

ABSTRACTS

of presentations to
the Annual Meetings of the

Canadian Society
of Colon and Rectal
Surgeons

Canadian Association
of General Surgeons

Canadian Association
of Thoracic Surgeons

RÉSUMÉS

des communications présentées
aux congrès annuels de la

Société canadienne
des chirurgiens du côlon
et du rectum

Association canadienne
des chirurgiens généraux

Association canadienne
des chirurgiens thoraciques

CANADIAN SURGERY FORUM

Montréal, Qué.
September 8-11, 2005

FORUM CANADIEN DE CHIRURGIE

Montréal, Qué.
du 8 au 11 septembre 2005

resections. Of these LAD MIS resections, 1 was an anastomotic recurrence with associated carcinomatosis, 3 developed a distant metastasis at 0, 8 and 12 months, and 3 showed no clinical evidence of recurrence during the follow-up period (mean 17, range 5.5–29 mo). Six had node-positive disease and 4 underwent multivisceral resection.

A literature review identified 42 studies of MIS for colorectal cancer with 3252 patients. There were 101 patients with LAD identified at surgery, of which 8 had completed MIS resections. In 8 studies of open surgery for LAD, en bloc resection resulted in 5-year survival of 22% (node positive) and 71% (node negative).

Accepted guidelines for LAD mandate en bloc resection of involved organs. There are no reports describing the feasibility and outcomes of MIS for locally advanced colorectal cancer. Data from a single centre seem to indicate that MIS outcomes for LAD are comparable to similar stage historical controls. Experienced MIS surgeons may consider selecting patients for MIS based on careful consideration of preoperative imaging and intraoperative findings using a low conversion threshold and maintaining oncologic principals. However, given the additional technical challenges and higher conversion rates for these patients, an MIS approach to locally advanced disease cannot be recommended at this time.

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ROLE OF FNAC IN INVESTIGATION OF PAROTID LESIONS, RELATION REVISITED. I. Goussev, A. McFadden, R. Chibar, R. Chibar. Departments of Surgery and Pathology, University of Saskatchewan, Saskatoon, Sask.

Fine needle aspiration cytology (FNAC) is a quick, minimally invasive, low morbidity procedure that could aid in diagnosis of parotid lesions, thus allowing consideration of non-surgical management or preoperative planning. We were interested in the relative accuracy of FNAC in the diagnosis of pleomorphic adenomas and Warthin's tumours.

Using the Saskatoon Health Region pathology database, we reviewed 190 cases of parotid gland FNAC with available histopathological follow-up between 1997 and 2005. The sensitivity, specificity and accuracy were determined with respect to final histopathological diagnosis for all specimens, and for pleomorphic adenomas and Warthin's tumours.

Of the 190 cases examined, the histopathological diagnoses were: benign ($n = 138$), malignant ($n = 52$), Warthin's tumours ($n = 34$) and pleomorphic adenomas ($n = 72$). On FNAC, 123 cases were benign, 32 were malignant, 26 were non-diagnostic, 9 indeterminate, 27 Warthin's tumours and 67 were pleomorphic adenomas. Out of 67 FNAC diagnoses of pleomorphic adenoma, 4 were mistaken for cancer (5.9%). Comparing FNAC with histologic diagnoses, the results were:

Points of comparison, %	Overall	Pleomorphic	Warthin's
Sensitivity	61	89	78
Specificity	94.5	92	96
Accuracy	85	95	96
False-negatives	10	10	4.6
False-positives	4.5	7.9	4.6

While the overall sensitivity of FNAC for malignant tumours was low, the sensitivity and specificity for pleomorphic

adenomas and Warthin's tumours was quite high. In the appropriate clinical setting, this could allow for conservative management with close follow-up. However, one should be cautious when interpreting FNAC results other than pleomorphic adenoma or Warthin's tumour and consider the complete clinical situation in further management.

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PERI- AND PREOPERATIVE USE OF ADHESIVE SKIN EXPANDERS CAN FACILITATE RESECTION AND IMPROVE COSMESIS IN THE MANAGEMENT OF SELECTED CUTANEOUS MALIGNANCIES. H. Hristov, R. George. Division of Surgical Oncology, Cancer Centre of Southeastern Ontario and Queen's University, Kingston, Ont.

Resections of primary and recurrent cutaneously based malignancies require wide excision of skin. Areas of the scalp, extremity and upper back often require reconstructive flaps or skin grafting for closure. Recurrences may occur in radiated fields that limit the mobility of surrounding skin for flap construction.

Superficially applied adhesive skin expanders have been successfully employed to close granulating wounds after extensive debridement or fasciotomy. This study applies the same principle of gradual skin advancement to the preoperative setting to facilitate the closure of later planned resections.

Seven primary or recurrent cutaneously based malignancies are described, including scalp, chest wall, upper back, lower leg, calf and elbow locations. All had application of adhesive skin expanders in the pre- and perioperative setting. Wide excisions were all completed without skin graft or flap construction, with good cosmesis. Photo documentation of the technique and results are included in the poster.

Pre- and perioperative use of adhesive skin expanders facilitate the wide excision and primary closure of primary and recurrent cutaneous based malignancies in selected difficult cases.

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"FIRST, DO NO HARM" — MONITORING OUTCOMES DURING THE TRANSITION FROM OPEN TO LAPAROSCOPIC LIVE-DONOR NEPHRECTOMY. S. Bergman, L.S. Feldman, F. Carli, M. Anidjar, D. Klassen, C.G. Andrew, M.C. Vassiliou, D.D. Stanbridge, G.M. Fried. Departments of Surgery and Anesthesia, McGill University, Montréal, Que.

This study was undertaken to validate the multidisciplinary and dedicated-team approach to the introduction of laparoscopic live-donor nephrectomy (LLDN) by comparing donor and recipient outcomes during the transition from open to LLDN.

Seventy-five donor nephrectomies were performed for adult recipients between January 1998 and November 2003. Open nephrectomy ($n = 31$) was performed between January 1998 and November 2003, while LLDN ($n = 44$) was performed from December 2000 to November 2003. Data were collected prospectively, with supplemental retrospective chart review. Donor outcomes and recipient graft function were compared in the 2 groups.

Fifty out of the 75 (67%) procedures were performed since the introduction of LLDN, with 44 of 50 (88%) done laparoscopically. All LLDN were left nephrectomies, compared with 63% in the open group. There were no conversions from