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Title **Laparoscopic and Laparoscopy-Assisted Colectomies**

Agency **HAS, Haute Autorité de Santé/French National Authority for Health**
2, avenue du Stade de France, FR-93218 Saint-Denis La Plaine Cedex, France;
Tel: +33 1 55 93 71 12, Fax: +33 1 55 93 74 35; contact.seap@has-sante.fr, www.has-sante.fr

Reference www.has-sante.fr/portail/display.jsp?id=c_541177

Aim

To assess the efficacy and safety of 8 laparoscopic colectomy procedures to advise French National Health Insurance on their inclusion on the list of reimbursed procedures: right-sided colectomy (RC) with restoration of intestinal continuity; transverse colectomy (TrC); left-sided colectomy (LC) with restoration of intestinal continuity; total colectomy (TC) without restoration of continuity; TC with ileorectal anastomosis, total coloproctectomy (TCP) without restoration of intestinal continuity, and TCP with ileoanal anastomosis.

Conclusions and results

Laparoscopy is an alternative to open surgery when performing a colectomy. HAS considered the expected benefit to be adequate for all 8 procedures assessed and favors their inclusion on the list of reimbursed procedures.

- *Indications for laparoscopic colectomy:* cancer – RC for cancer of the cecum, ascending colon, colonic hepatic flexure; TrC for cancer of the transverse colon; LC for cancer of the colonic splenic flexure, descending colon, sigmoid colon; TC for hereditary non-polyposis colorectal cancer, multifocal cancer, cancer in patients with familial adenomatous polyposis (FAP), some obstructive colon cancers; TCP for cancer in patients with FAP and chronic inflammatory bowel disease (CIBD) and some non-malignant diseases (RC for Crohn's disease, LC for diverticular sigmoiditis, RC and LC for polyps not suitable for colonoscopic removal, TC and TCP for CIBD and FAP).
- *Laparoscopic TrC:* Not assessed in the literature. In the absence of published negative results and by analogy with other types of laparoscopic colectomy, the working group considered its efficacy and safety to be no different from that of open surgery.
- *Laparoscopic RC and LC:* Published morbidity rates were not much different from those for open surgery; the types of complication differed.
  - *In the short term,* at least as effective as open surgery;
  - *In the long term,* efficacy no different from that of open surgery for cancers (provisional conclusion) and at least equivalent for non-malignant diseases. The working group considered that laparoscopic RC for Crohn's disease provided a significant long-term parietal and cosmetic benefit even though its efficacy has been insufficiently assessed.
- *Laparoscopic TC:* Efficacy and safety were not much different from those for open surgery. The working group considered it a viable alternative in all malignant and non-malignant indications, even though the literature on cancers is inconclusive.
- *Laparoscopic TCP without restoration of intestinal continuity:* A rare intervention; published data inconclusive.
- *Laparoscopic TCP with ileoanal anastomosis:* Efficacy and safety were not much different from those for open surgery; literature on cancers inconclusive. The working group considered that it provides a significant long-term parietal and cosmetic benefit in non-malignant diseases.
- *Cost of laparoscopy:* Higher than that of open surgery. The extra cost may be offset by a shorter hospital stay in non-malignant cases. However, in cancer cases, the acceptability of the extra cost needs to be assessed in relation to the short-term benefits of the procedure.

Methods

Search of main medical and health economics databases (1996–2006); opinion of a working group of 7 gastrointestinal surgeons.

Further research/reviews required

Long-term oncologic results (main end-points for colorectal cancer surgery) have been inadequately assessed. Further data are needed to confirm the conclusions of the current literature review.

Written by Nathalie Bataille, HAS, France

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