Early surgical complications of extra-levator abdominoperineal excision for low rectal cancer

Djuric M, Radovanović Z, Lukic D, Ranisavljevic M, Radovanovic D, Vicko F.

Oncology Institute of Vojvodina, Sremska Kamenica, Novi Sad, Serbia

**Background**
- Extra-levator abdominoperineal excision (ELAPE) has been introduced to avoid high rates of inadvertent bowel perforation and positive circumferential resection margin encountered with conventional abdominoperineal excision (APE) and possibly improve oncological outcome
- The aim of this study was to analyze early surgical complications of ELAPE in the prone position.

**Characteristic patient**
- Patient age was 56 (range 39-81 years)
- Preoperative radiotherapy received 20 patients with 50Gy and 3 patients with 5x5Gy
- Stage:
  - T1-2.7%, T2-37.8%, T3-45.9%, T4-13.5%
  - N0-54%, N1-46%
  - M0-83.8%, M1-16.2%

**Materials and methods**
- This study included 37 rectal cancer patients (28 males and 11 females) who underwent ELAPE in prone position between March 2011 and November 2015

**Results**
- 12 patients (32.4%) had early surgical complications
  - Laparotomy wound infection- 2 patients (5.3%)
  - Perineal wound infection- 4 patients (10.5%)
  - Perineal wound dehiscence and skin necrosis- 3 patients (7.9%)
  - Ileus of small intestine due to adhesion in small pelvis- 3 patients (7.9%)

**Conclusion**
- This study demonstrated the most common early postoperative complications in patients who underwent ELAPE. Although one third of patients had complications, most of them were minor.
- Surgeons should make special attention to pelvic floor closure in order to avoid small bowel obstruction and perineal wound dehiscence.