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شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

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شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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بالرسالة صفحات لم ترد بالأصل

بسم الله الرحمن الرحيم

Faculty of Medicine
Menoufiya University

PROSPECTIVE STUDY OF LAPAROSCOPIC VERSUS OPEN COLONIC RESECTION FOR CARCINOMA

Thesis

Submitted for partial fulfillment of doctor degree

In

General Surgery

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ACKNOWLEDGMENT

Firstly, thanks to *ALLAH* without his help nothing could be reached.

I am greatly honored to express my deepest gratitude and thanks to my **Professor Dr. Mahmoud Badawy Mahmoud,** Professor of general surgery and surgery of GIT and endoscopes, Faculty of Medicine, University of Menoufiya, for his kind encouragement, faithful support and unlimited help throughout my career and during the fulfillment of this work.

I am also indebted to **Professor Dr. Samir Mohamed Kohla,** Professor of general surgery, Faculty of Medicine, University of Menoufiya, for his kind supervision and constructive criticism, he exerted a lot of his time and effort to direct me to perfect this thesis and for his unlimited help and guidance in statistically study of this work.

My deep appreciation to **Professor Dr. Awatef El-Said Farghally,** Professor of general surgery, Faculty of Medicine, University of Menoufiya, for her help and faithful support to finish this work.

Also, thanks to **Dr. Saied Gamal El-Deen Askar,** Assistant Professor of general surgery, Faculty of Medicine, University of Menoufiya, for unlimited help and guidance.

My deep appreciation to **Dr. Ahmed Farag El-Kassed,** Lecture of general surgery and surgery of oncology, Faculty of Medicine, University of Menoufiya, for his kind help and guidance during collection of the data.

My unlimited thanks for the patients who made this work possible. I wish to thank all the members of the staff and my colleagues in General Surgery Department for their friendly help in carrying out this work.

Lastly, I wish to thank my family who supported me a lot during the fulfillment of this work.

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INTRODUCTION

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Worldwide the incidence rates of colon cancer are relatively higher than that reported among Egyptian population, this may be explained by the higher incidence of pre-cancerous predisposing factors among non-Egyptian populations **(Wittich et al., 1997).**

The early detection of colonic cancer is associated with a dramatic improvement in prognosis. This can be achieved now by adopting routine air contrast barium enema and colonoscopy for any suspicious cases **(Gibson et al., 2000).**

Most authors agree that the most important independent factor for survival or recurrence after potentially curative surgery is the stage of cancer which is determined by the depth of penetration through the bowel wall and the presence and the number of positive lymph nodes **(Leung et al., 1999).**

Surgical treatment of colon cancer requires excision of an adequate amount of normal colon proximal and distal to the tumor, of adequate lateral margins if the tumor is adherent to a contiguous structure and of the regional lymph nodes. Removal of intermediate and central lymph nodes requires ligation and division of multiple main vascular trunks. Therefore, the extent of the colon resection for potentially curable cancer is determined by the biology of local tumorous growth and by associated lymphadenectomy **(Darzi et al., 1995).**

Since **1987** when the French surgeon **Philippe Mouret** performed the first laparoscopic cholecystectomy **(Puente et al., 1994)**, great advances in the field of laparoscopic surgery have been achieved **(Scoggin et al., 1993)**. As surgeons have gained increasing skill and experience in laparoscopic procedures, the indications for this minimally invasive form of surgery have been expanded **(Zucker et al., 1994).** Laparoscopic cholecystectomy is the gold standard of treatment for patients with symptomatic gallstones. Laparoscopic techniques have been evaluated for other operations, including appendectomy, inguinal hernia repair, fundoplication and various colorectal procedures **(Soper et al., 1994).**

One of the most recent applications in this field is the use of laparoscopic techniques in colonic surgery **(Bouvy et al., 1996). Fine and colleagues (1995)** reported their experience in laparoscopic colectomy for patients with localized carcinoma of the colon.

Falk and colleagues (1993) published a case of laparoscopic removal of a large colonic lipoma. **Feliciotti and colleagues (1996)** reported their preliminary experience with laparoscopic guided colectomy for both benign and malignant colonic diseases.

Retrospective and prospective studies have not proved unequivocally that the laparoscopic technique is superior to open operation in all patients with colorectal disease. Particularly in patients with malignant disease, controversy exists with regard to whether the laparoscopic method may even be more harmful to the patient than conventional surgery, because of a possible increase in the incidence of

local and port-site recurrences **[Christen et al., (1995) & Sazhin et al., (1995)]**.

Laparoscopic colorectal surgery requires very advanced laparoscopic surgical skills. Nevertheless, most series conclude that the laparoscopic technique is promising and may be used for benign colorectal disease, as most of the published studies have shown laparoscopy to be accompanied by fewer complications, shorter hospital stay, more rapid convalescence and less immunosuppression **(Schiedeck et al., 2000)**.