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PREDICTIVE FACTORS OF ILEUS FOLLOWING ELECTIVE PROCTECTOMY: THE FIRST REPORT FROM THE NSQIP TARGETED PROCTECTOMY FILES.

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Purpose/Background: Ileus is one of the most common postoperative complications following colorectal surgery. The aim of this study was to determine the predictors of ileus following minimally invasive and open elective rectal resections.

Methods/Interventions: The 2016 National Surgical Quality Improvement Program(NSQIP) targeted proctectomy files were used to examine clinical data of patients who underwent elective proctectomy. Emergent and disseminated cancer cases were excluded. Univariate analysis was used to compare characteristics of the ileus and no-ileus cohorts. A multivariate logistic regression model was utilized to identify risk factors predictive of ileus.

Results/Outcome(s): Of the, 2,997 proctectomy procedures identified, 17.2% (515/2,997) of the patients experienced ileus. Univariate analysis showed patients with ileus were more likely to be male (63.5% vs. 36.5%, P=0.001) and have had longer median operative time [293 min (Range: 32-1027) vs 233 min (Range: 2-1084), P<0.01]. Overall, the ileus cohort had a significantly longer median hospital stay (11 days vs. 5 days, P=0.02). Patients with ileus had significantly higher 30-day mortality (2.1% vs. 0.5%, AOR 7.48, P<0.001) and overall morbidity (45.5% vs 23.2%, AOR: 2.61, P<0.001). Multivariate analysis revealed that risk factors predictive of ileus included anastomotic leak (8.4% vs. 1.9%, AOR 2.25, P < 0.001), organ/space surgical site infections (18.3% vs. 5.3%, AOR 2.09, P < 0.001), longer operative time (AOR 1.34, P <0.001) and open surgery (AOR 1.35, P=0.02).

Conclusions/Discussion: In this targeted NSQIP file, we found that ileus is a common condition following rectal resections, with an incidence of 17.2%. Anastomotic leak, organ/space surgical site infections, and longer operative time are significantly associated with higher risk of ileus. Utilizing minimally invasive approach may decrease the risk of ileus.