

# A RETROSPECTIVE REVIEW OF LAPAROSCOPIC-ASSISTED TRANSANAL PULL- THROUGH FOR THE SURGICAL MANAGEMENT OF HIRSCHSPRUNG DISEASE IN HOSPITAL SULTANAH BAHIYAH BETWEEN 2014 AND 2018

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## Objectives:

- To analyze patient demographics and post-operative outcomes (immediate and early)

## Inclusion criteria:

- All patients who underwent LATAP in HSB from 2014-2018.

## Exclusion criteria:

- Patients who underwent conversion to open surgery

Sampling method:

- Universal sampling.
- Total cases N=65

Data collection:

- Operation registry
- E-Hospital Information System

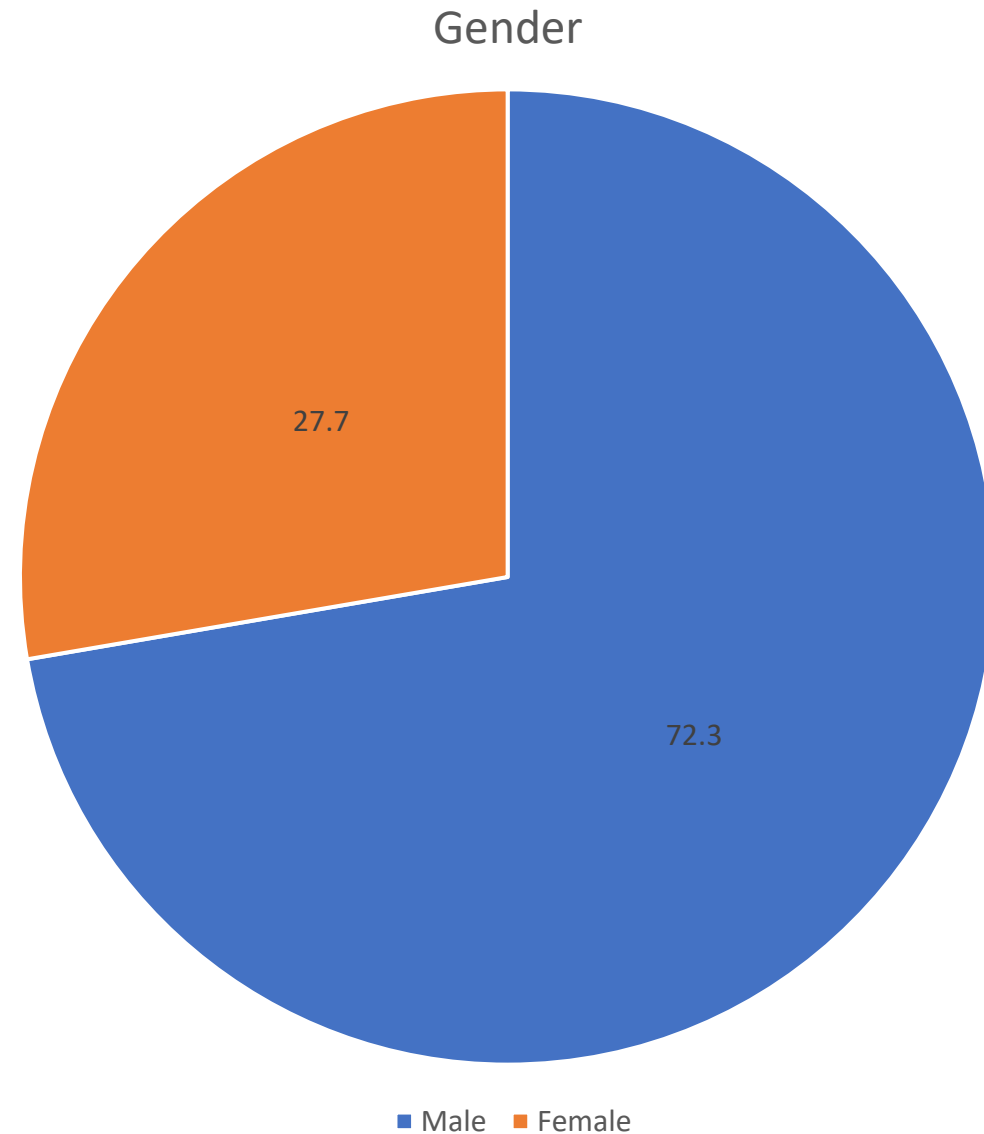
Data analysis:

- IBM SPSS Version 20
- Demographics, outcomes – descriptive statistics

# DEMOGRAPHICS

## GENDER (N=65)

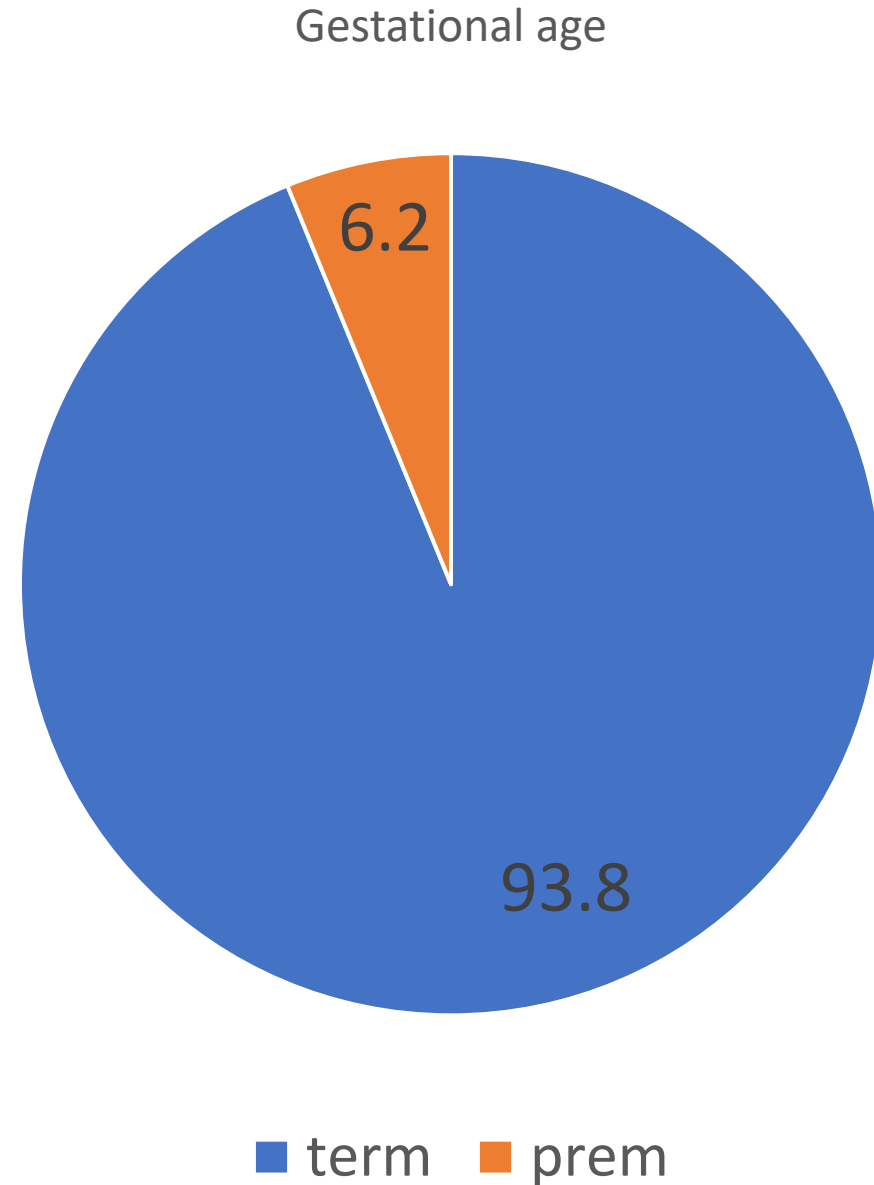
male	47 (72.3%)
female	18 (27.7%)



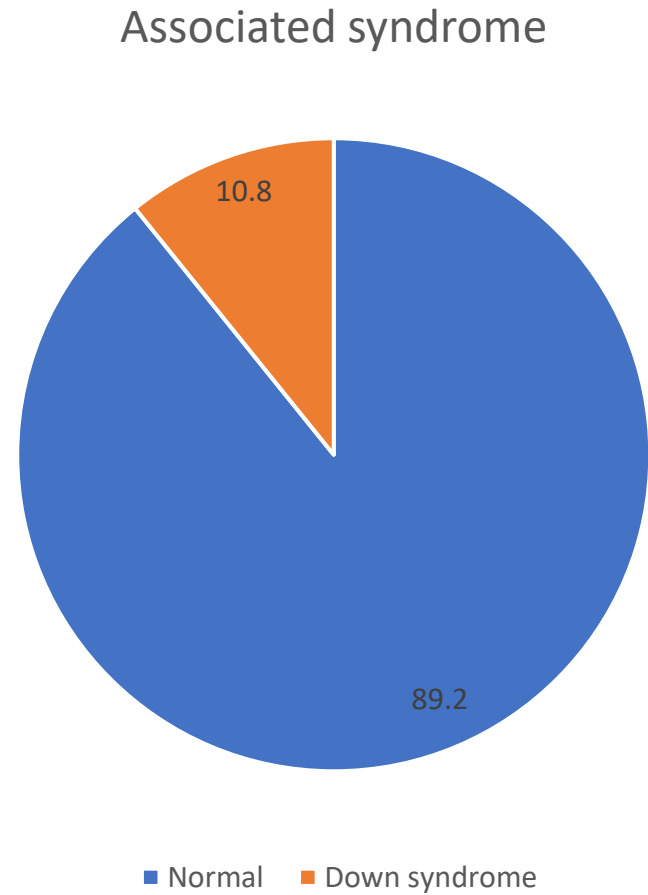
## Gestational age (N=65)

term	61 (93.8%)
*prem	4 (6.2%)

\*-30/52-gut dysmotility, recurrent distension with feeding intolerance  
-33/52-IDM TRO small left colon  
-36/52-abd distension with feeding intolerance  
-36/52-abd distension with feeding intolerance



Associated syndrome (N=65)	
Normal	58 (89.2%)
Down syndrome	7 (10.8%)

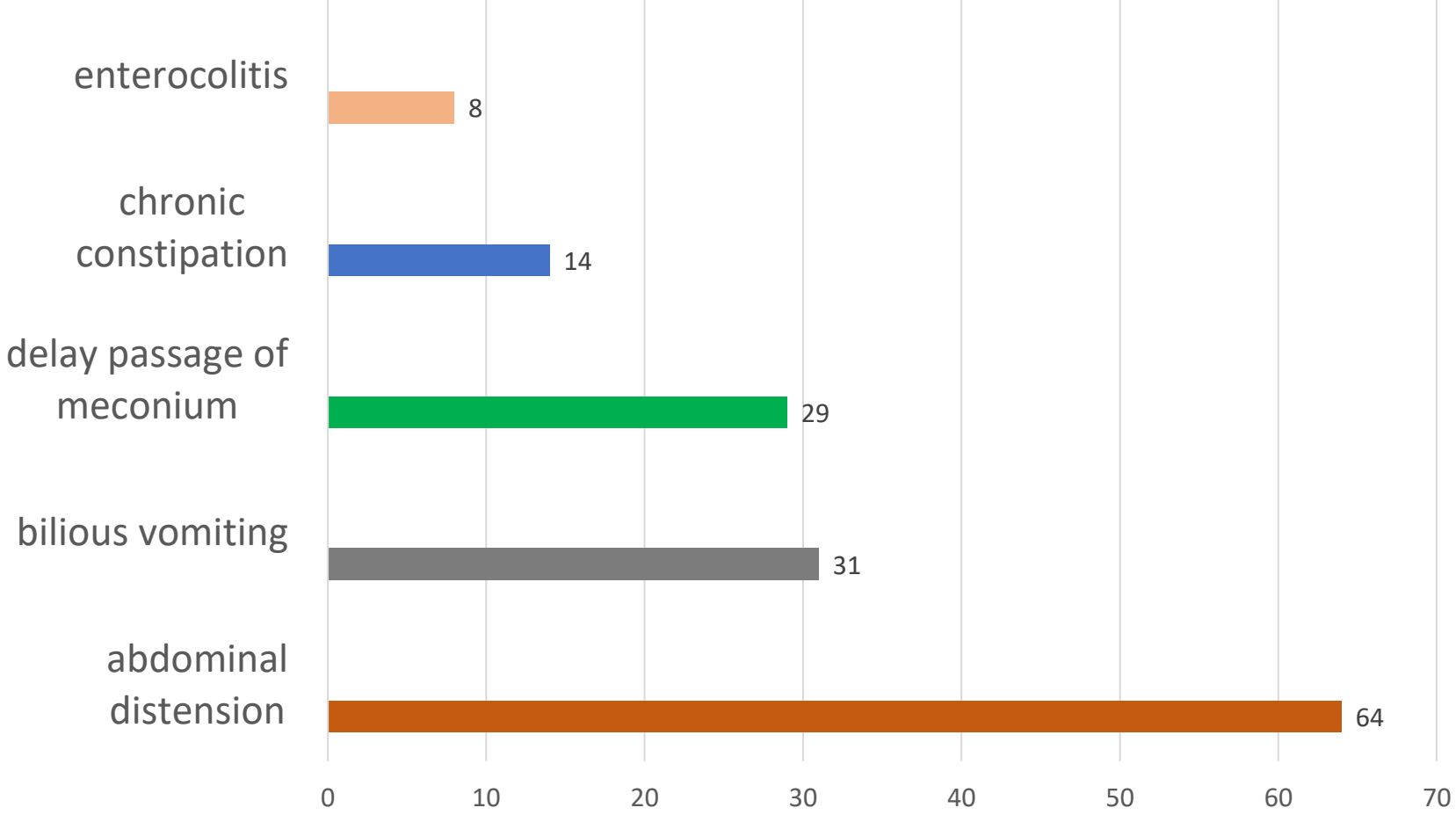


	Minimum	Maximum	Median	IR
Age at presentation (days)	1	2555 (7y.o)	3	24



Clinical presentation	(N=65)
abdominal distension	64 (98.5%)
bilious vomiting	31 (47.7%)
delay passage of meconium	29 (44.6%)
chronic constipation	14 (21.5%)
enterocolitis	8 (12.3%)

# Clinical presentation





MANAGEMENT

Initial diagnostic method	
Suction rectal biopsy	43 (66.2%)
*Contrast, biopsy	22 (33.8%)

- \*Delay presentation (12)
- Fail washout (2)
- IDM TRO small left colon (3)
- Done in other hospital (4)
- Suspected long segment (1)

Management	
rectal washout, surgery	52 (80%)
*stoma, surgery	13 (20%)

\*Delay presentation (10) - right transverse (8), sigmoid (2)  
Fail washout (3) – sigmoid (2), descending (1)

Transitional zone N=57	
rectum	13 (20.0%)
rectosigmoid	44 (67.7%)
*long segment	8 (12.3%)

\*Descending colon (3)  
Splenic flexure (5)

## Operative statistics

	Minimum	Maximum	Median	IR
age at surgery (days)	60	2645	90	90
weight at surgery (kgs)	3.65	24.00	5.9	1.77
			Mean	Std. Deviation
duration of surgery (minutes)	90	340 (5 hours)	224.83	6.779



OUTCOME



## Post operative recovery

	Minimum	Maximum	Mean	Std. Deviation
duration of analgesia (days)	1	3	1.83	0.52
return of bowel function (days)	1	4	1.48	0.091
duration to full feeding (days)	1	4	1.94	0.095
length of hospital stay (days)	3	4	3.32	0.058

<b>post op complication</b>	<b>N=41</b>
fever	24 (36.9%)
anastomotic leak	0
surgical site infection	0
HAEC	12 (18.5%)
anastomotic stricture	6 (9.2%)
HD like symptoms	0

# Conclusion

- Pleasant surgery to perform
- Feasible for short and long segment HD
- Good alternative to open surgery
- Early post operative recovery
- Low complication rate

# References

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2. Teitelbaum DH, Wulkan ML, Georgeson KE, Langer JC. Hirschsprung Disease in Operative Pediatric Surgery, Zeigler MM, et al (eds) McGraw Hill, New York, 2009, pp. 571-591
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