

Patients With Crohn's Disease Have Longer Post-Operative In-Hospital Stay Than Patients With Colon Cancer but No Difference in Complications' Rate

2015 European Society of Coloproctology (ESCP) collaborating group

Abstract

Background: Right hemicolectomy or ileocecal resection are used to treat benign conditions like Crohn's disease (CD) and malignant ones like colon cancer (CC).

Aim: To investigate differences in pre- and peri-operative factors and their impact on post-operative outcome in patients with CC and CD.

Methods: This is a sub-group analysis of the European Society of Coloproctology's prospective, multi-centre snapshot audit. Adult patients with CC and CD undergoing right hemicolectomy or ileocecal resection were included. Primary outcome measure was 30-d post-operative complications. Secondary outcome measures were post-operative length of stay (LOS) at and readmission.

Results: Three hundred and seventy-five patients with CD and 2,515 patients with CC were included. Patients with CD were younger (median = 37 years for CD and 71 years for CC ($P < 0.01$), had lower American Society of Anesthesiology score (ASA) grade ($P < 0.01$) and less comorbidity ($P < 0.01$), but were more likely to be current smokers ($P < 0.01$). Patients with CD were more frequently operated on by colorectal surgeons ($P < 0.01$) and frequently underwent ileocecal resection ($P < 0.01$) with higher rate of de-functioning/primary stoma construction ($P < 0.01$). Thirty-day post-operative mortality occurred exclusively in the CC group (66/2515, 2.3%). In multivariate analyses, the risk of post-operative complications was similar in the two groups (OR 0.80, 95%CI: 0.54-1.17; $P = 0.25$). Patients with CD had a significantly longer LOS (Geometric mean 0.87, 95%CI: 0.79-0.95; $P < 0.01$). There was no difference in re-admission rates. The audit did not collect data on post-operative enhanced recovery protocols that are implemented in the different participating centers.

Conclusion: Patients with CD were younger, with lower ASA grade, less comorbidity, operated on by experienced surgeons and underwent less radical resection but had a longer LOS than patients with CC although complications' rate was not different between the two groups.