

A PROSPECTIVE, RANDOMISED, SINGLE-BLIND COMPARISON OF LAPAROSCOPIC VERSUS OPEN SIGMOID COLECTOMY FOR DIVERTICULITIS

*Pascal Gervaz MD**, *Ihsan Inan MD**, *Thomas Perneger MD†*, *Eduardo Schiffer MD§*, *Philippe Morel MD*

Chirurgie et Anesthésie, HUG

Introduction: The aim of this study was to compare open and laparoscopic sigmoid resection for diverticulitis with the patient and the nursing staff blinded to the surgical approach.

Méthode: 113 patients scheduled for an elective sigmoidectomy were randomised to receive either a traditional open (54 patients) or a laparoscopic (59 patients) approach. Postoperatively, an opaque wound dressing was applied and left in place for 4 days, and patients from both groups were managed similarly. The primary endpoints for analysis were; 1) postoperative pain; 2) duration of postoperative ileus; and 3) duration of hospital stay (ClinicalTrials.gov, number NCT 00453830).

Résultats: The median duration of procedure was 165 minutes (range 90-285) in the laparoscopy group and 110 minutes (range 70-210) in the open group ($p < 0.0001$). The median delay between surgery and first bowel movement was 76 (range 31-163) hours in the laparoscopy group versus 105 (range 53-175) hours in the open group ($p < 0.0001$). The median score for maximal pain (assessed by a Visual Analog Scale) was 4 (range 1-10) the laparoscopy group and 5 (range 1-10) in the open group ($p = 0.05$). Finally, the median duration of hospital stay was 5 days [range 4-69] in the laparoscopy group versus 7 days (range 5-17) in the open group ($p < 0.0001$).

Conclusion: Laparoscopic sigmoid resection is associated with a 30% reduction in duration of postoperative ileus and hospital stay; by comparison, benefits in terms of postoperative pain appear less impressive, when the patient is blinded to the surgical technique.