

Conference Report

45th German Coloproctology-Congress of the German Society for Coloproctology (Deutsche Gesellschaft für Koloproktologie - DGK)

together with the Association of Coloproctology Professionals (Berufsverband der Coloproktologen Deutschlands e.V. - BCD) and the Surgical Working Group for Coloproctology of the German Society for General and Visceral Surgery (Chirurgische Arbeitsgemeinschaft für Coloproktologie - CACP der Deutschen Gesellschaft für Allgemein- und Viszeralchirurgie e.V. - DGAV)

March 14 – 16, 2019; Munich

President: Prof. Dr. S. Post, Mannheim

Crohn's disease und stoma were central topics of the congress. Almost 1250 participants and 45 exhibiting companies attended. As one highlight of the congress, a prize winners meeting was held on the last day of the congress, during which PD Dr. S. Blaumeiser and colleagues presented a multicentric long-term study with the OTSC Proctology.

The OTSC Proctology is safe, effective and continence preserving

Multicentric data on the OTSC Proctology confirms good healing rates (87 %), low risk of complications and maintenance of continence in all cases

Blaumeiser S. et al. presented a multicenter-analysis evaluating the application of the OTSC Proctology regarding surgical practicability and long-term results. Data of all patients treated with the OTSC Proctology between 11/2012 and 04/2018 in 4 centers were retrospectively analyzed. Permanent fistula closure was defined as primary endpoint. Secondary endpoints were the surgical procedure, intra- and postinterventional complications, relapse rate and incontinence. Overall 62 patients (m:f = 42:20, median age 50 years, range 25 – 84 years) were included in the study. The fistula was cryptoglandular in 87 % of cases. 27 patients were presented with a low transsphincteric fistula, 19 patients with a high transsphincteric fistula, 5 patients with an intersphincteric fistula, 9 patients with a suprasphincteric fistula and 2 patients with an extrasphincteric fistula. 34 % of fistulas were relapse fistulas after other surgical therapy. Pre-interventional drainage was performed in all fistulas, median seton drainage time was 20 weeks.

Healing after clip application was observed in 54/62 patients (87 %). In 2 patients, a relapse fistula developed after presumed healing, in 2 patients a fistula persistence was observed after clip removal, in 3 patients the clip detached before fistula healing and in 1 patient the clip had to be removed prematurely due to pain. The average procedure time was 32 minutes; in all hospitals, the same standardized procedure was performed: (1) debridement, (2) rinsing of the fistula tract, (3) cutting out of the anoderm before fistula closure, (4) excision of the outer fistula orifice. Complications occurred in 6 patients: in 1 case pain after clip application, in 5 cases abscess/halt and in 1 case transmural clip migration. The follow-up time was 26 weeks on average. In 39 cases the clip was removed during follow-up, in 8 cases spontaneous clip loss was found during follow-up. Impairment of continence was not observed in any of the patients.

The authors conclude, that the OTSC Proctology is a technically simple, fast and safe option for the treatment of cryptoglandular anal fistulas. Good healing rates are achieved, the risk of complications is low, and the method does not carry the risk of incontinence.

Clinical experience with the OTSC Proctology: a multicenter-analysis.
(Klinische Erfahrung mit dem OTSC Proctology: eine Multicenter-Analyse)

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