

**RESIDENT AS SURGEON YIELDS COMPARABLE RESULTS IN HAND-ASSISTED LAPAROSCOPIC VS. OPEN COLECTOMY: A VA EXPERIENCE**

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**Introduction:** Multiple studies show hand-assisted laparoscopic (HAL) colectomy to be safe compared to open colectomy; also, HAL patients have a shorter hospital stay. Few studies are available from the VA system where surgical residents play a major operative role. We hypothesized that there is no difference in morbidity and mortality comparing HAL vs. open colectomy, and the benefits of laparoscopic surgery are maintained in this VA setting.

**Methods:** We reviewed charts of all patients having colectomies performed by a single faculty surgeon over 2 years at our VA; 15 individual senior residents with limited advanced laparoscopic experience participated as "surgeon" in these procedures. Demographic and clinical data were analyzed using a student's t-test and chi-square analysis where appropriate.

**Results:** We identified 72 patients who underwent colectomy; right colectomies, emergency and pure laparoscopic colectomy (no HAL) were excluded. Thus, data from 25 HAL and 21 open colectomies were analyzed further. We found no differences in age, BMI, ASA class, previous abdominal surgery, or diagnosis/disease. There were no significant differences in operative time (372 vs. 347 min), estimated blood loss (546 vs. 681 cc), or perioperative complications (11 vs. 10). The rate of conversion for HAL procedures was 28% (7/25). Patients who underwent HAL surgery had a significantly shorter length of stay (6.5 vs. 8.4 days,  $p < 0.05$ ). Three patients from each group who had a postoperative complication that affected length of stay were excluded from that analysis. There were no mortalities in either group.

**Conclusions:** These results suggest that hand-assisted laparoscopic colectomy is a safe procedure compared to open colectomy in this VA setting of residents as "surgeon" with the advantage of a shorter length of stay.