1- Early oral feeding versus delayed oral feeding in patients undergoing intestinal resection.

Early oral feeding versus delayed oral feeding in patients undergoing intestinal resection


Abstract
AIM: To study the results for the treatment of symptomatic hemorrhoids using rubber band ligation (RBL) method.

METHODS: A retrospective study for 750 patients who came to the colorectal unit from June, 1998 to September, 2006, data was retrieved from archived files. RBL was performed using the Mc Gown applicator on an outpatient basis. The patients were asked to return to out-patient clinic for follow up at 2 wk, 1 mo, 6 mo and through telephone call every 6 mo for 2 years.

RESULTS: After RBL, 696 patients (92.8%) were cured with no difference in outcome for second or third degree hemorrhoids (P = 0.31). Symptomatic recurrence was detected in 11.04% after 2 years. A total of 52 patients (6.93%) had 77 complications from RBL which required no hospitalization. Complications were pain, rectal bleeding and vaso-vagal symptoms (4.13%, 4.13% and 1.33% of patients, respectively). At 1 mo there were a significant improvement in mean SF-36 scores over baseline in five items, while after 2 years there were improvement in all items over baseline, but not significant. No significant manometric changes after band ligation.

CONCLUSION: RBL is a simple, safe and effective method for treating symptomatic second and third degree hemorrhoids as an out patient procedure with significant improvement in quality of life. RBL doesnÂ’t alter ano-rectal functions.

Laparoscopic versus open cholecystectomy in cirrhotic patients: A prospective randomized study
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Keywords:
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Postcholecystectomy
a b s t r a c t
Background: Improved laparoscopic experience and techniques have made laparoscopic cholecystectomy (LC) feasible options in cirrhotic patients. This study was designed to compare the risk and benefits of open cholecystectomy (OC) versus LC in compensated cirrhosis.
Method: A randomized prospective study, in the period from October 2002 till December 2006, where 110 cirrhotic patients with symptomatic gallstone were randomly divided into OC group (55 patients) and LC group (55 patients).
Results: There was no operative mortality. In LC group 4 (7.33%) patients were converted to OC. Mean surgical time was significantly longer in OC group than LC group (96.13 ? 17.35 min versus 76.13 ? 15.12) P< 0.05, associated with significantly higher intraoperative bleeding in OC group (P < 0.01), necessitating blood transfusions to 7 (12.72%) patients in OC group. The time to resume diet was 18.36 ? 8.18 h in LC group which is significantly earlier than in OC group 47.84? 14.6 h P< 0.005. Hospital stay was significantly longer in OC group than LC group (6 ? 1.74 days versus 1.87 ? 1.11 days) P< 0.01 with low postoperative morbidity.
Conclusion: LC in cirrhotics is still complicated and highly difficult which associates with significant morbidity compared with that of patients without cirrhosis. However, it offers lower morbidity, shorter
operative time; early resume dieting with less need for blood transfusion and reducing hospital stay than OC.

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Effect of Helicobacter pylori eradication on ulcer recurrence after simple closure of perforated duodenal ulcerq
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Omental patch
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**Abstract**

Background: This study was conducted to elucidate the prevalence of *Helicobacter pylori* in patients with a perforated duodenal ulcer and to determine whether eradication of *H. pylori* prevent ulcer recurrence following simple repair of the perforation.

Patients and method: Eighty-three patients with perforated duodenal ulcer (68 males); mean age was 47.8 years ± 7.2. Antral mucosal biopsies (to determine the status of HP by rapid urease test, culture and histological examination/staining) were obtained during laparotomy by passing a biopsy forceps through the perforation site. *H. pylori* positive patients who had undergone patch repair were randomized into the eradication group who received amoxicillin, metranidazole plus omeprazole and the control group was given omeprazole alone. Follow-up endoscopy and antral biopsies were performed at 8 weeks, 16 weeks and 1 year to show ulcer healing and determine *H. pylori* state.
Results: Of 77 patients in the study, 65 patients (84.8%) had H. pylori. These patients were randomly divided into the triple therapy group (34 patients) and the control group (31 patients). Eradication of H. pylori was significantly higher in the triple therapy group than the control group and initial ulcer healing was significantly better in the eradication group. After 1 year, ulcer recurrence was (6.1%) in the eradication group vs. (29.6%) in the control group (P = 0.001).

Conclusion: H. pylori was present in a high proportion of patients with duodenal ulcer perforation. Eradication of H. pylori after simple closure of a perforated duodenal ulcer reduced the incidence of recurrent ulcer.


Comparative study between biofeedback retraining and botulinum neurotoxin in the treatment of anismus patients


Accepted: 30 July 2008 / Published online: 22 August 2008
# Springer-Verlag 2008

Abstract

Purpose Anismus is a significant cause of chronic constipation. This study came to revive the results of BFB training and BTX-A injection in the treatment of anismus patients.

Materials and methods Forty-eight patients with anismus (33 women; mean age 39.6 ± 1) were included in this study. All patients fulfilled Rome II criteria for functional constipation. All patients underwent anorectal manometry, balloon expulsion test, defecography, and electromyography (EMG) activity of the EAS. All patients had nonrelaxing puborectalis muscle. The patients were randomized into two groups. Group I patients received biofeedback therapy, two times per week for about 1 month. Group II patients were injected with BTX-A. Follow-up was conducted weekly in the first month then monthly for about
Results In the BFB training group, three patients quit before the end of sessions with no improvement; initial improvement was recorded in 12 patients (50%) while long-term success was recorded in six patients (25%). In the BTX-A group, clinical improvement was recorded in 17 patients (70.83%), but the improvement persisted only in eight patients (33.3%). There is a significant difference between BTX-A group and BFB group regarding the initial success, but this significant difference disappeared at the end of follow-up. Manometric relaxation was achieved significantly post-BFB and post-BTX-A injection with no significant difference between the two groups.

Conclusions Biofeedback training has a limited therapeutic effect on patients suffering from anismus. BTX-A injection seems to be successful for temporary treatment of anismus.

Keywords Obstructed defecation . Chronic constipation . Puborectalis . Pelvic floor

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Comparative study between partial division of puborectalis muscle and botulinum toxin injection in anismus patients Int J Colorectal Dis.2009 Mar;24(3):327-34. Epub 2008 Nov 29 PMID: 19039596. authors names: Mohamed Faried, Tamer Yossef, Hisham Abd El Mo

Comparative study between botulinum toxin injection and partial division of puborectalis for treating anismus
Mohamed Farid & Tamer Youssef & Tarek Mahdy & Waled Omar & Hesham Abdul Moneim & Ayman El_Nakeeb & Mohamed Youssef
Accepted: 12 November 2008
# Springer-Verlag 2008

Abstract
Objectives The objective of this study was to compare the results of partial division of puborectalis (PDPR) versus local botulinum toxin type A (BTX-A) injection in treating patients with anismus.

Patients and methods This prospective randomized study included 30 male patients suffering from anismus. Diagnosis was made by clinical examination, barium enema, colonoscopy, colonic transit time, anorectal manometry, balloon expulsion test, defecography, and electromyography. Patients were randomized into: group I which included 15 patients who were injected with BTX-A and group II which included 15 patients who underwent bilateral PDPR. Follow-up was conducted for about 1 year. Improvement was considered when patients returned to their normal habits.

Results BTX-A injection achieved initial success in 13
patients (86.7%). However, long-term success persisted only in six patients (40%). This was in contrast to PDPR which achieved initial success in all patients (100%) with a long-term success in ten patients (66.6%). Recurrence was observed in seven patients (53.8%) and five patients (33.4%) following BTX-A injection and PDPR, respectively. Minor degrees of incontinence were confronted in two patients (13.3%) following PDPR.

Conclusion BTX-A injection seems to be successful for temporary treatment of anismus.

Keywords Constipation . Anismus . Puborectalis syndrome . Obstructed defecation

7-
Clinical impacts of oral Gastrografin follow through in adhesive small bowel obstruction (SBO). authors names : Amir Fikry, Ayman El Nakeeb, Waleed Omar, El Yamani Fouda, Tito el metwally, Mohamed Yossef, Mohamed Faried accepted in journal of surgical

Clinical impacts of oral Gastrografin follow through in adhesive small bowel obstruction (SBO)

Abstract:
Background: Many studies have shown that Gastrografin can be used for diagnosis of adhesive small bowel obstruction (ASBO) and for assessing the need for surgical intervention. However, several the studies have reported conflicting results. Therefore the aim of this study is to assess the diagnostic and therapeutic effect of Gastrografin in ASBO.

Patients and methods: Altogether 110 patients with ASBO were randomized into control and Gastrografin groups. In the Gastrografin group, 100 ml of the dye was administered through a nasogastric tube. Obstruction was considered complete if the contrast failed to reach the colon on the 24-hour film. Patients with Gastrografin in the colon within 24 hours after dye administration were considered as partially obstructed and were submitted to non operative treatment. The patients were operated on if they developed signs of strangulation or failed to improve within 48 hours.

Results: The overall operative rate 14.5% in Gastrografin group versus 34.5 % in control group: P = 0.04 . The time from admission to resolution of symptoms was significantly lower in Gastrografin group (19.5 vs. 42.6 hours: P = 0.001) and the length of hospital stay shorter in Gastrografin group (3.8 vs. 6.9 days 0.002) and in non operative patients (3.1 vs. 5.1 days). Sensitivity, specificity, positive predictive value and negative predictive value for Gastrografin follow-through as an indicator for operative treatment of ASBO were 87.5 %, 100 %, 100 %, and 97.9% respectively.

Conclusions: Oral Gastrografin helps in the management of ASBO. Oral Gastrografin is safe and reduces the operative rate and time of resolution as well as hospital stay.

Keywords: Adhesions, Oral contrast, Exploration.

8-
Early oral feeding in patients undergoing elective colonic anastomosis. authors names : Ayman El Nakeeb, Amir Fikry, El Yamani Fouda, Tito el metwally
Early oral feeding in patients undergoing elective colonic anastomosis

By

Abstract

Background: This study to assess the safety, outcome of early oral feeding and shows factors affecting early postoperative feeding after colorectal procedures.

Patient and method: Between June 2005 and April 2008, 120 consecutive patients underwent elective colonic anastomosis were then randomized into 2 groups. Early feeding group began fluid on the first postoperative day and regular feeding group were managed in the traditional way—nothing by mouth until the resolution of the ileus.

Results: The majority of patients (75%) tolerated the early feeding. The time to first passage of flatus (3.3±0.9 d vs. 4.2±1.2 d) and stool (4.1±1.2 d vs 4.9±1.2 d) were significantly sooner in group 1. Hospital stay is significantly shorter in early feeding group (6.2±0.2 d vs. 6.9±0.5 d). Operative time and amount of blood loss had impact on tolerability of early feeding while age, gender, type of operation, and previous abdominal operation had no impact.

Conclusion: Early oral feeding after colorectal surgery is safe, tolerated by the majority of patients. Operative time and amount of blood loss has impact on the tolerability of early feeding.

Key words: early feeding, ileus, colonic anastomosis, anastomotic leak.


Clinical impact of routine abdominal drainage after laparoscopic cholecystectomy. A prospective randomized study

By Ayman El Nakeeb (MD)

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Abstract

Background: Laparoscopic cholecystectomy (LC) has become the standard treatment for gall bladder stones. Routine drainage after laparoscopic cholecystectomy is an issue of considerable debate. In this study we elucidate the clinical impact of intraperitoneal drain following LC.

Patients and method: Fifty patients were included in this study. They divided into two groups, group (A) with drain and group B without drain. We recorded the effect of drainage on postoperative pain using visual analogue scale VAS at 6, 24, 48 h and 1 week postoperative, nausea/vomiting at 6, 24, 48 h postoperative, abdominal collection, hospital stay, chest complication, and postoperative body temperature.

Results: Hospital stay was significantly longer in drained group 32±10 h vs. 28±11 h in no drain group. Neither the incidence nor the location of postoperative pain (pp) at different postoperative time points, differed significantly between both groups. VAS in group B was lower than in group A, at 24 h postoperative (5.86±2.35 in group A vs. 3.95±2.49 in group B, P value 0.004) and at 48 h postoperative (2.78±1.52 in group A vs. 1.62±1.57 in group B, P value 0.001). Nausea (PONV) was higher in group B but was
Conclusion: Abdominal drain is not effective in alleviating PP and PONV after LC but this use of drainage tube is considered to intensify PP. Hospital stay is longer in drained group. Thus we, recommended that no drain be inserted after LC unless there are serious intraoperative complication.

Key words: drain, laparoscopic cholecystectomy, pain, nausea/vomiting, pneumoperitoneum

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**Influence of fibrin glue on seroma formation after modified radical mastectomy: a prospective randomized study.** Accepted as a letter to editor in the breast journal. Banha Medical Journal Jan 2009, vol 26, No 1, 217-227 .authors names: Ayman El Nakeeb

Abstract
Background: this study was done to evaluate the effect of fibrin glue on seroma formation and removal of drain after modified radical mastectomy (MCM)

Patients and method: This study was carried out from January 2005 to June 2007 at Mansoura University hospital. Fifty patients had breast cancer were included in the study, MCM was done for all patients. Patients were randomly divided into two groups. Group ? with fibrin glue 4ml of fibrin glue was sprayed on the surgical area with Y canula and group ? without fibrin glue. Preoperative, Operative and Postoperative data were collected included postoperative measurement of drainage, date of removal of the drain, state of the wound, incidence of Seroma formation.

Results: The duration of axillary drainage was 9.88 + 1.56 days in fibrin group and 11.62 + 2.68 days in group 2 ( p value =0.04) . total drainage volume was 770.48+70.81 in fibrin treated group and 1089.51+75.8 in group 2 ( p value =0.002). The volume of aspirated fluid after removal of drain was significantly less in fibrin treated group. The date of Seroma resolution was delayed in non fibrin treated group (14.8 + 8.32 vs 19.81+8.12 p value =0.05)

Conclusion: fibrin glue leads to a significant reduction in postoperative drainage, earlier removal of drain and decrease amount of aspirated fluid after removal of drain after MRM. So, fibrin glue reduces the amount of seroma formation but not prevent its formation.

Key words: Seroma. Fibrin glue, mastectomy

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EXTENT OF LATERAL INTERNAL SPHINCTEROTOMY FOR CHRONIC ANAL FISSURE: SPASM CONTROLLED VERSUS CONVENTIONAL METHOD: A PROSPECTIVE RANDOMIZED STUDY

By
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Aim: This study was designed to compare the results of spasm controlled lateral
sphincterotomy by using anal calibrator with those of conventional sphincterotomy

Method: This study included 96 patients with chronic anal fissure divided into two groups. In conventional sphincterotomy group, the extent of sphincterotomy was up to dentate line and in spasm controlled group the extent of sphincterotomy at first to the apex of fissure then serial small sphincterotomies and anal caliber measurements followed up until an anal caliber of 30 mm was obtained

Results: The preoperative anal caliber was 26+2.9 (19-26) and 26+2.7 (18-28) mm in conventional group and spasm controlled group respectively. Postoperatively the spasm controlled group had a mean anal caliber 32.8+2.4 and in conventional group had 34.7+2.4. Delayed healing was occurred in 12.5% of patients in conventional group vs. 4.2% in spasm controlled group p =0.06. Incontinence to flatus occurred in 4.2 % of patients in spasm controlled and 16.7 % in conventional group p =0.05. relief of pain postoperatively was after 2.1+2.6 days in conventional group and in controlled sphincterotomy group after 3.7+3.5 days p=0.09.

Conclusion: spasm controlled sphincterotomy provided better healing with lower rate of early and late postoperative disturbance of continence compared with conventional sphincterotomy

Keywords: Dentate line, manometery, incontinence.
presence of anal fissure. Based on clinical experience, we hypothesized that idiopathic anal sphincter hypertonia was a condition equivalent to anal fissure, and therefore it could be treated the same way.

Patient and methods: Sixty three patients complaining of anal pain without any anal pathology and 10 healthy volunteers were examined. All patients underwent clinical evaluation, neurological examination, anorectal manometry, and measurement of pudendal nerve terminal motor latency (PNTML). All patients with hypertensive anal canal were randomized into three groups. Group I (surgical group) underwent closed lateral sphincterotomy LS, group II using nitroglycerine ointment (GTN) and group III received injection of botulinum toxin in internal sphincter. Post procedures data were recorded at follow up period.

Results: The mean resting anal pressure (MRAP) was significantly higher in patients group (114.6 \( \pm \) 7.4 \( \pm \) mmHg) than control group (72.56.6 \( \pm \) mmHg) (P< 0.001). Anal pain is the main presenting symptoms aggravated by defecation and not relived by analgesics or local anesthetics. After LS pain VAS decreased significantly at follow up period than after chemical sphincterotomy using GTN or BTX (p 0.001). There was a significant decrease in MRAP post operatively from 114.67.4\( \pm \) to70.85.5\( \pm \) mmHg than after using GTN or BTX (p 0.03).

Conclusion: Idiopathic hypertensive anal canal is a fact and already exists presented by anal pain aggravated by defecation. It can be managed safely by closed lateral sphincterotomy but chemical sphincterotomy had a minor role in its management.

**16- rectal wall advancement flap or mucosal advancement flap: A prospective randomized study.**

Abstract

BACKGROUND: High transphincteric perianal fistula represents a technical challenge for surgical management. We compared the effects of partial rectal wall advancement flap versus the mucosal advancement flap in the treatment of high transphincteric perianal fistula in a randomized study in patients with anal fistula. PATIENTS AND METHOD: Consecutive patients treated for transphincteric anal fistula at our institution were evaluated for inclusion. Participants were randomly allocated to receive Group I: Fistulectomy, closure of internal sphincter and rectal advancement flap includes mucosa, submucosa, and circular muscle layer sutured 1 cm below the level of internal opening or Group II: The same as group one but the flap includes only mucosa and submucosa. Study variables included fistula closure rate, continence, morbidity, postoperative pain, hospital stay and quality of life. RESULTS: Forty patients with high transphincteric perianal fistula were randomized and completed the study. Operative time was 31.6 +/- 6.8 min in group I, and 29.4 +/- 4.7 min in group II (P = 0.783). Hospital stay was significantly more in group 2 (96.35 +/- 9.5 vs. 105.8 +/- 13.23) (P = 0.014) Immediate postoperative complications, occurred in one patients (5%) exposed to disruption in group I and 6 patients (30%) in group II. Recurrence occurred in 2 patients (10%) in the group I and 8 patients (40%) in group II. Two patients (10%) in group I developed incontinence for flatus and no patients in the group II develop such complication. CONCLUSION: Partial thickness advancement flap is better than mucosal advancement flap. Copyright 2010 ©. Published by Elsevier Ltd.

Abstract
BACKGROUND/AIMS: The aim of the present article was to compare stapled haemorrhoidectomy, and haemorrhoidal artery ligation with open haemorrhoidectomy with respect to the postoperative pain, symptom control, and manometric alterations.

METHODOLOGY: Forty five patients with third or fourth-degree haemorrhoids were randomly classified into three groups; first group managed by stapled haemorrhoidectomy, second group managed by conventional haemorrhoidectomy and third group managed by Doppler guided haemorrhoidal artery ligation. (15 patients each) Preoperative and 12 weeks postoperative anorectal manometry were done for all patients.

RESULTS: There was a significant difference of the operative time between stapled group and Milligan-Morgan group (p < 0.001) while no significant difference between stapled group and Doppler group. The pain scores were significantly higher in open group (p < 0.001) during the first 24 hours at the time of first motion and one week after operation. Postoperative control of prolapsed symptoms was significantly better with open diathermy haemorrhoidectomy than with stapled. The control of other symptoms was similar with regard to bleeding, pain, pruritus, and incontinence scores. Anorectal manometry showed a decrease in the maximum resting pressure and maximum squeeze pressure in all groups, but this decrease was only significant in the stapled haemorrhoidectomy group.

CONCLUSIONS: Stapled and Doppler haemorrhoidectomy is as effective as conventional haemorrhoidectomy for the treatment of haemorrhoids, but with the exception of skin tag prolapse. There is a need for long-term follow-up for the changes in manometric parameters after haemorrhoidectomy.

PMID: 19760931 [PubMed - indexed for MEDLINE]

5. Comparative study between clipless laparoscopic cholecystectomy by harmonic scalpel versus conventional method: a prospective randomized study.

Comparative study between clipless laparoscopic cholecystectomy by harmonic scalpel versus conventional method: a prospective randomized study.
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Abstract
BACKGROUND: This study was planned to compare the traditional method of laparoscopic cholecystectomy (LC) versus LC using harmonic as regard the safety and efficacy. MATERIAL AND METHODS: This study included group A (70 patients) in whom LC was conducted using the traditional method (TM) by clipping both cystic duct and artery and dissection of gallbladder from liver bed by diathermy, and group B (70 patients) LC was conducted using harmonic scalpel (HS) closure and division of both cystic duct and artery and dissection of gallbladder from liver bed by HS. The intraoperative and postoperative parameters were collected including duration of
operation, postoperative pain, and complications. RESULTS: HS provides a shorter operative duration than TM (33.21 ± 9.6 vs. 51.7 ± 13.79, respectively, p = 0.001), with a significant less incidence of gallbladder peroration (7.1% vs. 18.6, p = 0.04) and less rate of conversion to open cholecystectomy but not reach a statistical significance. The amount of postoperative drainage is significantly less in HS (29 ± 30 vs. 47.7 ± 31, p = 0.001). No postoperative bile leak was encountered in HS, but it occurred in 2.9% of patients in TM. VAS in HS at 12 h postoperative was 3.25 ± 1.84 vs 5.01 ± 1.2 (p = 0.001) and at 24 h postoperative was 3.12 ± 1.64 vs. 4.48 ± 1.89 (p = 0.001).

CONCLUSION: HS provides a complete hemobiliary stasis and is a safe alternative to stander clip of cystic duct and artery. It provides a shorter operative duration, less incidence of gallbladder perforation, less postoperative pain, and less rate of conversion to open cholecystectomy.

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Clipless laparoscopic cholecystectomy using the Harmonic scalpel for cirrhotic patients: a prospective randomized study

Surg Endosc. 2010 Apr 8. [Epub ahead of print]

Clipless laparoscopic cholecystectomy using the Harmonic scalpel for cirrhotic patients: a prospective randomized study.

El Nakeeb A, Askar W, El Lithy R, Farid M.
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Abstract

BACKGROUND: Improved laparoscopic experiences have made laparoscopic cholecystectomy (LC) feasible options for cirrhotic patients. This study aimed to compare the traditional method for LC with LC using the Harmonic scalpel in terms of safety and efficacy for cirrhotic patients. METHODS: In this study, group A (60 patients) underwent LC by the traditional method (TM) with clipping of both the cystic duct and artery and dissection of the gallbladder by diathermy, and group B (60 patients) had LC performed using Harmonic scalpel (HS) closure and division of both the cystic duct and artery with dissection of the gallbladder by the HS. The perioperative data were recorded.

RESULTS: The operation with the Harmonic scalpel was performed in less time than TM (45.17 +/- 10.54 vs. 69.71 +/- 13.01 min; p = 0.0001). The intraoperative blood loss was significantly more with TM (133 +/- 131.13 ml vs. 70.13 +/- 80.79 ml; p = 0.002). The conversion rate was 5% with TM and 3.3% with HS (p = 0.65). The incidence of gallbladder peroration was lower in the HS group (10% vs. 18.3%; p = 0.03). Bile leak was encountered in 1.7% with HS and 3.3% with TM (p = 0.45). The visual analog scale (VAS) for pain with HS on postoperative day 1 was (3.07 +/- 2.02 vs. 4.4 +/- 2.11 (p = 0.001). CONCLUSION: For cirrhotic patients, LC still is more complicated and difficult than for patients without cirrhosis. The Harmonic scalpel provides complete hemobiliary stasis and is a safe alternative to the standard clipping of the cystic duct and artery for cirrhotic patients. It offers a shorter operative duration and less blood loss.

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3. Treatment of anal fistulas by partial rectal wall advancement flap or mucosal advancement flap: a prospective randomized study

BACKGROUND: High transphincteric perianal fistula represents a technical challenge
for surgical management. We compared the effects of partial rectal wall advancement flap versus the mucosal advancement flap in the treatment of high transphincteric perianal fistula in a randomized study in patients with anal fistula. PATIENTS AND METHOD: Consecutive patients treated for transphincteric anal fistula at our institution were evaluated for inclusion. Participants were randomly allocated to receive Group I: Fistulectomy, closure of internal sphincter and rectal advancement flap includes mucosa, submucosa, and circular muscle layer sutured 1 cm below the level of internal opening or Group II: The same as group one but the flap includes only mucosa and submucosa. Study variables included fistula closure rate, continence, morbidity, postoperative pain, hospital stay and quality of life. RESULTS: Forty patients with high transphincteric perianal fistula were randomized and completed the study. Operative time was 31.6 +/- 6.8 min in group I, and 29.4 +/- 4.7 min in group II (P = 0.783). Hospital stay was significantly more in group 2 (96.35 +/- 9.5 vs. 105.8 +/- 13.23) (P = 0.014) Immediate postoperative complications, occurred in one patients (5%) exposed to disruption in group I and 6 patients (30%) in group II. Recurrence occurred in 2 patients (10%) in the group I and 8 patients (40%) in group II. Two patients (10%) in group I developed incontinence for flatus and no patients in the group II develop such complication. CONCLUSION: Partial thickness advancement flap is better than mucosal advancement flap.

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PURPOSE: Anal stenosis represents a technical challenge for surgical management. We compared the effects of house flap, rhomboid flap, and Y-V anoplasty procedures in a randomized study in patients with anal stenosis. METHODS: Consecutive patients treated for anal stenosis at our institution were evaluated for inclusion. Participants were randomly allocated to receive house flap, rhomboid flap, or Y-V anoplasty. Follow-up visits were after 1 week, 1 month, 6 months, and 1 year. Study variables included caliber of the anal canal (measured with a conical calibrator), clinical improvement, patient satisfaction (visual analog scale), incontinence (Pescatori incontinence scale), and quality of life (GI Quality of Life Inventory). RESULTS: Sixty patients with anal stenosis were randomized and completed the study. Operative time was 62 +/- 10 minutes for house flap, 44 +/- 13 minutes for rhomboid flap, and 35 +/- 9 minutes for Y-V anoplasty (P = .042). At 1 year, anal caliber was 23.9 +/- 2.33 mm for house flap, 18.1 +/- 2.05 mm for rhomboid flap, and 16.4 +/- 2.05 mm for Y-V anoplasty (P = .04), with a highly significant increase for the house flap (P = .001). The groups differed significantly regarding clinical improvement at 1 month (95% for house flap, 80% for rhomboid flap, and 65% for Y-V anoplasty, P = .01) and differences persisted at 1 year. Significant differences were seen among groups at 1 year in GI Quality of Life Inventory scores (P = .03), with significant improvement only for the house flap (P = .01). CONCLUSION: Anal stenosis can be effectively managed with the house flap procedure, with the sole disadvantage of longer operative time. Although all 3 procedures are simple and easy to perform, the house flap appears to produce the greatest clinical improvement, patient satisfaction, and improvement in quality of life, with the fewest complications.
1. Comparative Study between Surgical and Non-surgical Treatment of Anismus in Patients with Symptoms of Obstructed Defecation: A Prospective Randomized Study.

Abstract
Purpose This study came to compare the results of biofeedback retraining biofeedback (BFB), botulinum toxin botulinum type A (BTX-A) injection and partial division of puborectalis (PDPR) in the treatment of anismus patients.

Patients and Methods Consecutive patients treated for anismus fulfilled Rome II criteria for functional constipation at our institution were evaluated for inclusion. Participants were randomly allocated to receive BFB, BTX-A injection, and PDPR.

All patients underwent anorectal manometry, balloon expulsion test, defecography, and electromyography activity of the anal sphincter. Follow up was conducted weekly in the first month then monthly for about 1 year. Study variables included clinical improvement, patient satisfaction, and objective improvement.

Results Sixty patients with anismus were randomized and completed the study. The groups differed significantly regarding clinical improvement at 1 month (50% for BFB, 75% BTX-A injection, and 95% for PDPR, P=0.006) and differences persisted at 1 year (30% for BFB, 35% BTX-A injection, and 70% for PDPR, P=0.02). Constipation score of the patients significantly improved postPDPR and BTX-A injection. Manometric relaxation was achieved significantly in the three groups.

Conclusion Biofeedback retraining has a limited therapeutic effect, BTX-A injection seems to be successful for temporary treatment but PDPR is found to be an effective with lower morbidity in contrast to its higher success rate in treating anismus.

23-
Comparative study of the house advancement flap, rhomboid flap, and y-v anoplasty in treatment of anal stenosis: a prospective randomized study.

flap, rhomboid flap, and y-v anoplasty in treatment of anal stenosis: a prospective randomized study.

24-
Early detection of anastomotic leakage after elective low anterior resection

Early detection of anastomotic leakage after elective low anterior resection

25-
(Comparative Study between Clipless Laparoscopic Cholecystectomy by Harmonic Scalpel Versus Conventional Method)

(Comparative Study between Clipless Laparoscopic Cholecystectomy by Harmonic Scalpel Versus Conventional Method): A Prospective
Randomized Study
Tharwat Kandil & Ayman El Nakeeb & Emad El Hefnawy
Received: 29 July 2009 / Accepted: 2 September 2009 / Published online: 31 October 2009 # 2009 The Society for Surgery of the Alimentary Tract

Abstract
Background This study was planned to compare the traditional method of laparoscopic cholecystectomy (LC) versus LC using harmonic as regard the safety and efficacy.
Material and methods This study included group A (70 patients) in whom LC was conducted using the traditional method (TM) by clipping both cystic duct and artery and dissection of gallbladder from liver bed by diathermy, and group B (70 patients) LC was conducted using harmonic scalpel (HS) closure and division of both cystic duct and artery and dissection of gallbladder from liver bed by HS. The intraoperative and postoperative parameters were collected including duration of operation, postoperative pain, and complications. Results HS provides a shorter operative duration than TM (33.21+9.6 vs. 51.7+13.79, respectively, p=0.001), with a significant less incidence of gallbladder peroration (7.1% vs. 18.6, p=0.04) and less rate of conversion to open cholecystectomy but not reach a statistical significance. The amount of postoperative drainage is significantly less in HS (29+30 vs. 47.7+31, p=0.001). No postoperative bile leak was encountered in HS, but it occurred in 2.9% of patients in TM. VAS in HS at 12 h postoperative was 3.25+1.84 vs 5.01+1.2 (p=0.001) and at 24 h postoperative was 3.12+1.64 vs. 4.48+1.89 (p=0.001). Conclusion HS provides a complete hemobiliary stasis and is a safe alternative to stander clip of cystic duct and artery. It provides a shorter operative duration, less incidence of gallbladder perforation, less postoperative pain, and less rate of conversion to open cholecystectomy.

1. Dye assisted lymphatic sparing subinguinal varicocelectomy. A prospective randomized study
Dye assisted lymphatic sparing subinguinal varicocelectomy. A prospective randomized study.
Abd Ellatif ME, El Nakeeb A, Shoma AM, Abbas AE, Askar W, Noman N.
SourceMansoura University Hospital, General Surgery Department, Mansoura, Egypt.

Abstract
BACKGROUND: Division of lymphatic vessels during varicocelectomy could lead to hydrocele formation and decrease in testicular function due to testicular edema. We determined if the use of methylene blue combined with optical magnification reduces the incidence of post-varicocelectomy hydrocele.

METHODS: Consecutive patients treated for varicocele at our institution were evaluated for inclusion. Participants were randomly allocated to receive either subinguinal varicocelectomy after 2 ml intratuminal space injection of methylene blue and group 2 in whom no mapping technique was adopted during subinguinal varicocelectomy. After surgery, the patients were assessed at 2 weeks, 6 and 12 months for hydrocele, testicular edema, varicocele recurrence, atrophy, pain or other complications with mean follow-up
was 15.7 ± 7 months.

RESULTS: Eighty patients with varicocele were randomized and completed the study. There were no intra complications in either group. In group (1) no patient had a hydrocele after surgery. By contrast, in group (2) there were four cases of secondary hydrocele (10%; P = 0.041); no testicular hypertrophy was observed following lymphatic sparing surgery; One patient in each group had varicocele recurrence. Pregnancy was reported in 30 patients (37.5%) during the follow-up period, 17 of them (42.5%) were group (1) difference was not significantly different among both groups.

CONCLUSIONS: Subinguinal varicocelectomy using combination of optical magnification and lymphatic staining (methylene blue) offers simple and quick preservation of the draining lymphatic vessels and avoids secondary hydrocele formation. ClinicalTrials.gov ID: NCT01259258.

Comparative study of conventional lateral internal sphincterotomy, V-Y anoplasty, and tailored lateral internal sphincterotomy with V-Y anoplasty in the treatment of chronic anal fissure.

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Source Mansoura University Hospital, Mansoura, Egypt.
Abstract
BACKGROUND:
Lateral internal sphincterotomy has been proven highly effective in curing anal fissure but with a high incidence of postoperative incontinence.
OBJECTIVE:
We compared conventional lateral internal sphincterotomy, V-Y advancement flap, and combined tailored lateral internal sphincterotomy with V-Y advancement flap in treating anal fissure.
PATIENTS:
Consecutive patients treated for anal fissure at our colorectal unit were evaluated for inclusion. Participants were randomly allocated to receive conventional sphincterotomy (G1), V-Y advancement flap (GII), or combined tailored lateral sphincterotomy with V-Y advancement flap (GIII).
MAIN OUTCOME MEASURES:
The primary outcome measure was the incontinence rate; secondary outcomes included healing rate, operative time, anal manometry, and recurrence rate.
RESULTS:
One hundred fifty patients with chronic anal fissure were randomized. Healing rate after 1 year was 84% in G1, 48% in GII, and 94% in GIII, respectively (P=0.001). The recurrence rate was 4% in G1, 22% in GII, and 2% in GIII (P=0.01). Incontinence rate was 14% in G1, 0% in GII, and 2% in GIII (P=0.03).
CONCLUSION:
Although all three procedures are simple and easy to perform, tailored lateral internal sphincterotomy with V-YF appears to produce the greatest healing rate, with the fewest complications and less rate of recurrence.

Pancreatic Cystic Neoplasms: Predictors of Malignant Behavior and Management
Background/Aim: Pancreatic cystic neoplasms are being increasingly identified with the widespread use of advanced imaging techniques. In the absence of a good radiologic or pathologic test to preoperatively determine the diagnosis, clinical characteristics might be helpful. The objectives of this analysis were to define the incidence, and predictors of malignancy in pancreatic cysts. Patients and Methods: Patients who had true pancreatic cysts treated at our institution were included. Patients with documented pseudocysts were excluded. Demographic data, clinical manifestations, radiological, surgical, and pathological records were reviewed for these patients. Results: Eighty-one patients had true pancreatic cyst. The mean age was 47 ±15.5 years. There were 28.4% serous cystadenoma, 21% mucinous cystadenoma, 6.2% intraductal papillary tumors, 8.6% solid pseudopapillary tumors, 1.2% neuroendocinral tumor, 3.7% ductal adenocarcinoma, and 30.9% mucinous cystadenocarcinoma. Malignancy was significantly associated with men (P = 0.04), older age (0.0001), cysts larger than 3 cm in diameter (P = 0.001), presence of solid component (P = 0.0001), and cyst wall thickening (P = 0.0001). The majority of patients with malignancy were symptomatic (26/28, 92.9%). The symptoms correlated with malignancy included abdominal pain (P = 0.04) and weight loss (P = 0.0001). Surgical procedures depended on the location and extension of the lesion. Conclusion: The most common pancreatic cysts were serous and mucinous cysts. These tumors were more common in females. Old age, male gender, large tumor, presence of solid component, wall thickness, and presence of symptoms may predict malignancy in the cyst.

Quality-of-life measures after single-access versus conventional laparoscopic cholecystectomy: a prospective randomized study
Background This study aimed to compare the short-term outcomes of single-access laparoscopic cholecystectomy (SALC) and conventional laparoscopic cholecystectomy (CLC). Methods In a prospective study, patients with symptomatic cholelithiasis were
randomized to SALC or CLC with follow-up at 1 week, 1 and 6 months. The primary end point of this study was to assess the total outcomes of quality of life using the EuroQoL EQ-5D questionnaire. The secondary end points were postoperative pain, analgesia requirement and duration of use, operative time, perioperative complications, estimated blood loss, hospital stay, cosmesis outcome, and number of days required to return to normal activities. Results A total of 269 patients were prospectively randomized into two groups (125 in each group after excluding 19 patients for various reasons). The SALT procedure was done safely without intraoperative or major postoperative complications. In four SALT patients, an extra epigastric port was inserted to enhance exposure. There was no open conversion in either group. SALT patients reported better results among four of the EuroQoL EQ-5D dimensions (mobility, self-care, activity, and pain/discomfort) at 1 week after surgery, an improved pain profile at 4, 12, and 24 h, better cosmetic outcome at 1 and 6 months (P < 0.01), shorter duration of need for analgesia (P < 0.02), and earlier return to normal activities (P < 0.026). Operative times, hospital stay, QOL at 1 and 6 months postoperatively, and estimated blood loss were similar for both procedures. Conclusion This study supports other studies that show that SALT is a feasible and promising alternative to traditional laparoscopic cholecystectomy in selected patients with better cosmesis, QOL, and improved postoperative pain results, and it can be performed with the existing laparoscopic instruments.

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**Comparative Study Between Delorme Operation with or without Postanal Repair and Levatorplasty in Treatment of Complete Rectal Prolapse**

Comparative Study Between Delorme Operation with or without Postanal Repair and Levatorplasty in Treatment of Complete Rectal Prolapse

Abstract:
Background: Rectal prolapse is a distressing and socially disabling condition. controversy exists regarding the preferred surgical technique for the treatment of complete rectal prolapse.

Objective: We compared Delorme operation alone or with post anal repair and levatorplasty in treating complete rectal prolapse.

Methods: Consecutive patients treated for rectal prolapse at our colorectal unit were evaluated for inclusion. Participants were randomly allocated to receive Delorme operation only (GI), or Delorme operation with post anal repair and levatorplasty (GII).

Main outcome measures: The primary outcome measure was recurrence rate; secondary outcomes included improvement of constipation, incontinence, operative time, anal manometry and postoperative complications.

Results: Eighty two consecutive patients with rectal prolapse were randomized. There was a significant difference between the 2 groups with longer operative time in group II. Recurrence rate after one year was (14.28% in GI, and 2.43% in GII, respectively (P=0.043)). Constipation improved in group I & II but there was a significant difference in constipation scores postoperatively between the two groups. There was improvement in continence mechanism in both groups postoperatively but being higher in group II and this produce a significant statistical difference (0.004). Mean satisfaction score was significantly higher in group II than group I. Both groups succeed to produce a significant change in resting and squeeze pressure before & after the operation.
Conclusions: Delorme operation seems to be an effective procedure for treating complete rectal prolapse especially if combined with post anal repair and levatorplasty.

**31-**


Aim: The study was undertaken to determine outcome and to identify predictors of success of biofeedback for patients with spastic pelvic floor syndrome.

Patients & Methods: The study was done on 50 patients (35 females & 15 males) with a mean age of 30 ± 10 years & a mean duration of constipation of 5 years. History, physical examination & barium enema excluded constipation secondary to organic causes. Then a series of tests of colonic & pelvic floor functions were performed before & after biofeedback treatment: colon- transit time, anorectal manometry ± EMG & defecography. Patients were treated on a weekly basis (average of 7 ± 2 sessions). Parameters included use of cathartics, number of spontaneous bowel movements per week, number of biofeedback sessions, results of anorectal physiology testing & patient satisfaction.

Results: The median number of spontaneous bowel movements per week before treatment was zero. Thirty five patients had complete success, 11 patients showed partial success and 4 patients had no improvement. Neither patient age, sex, symptom at initial assessment, nor duration of symptoms significantly affected outcome. Good indicators of success were ability to expel the balloon & to relax the pelvic floor early in the sessions. Also, the motivated patient who wants to continue the sessions, to cooperate & to spend time with the therapist was the most important predictive factor of success.

Conclusion: Biofeedback is an attractive treatment option as other therapies are associated with considerable morbidity for patients with spastic pelvic floor syndrome.

**32-**

**Pancreatic Anastomotic Leakage after Pancreaticoduodenectomy. Risk factors, Clinical predictors, and Management (Single Center Experience).**

Abstract

**BACKGROUND:** Postoperative pancreatic fistula (POPF) after pancreaticoduodenectomy (PD) remains a challenge even at high-volume centers.

**METHODS:** This study was designed to analyze perioperative risk factors for POPF after PD and evaluate the factors that predict the extent and severity of leak. Demographic data, preoperative, intraoperative, and postoperative variables were collected.
RESULTS: A total of 471 consecutive patients underwent PD in our center. Fifty-seven patients (12.1 %) developed a POPF of any type; 21 patients (4.5 %) had a fistula type A, 22 patients (4.7 %) had a fistula type B, and the remaining 14 patients (3 %) had a POPF type C. Cirrhotic liver (P = 0.05), BMI > 25 kg/m(2) (P = 0.0001), soft pancreas (P = 0.04), pancreatic duct diameter 4,000 IU/L, WBC, pancreatic duct diameter

CONCLUSIONS: Cirrhotic liver, BMI, soft pancreas, pancreatic duct diameter 4,000 IU/L on POD 1 and 5, WBC, pancreatic duct diameter, pancreatic texture may be predictors of POPF B, C.

Solid pseudopapillary tumour of the pancreas: Incidence, prognosis and outcome of surgery (single center experience).


Solid pseudopapillary tumour of the pancreas: Incidence, prognosis and outcome of surgery (single center experience).

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SourceGastroenterology Surgical Center, Mansoura University, Egypt. Electronic address: elnakeebayman@yahoo.com.

Abstract

BACKGROUND: Solid pseudopapillary tumour (SPT) of the pancreas is a rare neoplasm of low malignant potential. The pathogenesis and guidelines for its treatment remain unclear. This study was designed to evaluate the diagnosis, surgical treatment and prognosis of SPT.

STUDY DESIGN: A retrospective study during the period between January 1995 to October 2012.
PATIENTS AND METHOD: Cases with SPTs treated at our institution were reviewed. Demographic data, clinical manifestations, radiological, surgical, and pathological records were reviewed for patients with SPT.

RESULTS: Twenty four patients with SPT were identified (22 women and 2 men with a mean age 24.83 ±8.66 years). The tumour was located in the head in (50%) and in the body (8.3%) and in the tail (41.7%). The mean size was 9.2 25-3) 5.3 ±1 cm). The main clinical presentation was abdominal pain in (83.3%). All 24 patients had curative resection including pancreaticoduodenectomy (50%), central pancreatectomy (8.3%) and distal pancreatectomy (41.7%). Sex, age, symptoms, tumour size, CT image and tumour markers were not significant clinical factors to predict SPT with malignant behavior. The recurrence rate was (8.3%) after 5 years postoperatively. No hospital mortality, all patients except 2 patients (8.3%) were alive at follow up period. The estimated 1, 3, and 5 year survival rate was 95%, 95%, and 88%

CONCLUSION: SPT are rare neoplasms with malignant potential. Aggressive surgical resection is needed even in presence of local invasion, and also for recurrence as patients had a good long term survival.

**Risk Factors for Conversion during Laparoscopic Cholecystectomy: Retrospective Analysis of Ten Years™ Experience at a Single Tertiary Referral Centre.**


Risk Factors for Conversion during Laparoscopic Cholecystectomy: Retrospective Analysis of Ten Years™ Experience at a Single Tertiary Referral Centre.
Sultan AM, El Nakeeb A, Elshehawy T, Elhemmaly M, Elhanafy E, Atef E.
Source
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Abstract
Background/Purpose: Laparoscopic cholecystectomy (LC) is the standard treatment for symptomatic benign gallbladder disease. The identification of factors that reliably predict the need to convert LC to open cholecystectomy (OC) would help with patient education and counseling. Methods: Between January 2000 and December 2009, 4,698 patients underwent cholecystectomy. LC was attempted in 4,434 patients (94.4%) and OC from the start was performed in 264 patients (5.6%). The causes for conversion were evaluated. The change in conversion rate between 2000 and 2004 and between 2005 and 2009 was analyzed. Factors predictive of conversion were identified by univariate and multivariate analysis. Results: Conversion to OC from an initial LC approach was required in 234 patients (5.3%). The main cause for conversion was dense adhesions (54.7%). Independent risk factors in multivariate analysis were male gender (p < 0.001), increased age (p < 0.001), a history of previous upper abdominal surgery (p < 0.001), a WBC count >9 x103/µl, and urgently indicated cholecystectomy (p < 0.001). Conclusions: Those at highest risk for conversion are elderly male patients with prior abdominal surgery who present emergently with laboratory evidence of biliary inflammation.

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