

## **RESULTS OF EMERGENCY HARTMANN'S OPERATION FOR OBSTRUCTIVE LEFT-SIDE COLORECTAL CANCER**

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Up to 15 % of colorectal cancer (CRC) patients present with obstructive or perforated tumours, and require emergency surgery. The Hartmann's procedure (HP) provides the opportunity to achieve a potentially curative (R0) resection, while minimizing surgical trauma in poor-risk patients. Hartmann's procedure, first described by the French surgeon Henri Albert Hartmann in 1921.

**Aim.** To assess the surgical (operative mortality), and oncological (long-term survival after curative resection) results of emergency HP for obstructive or perforated left-sided CRC.

**Methods.** A retrospective review of 50 patients who underwent emergency HP for perforated/obstructive CRC in surgical department SRCH in period 2007–2013.

**Results.** Median age of patients was 75 (range 22–95) years and the indications for HP were obstruction (32) and perforation (18 patients). Operative mortality and morbidity were 8 % and 26 % respectively. 35 patients (70 %) were operated with a curative intent; in this group, overall 1-, 3- and 5-year survival rates were 80 %, 54 % and 40 %. In univariate analysis, the presence of lymph node metastases was associated with poor 5-year survival (62 % [Stage II] vs. 27 % [Stage III], log-rank test,  $p = 0.02$ ). Eleven patients (22 %) had their operation reversed with a median delay of 225 (range 94–390) days. In this subgroup, two patients died from distant metastases, but there were no instances of loco-regional recurrence.

**Conclusion.** Hartmann's operation remains a good option to palliate symptoms in 30 % of patients with left-sided CRC who are not candidates to a curative resection. For those who have a curative resection, the oncological outcome is acceptable, especially stage II patients, who appear to benefit the most from this surgical strategy.

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