

# Early Closure of a Temporary Ileostomy after Rectal Resection for Cancer

Akademisk avhandling

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## Avhandlingen baseras på följande delarbeten

- I. Danielsen AK, **Park J**, Jansen JE, Bock D, Skullman S, Wedin A, Correa-Marinez A, Haglind E, Angenete E, Rosenberg J. **Early closure of a temporary ileostomy in patients with rectal cancer: A multicenter randomized controlled trial**  
*Ann Surg 2017;265(2):284-90*
- II. **Park J**, Danielsen AK, Angenete E, Bock D, Correa-Marinez A, Haglind E, Jansen JE, Skullman S, Wedin A, Rosenberg J. **Quality of life in a randomized trial of early closure of a temporary ileostomy after rectal resection for cancer (EASY trial)**  
*Br J Surg 2018;105(3):244-251*
- III. **Park J**, Angenete E, Bock D, Correa-Marinez A, Danielsen AK, Gehrman J, Haglind E, Jansen JE, Skullman S, Wedin A, Rosenberg J. **Cost analysis in a randomized trial of early closure of a temporary ileostomy after rectal resection for cancer (EASY trial)**  
*Submitted manuscript*
- IV. Keane C, **Park J**, Öberg S, Wedin A, Bock D, O'Grady G, Bissett I, Rosenberg J, Angenete E. **Functional outcome of early closure of temporary ileostomy after rectal resection for cancer: Secondary analysis of a randomized clinical trial**  
*Manuscript accepted in Br J Surg*

# Early Closure of a Temporary Ileostomy after Rectal Resection for Cancer

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## ABSTRACT

A temporary ileostomy may reduce symptoms of anastomotic leakage after rectal resection for cancer. However, the stoma itself is associated with morbidity and early closure may reduce these symptoms. The aim of this thesis, based on a multicentre randomized controlled trial (EASY trial), was to evaluate early closure (8-13 days) of a temporary ileostomy compared to late closure (>12 weeks), after rectal resection for cancer. Endpoints were complications, quality of life, healthcare costs and bowel function. The trial included 55 patients in the early closure group, and 57 patients in the late closure group.

**Paper I** evaluated number of postoperative complications up to 12 months following rectal resection. We found significantly fewer complications in the early closure group. Severe complications were uncommon in both groups.

**Paper II** included assessment of patient reported quality of life, by validated questionnaires at 3, 6 and 12 months. There were no significant differences between the two groups.

**Paper III** comprised a cost analysis, comparing direct costs from a healthcare perspective. Early closure was found to be significantly less costly at evaluation 12 months after surgery.

**Paper IV** was a cross-sectional study performed at median 4 years after rectal resection, comparing patient reported bowel function. The late closure group reported more problems with urgency, compared with the early closure group. There was no difference in prevalence of low anterior resection syndrome.

Overall, in selected patients without signs of postoperative complications, early closure of a temporary ileostomy after rectal resection for cancer was found to be safe and clinically advantageous in a randomized trial setting.

**Keywords:** temporary ileostomy, rectal cancer, surgery

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