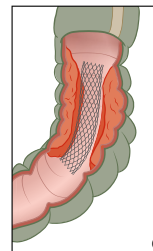
90-dagen mortaliteit



7.3%



1.5%



5.6%

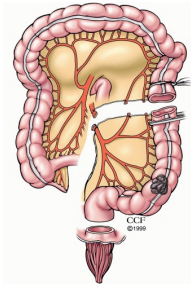


Risk factors for a permanent stoma after resection of left-sided obstructive colon cancer – A prediction model

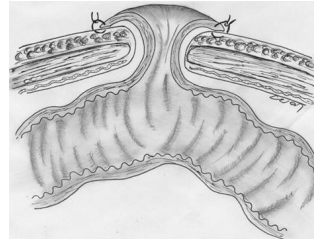


Bobby Zamaray^{a, b}, J.V. Veld^c, T.A. Burghgraef^d, R. Brohet^a, H.L. van Westreenen^a, J.E. van Hooft^{e, f}, P.D. Siersema^g, P.J. Tanis^{c, h}, E.C.J. Consten^{b, d, *}, on behalf of the Dutch Snapshot Research Group (DSRG), Dutch Complex Colon Cancer Initiative (DCCCI)

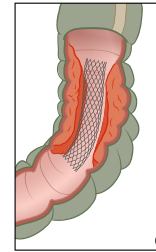
Permanent stoma



78.6%



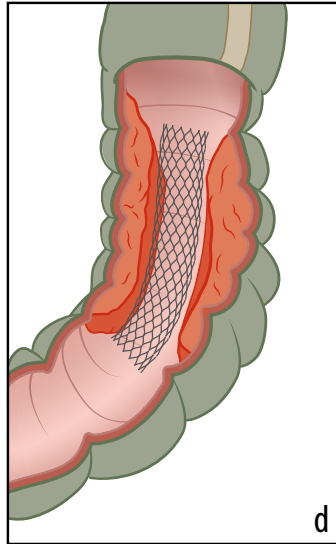
12.5%




9.0%




Palliative treatment for incurable malignant colorectal obstructions: A meta-analysis



Clinical outcome of decompressing colostomy for acute left-sided colorectal obstruction: a consecutive series of 100 patients

Jelle F. Huisman^{a*} , Job W. A. de Haas^{b*}, Richard M. Brohet^c, Frank P. Vleggaar^d,
Wouter H. de Vos tot Nederveen Cappel^a and Henderik L. van Westreenen^b



Malignant obstruction	64 (64)
CRC	54
Cervical cancer	3
Ovarian cancer	2
Peritoneal metastasis	2
Endometrial cancer	1
Prostate cancer	1
Lymphoma	1
Benign obstruction	36 (36)
Diverticulitis	32 (32)
Crohn's stenosis	1 (1)
Anastomotic stricture	1 (1)
External endometriosis	1 (1)
Unknown	1 (1)

Table 2. Decompressing colostomy details.

	<i>n</i> (%)
DC purpose	
Bridge to surgery	61 (61)
Palliation	39 (39)
1-Year DC related morbidity	32 (32)
Prolapse	20
PSH	5
Stenosis	4
Wound infection	1
Stoma dehiscence	1
Pyoderma gangrenosum	1

DC: decompressing colostomy; PSH: parastomal hernia.



Aanbevelingen (richtlijn CRC)

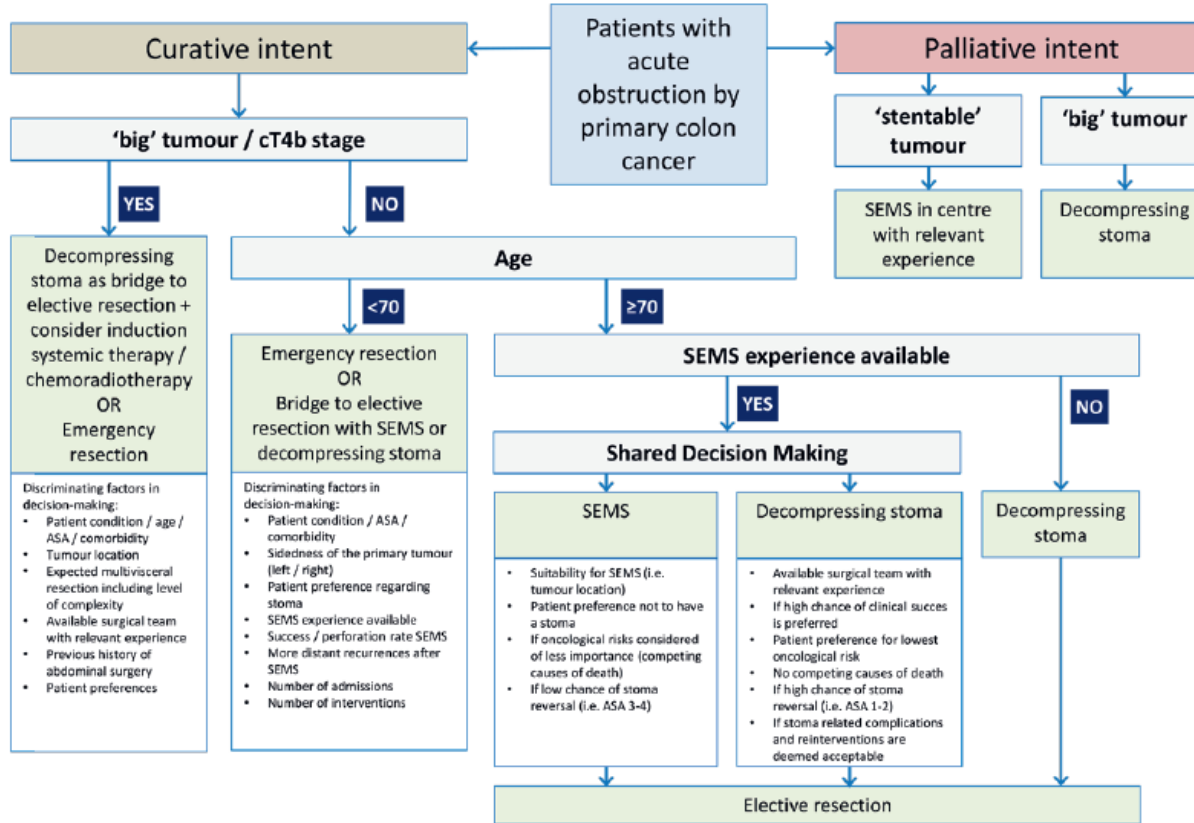


- Acute obstructie, **linkszijdig**, <70 jaar, **overweeg bridging**
- Acute obstructie, **linkszijdig**, >70 jaar, **bridging**
- Acute obstructie, cT4 tumor, **bridging met stoma**
- **Palliatief**, 1^e keus stent, 2^e keus stoma



Behandeling van linkszijdig obstructief coloncarcinoom

Joyce V. Veld, Femke J. Amelung, Esther C.J. Consten, Jeanin E. van Hooft en Pieter J. Tanis

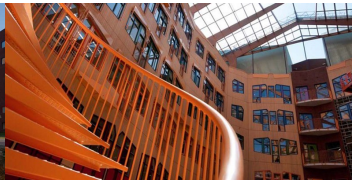




Take home

- ✓ zorgvuldige selectie voor acute resectie
- ✓ Bridge-to-Surgery (stoma of stent)
- ✓ stoma ook bij benigne obstructie





De Drup!

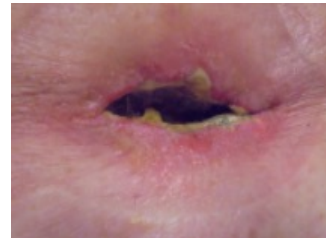
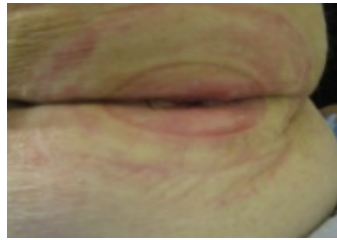
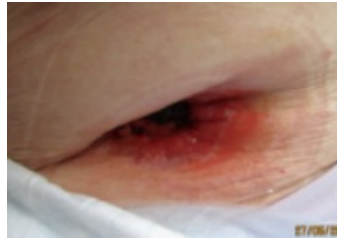




Blow hole

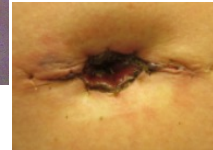


Lekkage





Dehiscentie



Necrose/Stenose



07-11-2022 - - Medische beelden



21-11-2022 - - Medische beelden



21-12-2022 - - Medische beelden





Prolaps







