00443 Short Term Outcomes Following Colorectal Surgery for Neoplastic Disease in Renal Transplant Patients

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Aims: There has been evidence showing an increased incidence of adenoma and colorectal cancer in renal transplant patients. We aimed to analyse our experience with renal transplant patients who had undergone colorectal resection in order to determine the clinico-pathological characteristics as well as evaluate short term outcomes following surgery.

Methodology: Patients who underwent colorectal surgery at the Department of Colorectal Surgery from 1989 and those who underwent renal transplantation from 1970 under the Renal Transplant Programme at Singapore General Hospital (SGH) until December 2017, were identified using the respective dedicated databases. These databases were cross referenced to ascertain renal transplant patients who had underwent major resection for colorectal cancer or adenoma. Surgery for non-neoplastic conditions were excluded.

Result: Out of nearly 20 000 colorectal surgeries and more than 1460 renal transplantations performed, 34 patients (21 male, 13 female) with previous kidney transplant were found to have undergone colorectal resection for neoplastic disease. Median age at transplant was 42 (IQR 36 – 50) years while median age at colorectal resection was 59 (IQR 54 – 65) years. Thirty patients (88.2%) underwent elective surgery while four (12.0%) had surgery emergently. Most patients (79.4%) underwent surgery for cancer with seven (21.0%) having undergone surgery for polyps not amenable to endoscopic resection or proved benign on histopathological examination. Median length of stay was 8 (IQR 6 – 11.5) days. Six patients (17.6%) experienced significant 30-day post-operative morbidity of Clavien-Dindo grade III or higher, including five with anastomotic leakage, two of whom died within the early post-operative period. 1- and 3-month post-operative mortality rates were 5.9% and 11.8% respectively.

Conclusion: This is the first locally reported series of colorectal surgery performed in renal transplant patients. Propensity matching can be performed to determine if post-operative morbidity and mortality are significantly influenced by a history of renal transplantation.