

10.01.2022

TÜRK KOLON VE REKTUM CERRAHİSİ DERNEĞİ YÖNETİM  
KURULU'NA

Değerli Hocalarım, Türk Kolon ve Rektum Cerrahisi Derneği'mizin konusunda ABD'de lisansüstü çalışmalar yapmak isteyen cerrahlara verdiği uzun dönem yurt dışı bursu ile desteklenen New York Üniversitesi Grossman Tıp Fakültesi, Cerrahi Departmanı, Kolorektal Cerrahi Bölümündeki Postdoctoral Fellow görevimin 6. ayını geride bırakmış bulunmaktayım. Ülkemiz, üniversitem ve derneğimizi temsil ederek, bilgi ve deneyimlerimi arttırmak üzere 1 Temmuz 2021 tarihinde başladığım bu görevimde hafta içi her gün sabah 8 akşam 5 mesaisine göre çalışmaktayım. Zamanımı özellikle ameliyatları izleyip bazılarının görsel/işitsel kayıtlarını tutup raporlaştırarak, bölüm içi seminer ve morbidite/mortalite toplantılarına katılarak, hasta kayıtlarını retrospektif olarak okuyup çeşitli araştırmalar yaparak geçirmekteyim. Bunlara ek olarak bir de yine New York Üniversitesi bünyesindeki veri bilimi bölümünden ortaklar ile yürüttüğümüz Amerikan Cerrahlar Koleji Ulusal Cerrahi Kalite Geliştirme Programı veritabanında yer alan kolorektal cerrahi hastalarının sonuçları ile de farklı çalışmalar yürütmekte, bu kapsamda haftalık düzenli multidisipliner toplantılara katılmaktayım. Aşağıda şu ana kadar veri toplama ve istatistiksel analiz süreci tamamlanmış çalışmalarımın bir listesini bulabilirsiniz. Bana bu paha biçilmez fırsatı verdiğiniz için her birinize ayrı ayrı teşekkürlerimi sunarım.

Saygılarımla,  
Öğr. Gör. Dr Volkan Doğru



**Amerikan Kolon ve Rektum Cerrahları Derneği'nin bu sene Tampa'da gerçekleşecek olan senelik toplantısına kabul edilen çalışmalarımın özetleri:**

[E-POSTER] Minimally invasive colectomies can be performed with similar outcomes to open counterparts for colorectal cancer emergencies: A propensity score matching analysis utilizing ACS-NSQIP

*Gajic, Z.; Esen, E.; Dogru, V.; Assouline, E.; Calugaru, K.; Chang, J.; Grieco, M. J.; Remzi, F. H.*

*NYU Langone Health, New York, NY, United States.*

Brief Summary: The safety and feasibility of minimally invasive surgery (MIS) in the setting of colorectal cancer emergencies have been debated. This study revealed that MIS was superior to open for postoperative recovery without compromising oncological outcomes in selected patients. Within the matched cohort, MIS was associated with the benefits of lower rates of mortality, pulmonary complications, ileus and shorter postoperative length of stay.

\*\*\*\*\*

[E-POSTER] End-to-end handsewn ileostomy closure outcomes favor the selective and liberal use of the ileostomies in IBD surgery

*Dogru, V.; Akova, U.; Esen, E.; Moreira, A.; Erkan, A.; Kirat, J.; Grieco, M.; Remzi, F.*

*NYU Langone Health, New York, NY, United States.*

Brief Summary: At a quaternary center for IBD, patients undergoing hand-sewn loop ileostomy closure after a major resection for inflammatory bowel disease were included. Small bowel obstruction was associated with increased risk of major complications after handsewn ileostomy closure. The end to end hand-sewn ileostomy closures for ileostomies created using a liberal and selective approach to loop ileostomy creation were associated with a 1% rate of reoperation, a 0.7% rate of re-creation of ileostomy and a major morbidity of 5.5%. Given the complexity of the index cases, we consider this morbidity to be lower than if we had left our patients undiverted.

\*\*\*\*\*

[E-POSTER] Outcomes of the selective use of ureteral stents during complex colorectal surgery

*Dogru, V.; Akova, U.; Esen, E.; Moreira, A.; Erkan, A.; Kirat, J.; Remzi, F.; Grieco, M.*

*NYU Langone Health, New York, NY, United States.*

Brief Summary: We aim to evaluate the frequency of intraoperative urinary tract injuries and morbidity in patients with selective use of ureteral stents in complex colorectal surgery. Use of prophylactic ureteral stents for cases of re-operative surgery, complex pelvic surgery and ileal pouch anal anastomosis was associated with a 1.8% rate of ureter injury. All injuries were recognized and repaired at the time of surgery. Given the high complexity of the cases, of which 82% were re-operative, our group suspects that without use of stents the rates of injury might be higher and the rate of recognition might be lower than 100%.

\*\*\*\*\*

[VIDEO ABSTRACT] Double stapled re-do IPAA in a patient with a failed IPAA due to long rectal cuff

*Doğru, V.; Akova, U.; Nweze, N.; Moreira, A.; Erkan, A.; Grieco, M.; Kirat, H. T.; Remzi, F.*

*NYU Langone Health, New York, NY, United States.*

Brief Summary: This is a salvage redo J pouch procedure using double stapled technique in a patient with ulcerative colitis. The patient is a 46 year old female with UC diagnosed 17 years ago. After diagnosed with recurrent cuffitis refractory to multiple antibiotic regimens and biologics and presence of a stricture at the IPAA, which was dilated multiple times, patient now presents for pouch revision surgery. After the procedure she was discharged at PO day 4 with ileostomy reversal planned in 3 months.

**Sindirim Hastalıkları Haftası olarak bilinen toplantı serisinin bu sene Dan Diego’da düzenlenecek olan toplantısına gönderdiğimiz, henüz kararı açıklanmamış olan çalışmalarımın özetleri**

[ORAL, QUICKSHOT or E-POSTER] Stapled End-To-Side Ileocolic Anastomosis In Crohn’s Disease: Old Dog, Reliable Tricks?

*Doğru, Volkan1; Akova, Umut1; Sutter, Alton2; Esen, Eren1; Gardner, Emily M. 2; da Luz Moreira, Andre1; Erkan, Arman1; Kirat, John1; Grieco, Michael J. 1; Remzi, Feza H. 1; Ashburn, Jean2*

*1. Inflammatory Bowel Disease Center, NYU Langone Health, New York, NY, United States.*

*2. Wake Forest Baptist Health, Winston-Salem, NC, United States.*

Brief Summary: We report our experience with the veteran stapled end-to-side anastomotic technique (ESA), a safe, reliable, and efficient technique that avoids the technical pitfalls associated with traditional side-to-side (STS) and end-to-end (ETE) anastomoses. ESA is safe and associated with low recurrence after ICR for CD. This technique avoids inadvertent narrowing during creation as seen with ETE and the

bowel loss and crossing staple lines noted with STS. ESA also addresses two critical factors thought to increase risk for recurrence, ischemia and mesenteric apposition to the bowel. ESA reduces the likelihood of relative ischemia and creates a perpendicular orientation of the bowel, which provides mechanical stability with offsetting of the mesenteries. The ESA not been evaluated in comparative trials and warrants further investigation as it likely demonstrates many of the putative advantages of recently investigated novel techniques, but in a more straightforward, efficient technical approach.

\*\*\*\*\*

[ORAL, QUICKSHOT or E-POSTER] Factors Associated With Loop Ileostomy Creation At The Time Of Ileocolic Resection With Stapled End-To-Side Reconstruction For Crohn's Disease

*Doğru, Volkan<sup>1</sup>; Akova, Umut<sup>1</sup>; Esen, Eren<sup>1</sup>; Sutter, Alton<sup>2</sup>; Gardner, Emily M. <sup>2</sup>; da Luz Moreira, Andre<sup>1</sup>; Erkan, Arman<sup>1</sup>; Kirat, John<sup>1</sup>; Grieco, Michael J. <sup>1</sup>; Remzi, Feza H. <sup>1</sup>; Ashburn, Jean<sup>2</sup>*

*1. Inflammatory Bowel Disease Center, NYU Langone Health, New York, NY, United States.*

*2. Wake Forest Baptist Health, Winston-Salem, NC, United States.*

Brief Summary: Ileocecal resection (ICR) is a commonly performed operation for Crohn's Disease in patients with ileocolitis. Diverting loop ileostomy (DLI) creation is employed in selected patients to mitigate the sequelae of anastomotic leaks in those with higher risk anastomoses or less tolerance for complications. In our study, we sought to determine the most common factors associated with DLI after ICR for Crohn's disease. When performing ICR for Crohn's disease, surgeons were more likely to choose fecal diversion in the setting of higher-risk disease related factors (fistulizing disease, abscess formation, disease duration in years). When used thoughtfully, DLI may be utilized to reduce sequelae of post-operative complications in complex Crohn's patients after ICR resection.

\*\*\*\*\*

[ORAL, QUICKSHOT or E-POSTER] Utility Of The Lémann Index In The Prediction Of Postoperative Complications In High Risk Crohn's Patients: A Propensity Score Match Analysis

*Doğru, Volkan; Grieco, Michael J.; Akova, Umut; Esen, Eren; Erkan, Arman; da Luz Moreira, Andre; Kirat, John; Remzi, Feza H.*

*NYU Langone Health, New York, NY, United States.*

**Brief Summary:** The Lémann Index (LI) is a validated tool which quantifies the extent of structural bowel damage in Crohn's disease. Although LI can predict the risk of early abdominal surgery in Crohn's disease, its utility in the prediction of postoperative complications has never been studied in depth before. A one-to-one propensity score model was used to match high risk Crohn's patients with early major postoperative complications (Clavien-Dindo  $\geq 3$  and/or the suffix "d" for disability) to control patients (Clavien-Dindo  $< 3$ ). Although it is difficult to estimate the extent of resections before the surgery for Crohn's, Lémann Index calculated at the end of the surgery may serve as a reliable tool to predict the postoperative complications of high risk Crohn's patients within the postoperative period. Such a predictor might be useful as an aid in continuity of care. Further study is warranted into the ability of a postoperatively calculated LI to predict the risk of postoperative complications.