Wednesday, March 22, 2017

3:30 PM - 5:00 PM  SS05  Colorectal 1
Moderator: Mark H. Whiteford, MD; Co-Moderator: Antonio M. Lacy, MD
S039 COLON-SPARING ADVANCED ENDOSCOPIC TECHNIQUES FOR COMPLEX COLORECTAL LESIONS  Emre Gorgun, Cigdem Benlice, Maher A Abbas; 1Department of Colorectal Surgery, Cleveland Clinic, 2Department of General Surgery, Cleveland Clinic
S040 PREDICTORS OF ADHERENCE TO ENHANCED RECOVERY PATHWAY ELEMENTS AFTER LAPAROSCOPIC COLORECTAL SURGERY  Juan Mata, Julio F Fiore, Nicoletta Marcelli, Partner Charlesbois, Barry Liberman, Barry Stein, Liane S Feldman; McGill University
S041 CURRENT USE AND IMPACT OF MULTIMODAL PAIN CONTROL IN THE UNITED STATES  Deborah S Keller, MS, MD, David R Flum, MD, FACS; 1Baylor University Medical Center, 2University of Washington Medical Center
S042 SIMVASTATIN ENHANCES RADIATION SENSITIVITY OF COLORECTAL CANCER BY TARGETING COLORECTAL CANCER INITIATING CELLS  Georgios Karagkounis, Jennifer DeVechio, BA, Sylvain Ferrandon, PhD, Matthew F Kalady, MD; Cleveland Clinic
S043 TRANSANAL HYBRID COLON RESECTIONS - INDICATIONS, TECHNIQUE AND RESULTS  Karl-Hermann Fuchs, MD, Schulz Thomas, MD, Benjamin Babic, MD, Wolfram Breithaupt, MD, Gabor Varga, MD; AGAPLESION Markus Krankenhaus
S044 DOES TRIPLE-ROWED STAPLES CONFER ADDITIONAL SAFETY? A MATCHED COMPARISON OF 340 STAPLED ILEOCOLIC ANASTOMOSIS  Dominic Foo, Jeremy Yip, A Chiu, Wai Lun Law; The University of Hong Kong
S045 COLONIC FISTULAS FOLLOWING CT GUIDED DRAINAGE OF SIGMOID DIVERTICULAR ABSCESSES: WHAT IS THE ROLE OF MINIMALLY INVASIVE APPROACH?  Krystle Lange, DO, Nicholas Rettenmaier, DO, Shankar Raman, MD; Mercy Medical Center
S046 SELF-EXPANDABLE METALLIC STENTS AS A BRIDGE TO SURGERY FOR MALIGNANT COLORECTAL OBSTRUCTION: POOLED ANALYSIS OF 424 PATIENTS IN TWO PROSPECTIVE MULTICENTER TRIALS  Masafumi Tomita, MD, Shuji Saito, Shinichiro Makimoto, Shuntaro Yoshida, Hiroyuki Isayama, Tomonori Yamada, Takeaki Matsuzawa, Toshiyuki Enomoto, Kyo Rika, Kuwait Toshio, Nobuto Hirata, Mamoru Shimada, Tomio Hirakawa, Koichi Koizumi, Yoshihisa Saida; Kishiwada Tokushukai Hospital, Division of Surgery, Gastrointestinal Center, Yokohama Shin-Midori General Hospital, Department of Endoscopy and Endoscopic Surgery, Graduate School of Medicine, The University of Tokyo, Department of Gastroenterology, Japanese Red Cross Nagoya Daini Hospital, Department of Digestive and General Surgery, Uonuma Institute of Community Medicine, Niigata University Medical and Dental Hospital, Department of Surgery, Toho University Ohashi Medical Center, Department of Gastroenterology, Saiseikai Yokohamashi-Nanbu Hospital, Department of Gastroenterology, National Hospital Organization Kure Medical Center and Chugoku Cancer Center, Department of Gastroenterology, Kameda Medical Center, Department of Surgery, Toyonaka Midorigaoka Hospital, Department of Gastroenterology, Tokyo Metropolitan Cancer and Infectious disease Center Komagome Hospital
S047 RESPIRATORY COMPLICATIONS AFTER COLORECTAL PROCEDURES IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE – DOES LAPAROSCOPY OFFER A BENEFIT?  Sarah Sujatha-Bhaskar, MD, Reza Fazl Alizadeh, Michael Phelan, Mehraneh D Jafari, MD, Joseph C Carmichael, MD, FACS, FASCRS, Michael J Stamos, MD, FACS, FASCRS, Alessio Pigazzi, PhD, MD, FACS, FASCRS; 1University of California, Irvine School of Medicine, 2University of California, Irvine Center for Statistical Counseling

5:00 PM - 5:30 PM  Opening Session - Welcome Ceremony
*Included in Registration SuperPass (Option A) or Registration Option B
Moderated by the 2017 Program Chair: Horacio Asbun, MD | Co-Chair: Melina Vassiliou, MD
SAGES does not offer CME for this session
We encourage everyone to attend the meeting opening session and welcome ceremony. We will review expected highlights for the meeting and share updates from SAGES.

5:30 PM - 7:30 PM  Exhibits Opening Welcome Reception
*Included in Registration SuperPass (Option A) or Registration Option B
SO46 SELF-EXPANDABLE METALLIC STENTS AS A BRIDGE TO SURGERY FOR MALIGNANT COLORECTAL OBSTRUCTION: POOLED ANALYSIS OF 424 PATIENTS IN TWO PROSPECTIVE MULTICENTER TRIALS.Masafumi Tomita, MD1, Shuji Saito2, Shinichiro Makimoto1, Shuntaro Yoshida3, Hiroyuki Isayama3, Tomonori Yamada4, Takeaki Matsuzawa5, Toshiyuki Enomoto6, Kyo Rika7, Kwai Toshio8, Nobuto Hirata9, Mamoru Shimada10, Tomio Hirakawa10, Koichi Koizumi11, Yoshihisa Saida6, 1Kishiwada Tokushukai Hospital, 2Division of Surgery, Gastrointestinal Center, Yokohama Shin-Midori General Hospital, 3Department of Endoscopy and Endoscopic Surgery, Graduate School of Medicine, The University of Tokyo, 4Department of Gastroenterology, Japanese Red Cross Nagoya Daini Hospital, 5Department of Digestive and General Surgery, Uonuma Institute of Community Medicine, Niigata University Medical and Dental Hospital, 6Department of Surgery, Toho University Ohashi Medical Center, 7Department of Gastroenterology, Saiseikai Yokohamashi-Nanbu Hospital, 8Department of Gastroenterology, National Hospital Organization Kure Medical Center and Chugoku Cancer Center, 9Department of Gastroenterology, Kameda Medical Center, 10Department of Surgery, Toyonaka Midorigaoka Hospital, 11Department of Gastroenterology, Tokyo Metropolitan Cancer and Infectious disease Center Komagome Hospital

BACKGROUND: Japan Colonic Stent Safe Procedure Research Group conducted two prospective multicenter trials to evaluate the efficacy and safety of colonic stenting with two different types of self-expandable metallic stents (SEMS). We integrated the pooled data of these two trials to clarify the validity of colonic stenting as a bridge to surgery (BTS).

METHODS AND PROCEDURES: Two multicenter prospective, single-arm observational clinical trials evaluated the WallFlex Enteral Colonic Stent (Boston Scientific Corporation, March 2012 to October 2013) and the Niti-S colonic stent (TaeWoong Medical Co., Ltd., November 2013 to May 2014). Fifty-three facilities in Japan participated in these two trials. In order to share the procedure, we posted the standard methods of SEMS placement on the website, based on previously published data. As for BTS, patients were followed until discharge after surgery. Clinical success in a BTS was defined as the adequate passage of stool after stenting until surgery, without any stent-related complications and the need for endoscopic re-intervention or emergency surgery.

RESULTS: A total of 718 consecutive patients were enrolled. Eleven patients were excluded and the remaining 709 patients were evaluated as a per-protocol cohort. We performed colonic stenting as BTS for malignant colorectal obstruction in 424 (312 in WallFlex and 112 in Niti-S) patients. Technical success rate was 98.1% (416/424). Clinical success rate was 91.7% (389/424). SEMS-related preoperative complications occurred in 6.4% (27/424) of total, 7.1% (22/312) of WallFlex, and 4.5% (5/112) of Niti-S patients. Perforations occurred in 1.2% (5/424) of total, 1.6% (5/312) of WallFlex, and 0% (0/112) of Niti-S patients. Stent migration occurred in 1.2% (5/424) of total, 1.3% (4/312) of WallFlex, and 0% (1/112) of Niti-S patients. Open and laparoscopic surgeries were performed in 158 (39%) and 250 patients (61%), respectively. The conversion rate from laparoscopic to open surgery was 10.4% (26/250). Tumors were resected in 94.3% (400) of patients, and primary anastomosis was possible in 95.8% (383/400). Anastomosis leakage occurred in 3.9% of those patients (15/383). The stoma creation rate was 8.4% (35/407). Overall rate of postoperative complications was 17.3% (72/416), and the mortality rate was 0.4% (2/415). The median hospital stay was 12 days (range, 4–114 days).

CONCLUSION: SEMS placement was an effective BTS treatment for patients with malignant colorectal obstruction. It was a safe intervention with acceptable stoma creation and complication rate. Sharing clinical experience and methods of SEMS placement on the website will improve the safety and efficacy.
of SEMS.

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