

ABSTRACT NO. 32

PREDICTORS OF PERINEAL WOUND BREAKDOWN FOLLOWING ABDOMINOPERINEAL RESECTION

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Introduction: High morbidity rates have plagued the abdominoperineal resection (APR) since it was first undertaken one century ago. The purpose of this study is to determine and compare those perioperative factors which may be predictive of perineal wound breakdown following this operation.

Methods: The medical records of patients undergoing APR from 1993 to 2005 were reviewed. The incidence of postoperative pelvic or perineal infection and wound breakdown was documented as well as the need for surgical intervention. Thirty parameters were compared and correlated for perineal wound complications.

Results: 102 patients underwent an APR of which 29 had perineal complications. Thirteen patients required additional surgical procedures. Factors associated with increased perineal complications were: blood transfusion, blood loss, low postoperative albumin levels, and length of hospital stay ($p < 0.05$, Fisher's exact test). Increasing postoperative albumin correlated with a decrease in perineal complications ($p < 0.03$, Pearson's regression analysis). An increasing hospital length of stay was associated with incidence of perineal complication ($p = 0.001$, Pearson's regression analysis). Incidence of perineal complications did not differ between patients with and without preoperative radiation therapy ($p = \text{NS}$, Fisher's exact test).

Conclusions: There is a high incidence of perineal wound complication in patients undergoing APR. Perineal wound complications are associated with the need for additional surgery, increased patient debility, increased hospital length of stay, and overall increased cost of care. Intra-operative blood loss, transfusion of blood and postoperative albumin serum levels are potentially correctable factors that predict perineal wound complications.