

Press release

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Basic information

Name: Peter Andersen Email: Peterand82@clin.au.dk Phone: 40945155

Department of: Clinical Medicine

Main supervisor: Lene Hjerrid Iversen

Title of dissertation: Intraoperative and long-term surgical complications following open versus laparoscopic colorectal cancer surgery. (Ureteral injuries, incisional hernia repair, paracolostomy hernia repair, and surgery for adhesive small bowel obstruction)

Date for defence: 23/03 at (time of day): 14.00 Place: Palle Juul Jensen auditoriet, Aarhus Universitetshospital, Nørrebrogade, bygning 10, kælderen. Nørrebrogade 44 8000 Aarhus C

Press release (Danish)

Perioperative og langtids komplikationer efter open og laparoskopisk tyk- og endetarms kræft kirurgi.

På verdensplan er anvendelsen af laparoskopisk (kikkert kirurgi) tyk - og endetarms kræft kirurgi steget, og i dag er laparoskopisk kirurgi standardbehandling hos patienter, som får foretaget operation for tyk-og endetarms kræft i Danmark. Formålet med denne ph.d.-afhandling er at undersøge forskellen mellem komplikationer opstået under operationen og kirurgiske langtids- komplikationer efter åben og laparoskopisk tyk- og endtarmskræft kirurgi i 3 epidemiologiske studier. Et nyt ph.d.-projekt fra Aarhus Universitet, Health. Projektet er gennemført af Peter Andersen, der forsvare det d. 23/03.

I det første studie undersøgte man risikoen for skader på urinlederen efter åben og laparoskopisk tyk- og endetarms kræft kirurg. Hos patienter opereret for endetarms kræft var laparoskopisk kirurgi forbundet med en 2,7 gange øget risiko for skader på urinlederen sammenlignet med åben kirurgi.

I det andet studie undersøgte man risikoen for operation for brok i operationsarret og operation for brok ved stomien efter operation for endetarms kræft. Laparoskopisk endtarmskræft kirurgi var ikke forbundet med en nedsat risiko for efterfølgende operation for brok i operationsarret. Laparoskopisk kirurgi var derimod forbundet med en 2,6 gange øget risiko for operation for et stomi brok sammenlignet med åben kirurgi.

I det tredje studie undersøgte man patienters risiko for efterfølgende at blive opereret for tarmslyng efter operation for endetarms kræft. Laparoskopisk endtarmskræft kirurgi var forbundet med 35 % nedsat risiko for efterfølgende operation for tarmslyng sammenlignet med åben kirurgi.

Forsvaret af ph.d.-projektet er offentligt og finder sted den 23/03 kl. 14.00 i Palle Juul Jensen auditoriet, Aarhus Universitetshospital, Nørrebrogade, bygning 10, kælderen. Nørrebrogade 44 8000 Aarhus C. Titlen på projektet er Intraoperative and long-term surgical complications following open versus laparoscopic colorectal cancer surgery. Yderligere oplysninger: Ph.d.-studerende Peter Andersen, e-mail: peterand82@clin.au.dk, tlf. 40945155.

Bedømmelsesudvalg:

André D'Hoore, MD, PhD, professor

Kirurgisk afdeling, Leuven Universitets Hospital, Belgien

Eva J. A. Morris, MD, PhD, Professor

Epidmiologisk afdeling, Sektion for Epidmiologi og Biostatistik, Leeds (UK)

Cai Grau, MD, DMSc, Professor (Formand)
Onkologisk afdeling, Aarhus Universitets Hospital

Press release (English)

Intraoperative and long-term surgical complications following open versus laparoscopic colorectal cancer surgery

The use of laparoscopic (keyhole surgery) approach in colorectal cancer surgery has increased all over the world, and today laparoscopic surgery is the standard treatment for patients undergoing colorectal cancer resection in Denmark. The aim of this dissertation was to investigate the difference in intraoperative and long-term surgical complications comparing open and laparoscopic colorectal cancer. The project was carried out by Peter Andersen, who is defending his dissertation on 03/23.

In the first study, the risk of ureteral injury was investigated after open and laparoscopic colorectal cancer surgery. Laparoscopic rectal resection was associated with a 2.7-fold increased risk of ureteral injury. In the second study, the risk of incisional hernia repair following open and laparoscopic rectal cancer resection was investigated. Laparoscopic rectal resection was not associated with a decreased risk of incisional hernia repair. In the subgroup of patients undergoing rectal cancer resection with a colostomy, laparoscopic rectal cancer surgery was associated with a 2.6-fold increased risk of paracolostomy hernia repair.

In the third study, the risk of surgery for adhesive small bowel obstruction following open and laparoscopic rectal cancer resection was investigated. Laparoscopic rectal cancer resection was associated with a 35% decreased risk of surgery for adhesive small bowel obstruction compared to open rectal resection.

The defence is public and takes place on 03/23 at 14.00 in Palle Juul Jensen auditoriet, Aarhus University hospital, Nørrebrogade, bygning 10. Nørrebrogade 44, 8000 Aarhus C Aarhus University,. The title of the project is Intraoperative and long-term surgical complications following open versus laparoscopic colorectal cancer surgery. For more information, please contact PhD student Peter Andersen, email: peterand82@clin.au.dk, Phone +45 40945155

Assessment committee:

André D'Hoore, MD, PhD, professor
Department of Abdominal Surgery, University Hospital of Leuven, Belgium

Eva J. A. Morris, MD, PhD, Professor
Department of Cancer Epidemiology, Section of Epidemiology and Biostatistics, Leeds (UK)

Cai Grau, MD, DMSc, Professor (Chairman)
Department of Oncology, Aarhus University Hospital

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