RESOLUTION OF POSTOPERATIVE ILEUS IN LAPAROSCOPIC VS. OPEN COLECTOMY

M.A. Carlson, C.T. Frantzides, Department of Surgery, Medical College of Wisconsin, Milwaukee, Wisconsin, USA.

Objective: Based on anecdotal experience with patients, a laparoscopic procedure is said to be associated with a shorter period of postoperative ileus compared to the equivalent open procedure. This study was undertaken to determine if a laparoscopically-assisted right hemicolectomy (LARHC) in the dog results in a shorter duration of ileus (as determined by myoelectric parameters) compared to an open right hemicolectomy (ORHC).

Methodology: The myoelectric criteria for the resolution of postoperative ileus in the dog are the presence of phase 2 (P2) and phase 3 (migrating myoelectric complex = MMC) activity in the small bowel and the reappearance of the migrating colonic complex (MCC) in the large bowel. Ten dogs were implanted with bipolar serosal electrodes, 6 on the small bowel and 4 on the transverse and left colon. Baseline recordings were made after 3 weeks, then 5 dogs underwent LARHC and 5 underwent ORHC. None received any opioid analgesics. Recording of myoelectric activity was begun immediately after operation and continued for one week. The time at which the MMC, P2, and MCC returned was determined by visual analysis.

Results:

<table>
<thead>
<tr>
<th></th>
<th>MMC (min ± sd)</th>
<th>P2 (min ± sd)</th>
<th>MCC (min ± sd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LARHC</td>
<td>454 ± 88</td>
<td>1598 ± 391</td>
<td>353 ± 86</td>
</tr>
<tr>
<td>ORHC</td>
<td>588 ± 233</td>
<td>2544 ± 293</td>
<td>368 ± 150</td>
</tr>
</tbody>
</table>

Conclusion: None of these differences was significant (unpaired t-test, p > 0.05). The resolution of postoperative ileus did not occur significantly earlier in dogs undergoing LARHC compared to dogs undergoing ORHC. This data does not support the hypothesis that a laparoscopic colectomy results in a shorter duration of postoperative ileus than the equivalent open operation.

THE INCIDENCE OF ESOPHAGEAL DISORDERS IN A LOCAL SERIES OF PATIENTS WITH NON-CARDIAC CHEST PAIN.

Y.Y. Chong, K.M. Fock
Department of Medicine, Toa Payoh Hospital, Singapore.

Up to 20 per cent of patients with chest pain sufficiently suggestive of angina pectoris to warrant coronary angiography have either normal or minimally diseased vessels. A French series in 1987 reported an incidence of esophageal disorders in 55% of such patients.

Between June 1992 and May 1995, 93 prolonged ambulatory esophageal manometry and pH studies were conducted, of which 35 were indicated for non-cardiac chest pain. These patients had normal treadmill exercise test results, or when coronary angiography was indicated, they were shown to have normal coronary vessels.

All these patients had unremarkable upper gastrointestinal endoscopy. 9 patients (25.7%) had definite or circumstantial evidence of gastro-esophageal reflux, 7 patients (20.0%) had the 'nutcracker' esophagus, and 19 patients (54.3%) had normal studies. There were no patients with diffuse esophageal spasm.