[Use of absorbable fibrin sealant patch to strengthen the gastrointestinal anastomosis performed on patients with peritoneal carcinomatosis treated with intention to cure by debulking surgery and intraoperative hyperthermic intraperitoneal chemotherapy]. [Spanish]

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Publication Date: 2016

Abstract:

BACKGROUND: Peritoneal disseminated disease, regardless of its origin, should currently be considered a locoregional disease stage, and thus a candidate for an intention to treat therapeutic option with debulking surgery and hyperthermic intraperitoneal chemotherapy.

OBJECTIVE: To determine whether or not the collagen sponge with fibrinogen 5.5mg and thrombin 2IU, applied as a tissue sealant and gastrointestinal reinforcement sutures, contributes to the reduction of anastomotic leak.

MATERIAL AND METHODS: Quasi-experimental, comparative, prospective, case/control study conducted on patients with peritoneal carcinomatosis of colorectal origin, operated on in our Peritoneal Cancer Surgery Unit from 2011 to April 2014. The study included 73 patients, 43 (59%) men and 30 (41%) women with peritoneal carcinomatosis of colorectal origin, candidates for debulking surgery and hyperthermic intraperitoneal chemotherapy. Gastrointestinal anastomoses were performed on 49 (67%) patients. These patients were randomised into 2 groups: A control (27) and B hypothesis (22) reinforced with sponge suture.

RESULTS: The total number of anastomoses performed was 49 (mean: 1.9), with 27 in the control group A (mean: 1.88) and 22 in B (mean: 2.16). The debulkings achieved were: complete debulking 0.38 (77.5%), complete debulking 1: 7 (14.8%), and 4 (8.1%) did not undergo hyperthermic intraperitoneal chemotherapy due to complete debulking>2. Intestinal fistula: 3 cases (6.1%) in A group vs 0 in B.

CONCLUSIONS: In our series, the use of a fibrinogen and thrombin sponge has contributed to a significant reduction in the risk of gastrointestinal fistulas in high risk oncology patients.