BMC Geriatrics

MEETING ABSTRACT Open Access

The quality of life in patients treated for rectal cancer

M Mangiapane*, EV Bonafede, G Di Carlo, C Lo Piccolo, M Vitrano, G Diana

From XXIII Annual Meeting of the Italian Society of Geriatric Surgery
Lecce, Italy. 2-4 December 2010

Background

The aim of this study is to investigate the quality of life (QOL) in patients treated surgically for rectal cancer. We will evaluate different surgical treatments, complications, presence and absence of a protective or definitive stoma and how this can influence the patient's quality of life.

Materials and methods

We have evaluated 69 consecutive patients (39 male and 30 female) operated for rectal cancer in our ward. The preoperative investigation includes, according to guidelines for CRC treatment: pancolonscopy, chest radiography and a CT scan of the abdomen. The most appropriate surgical treatment was chosen depending on the results of the preoperative study (Table 1).

A standard questionnaire investigating the quality of life was administered to all the patients in the preoperative time (t0), in the early postoperative time(t1) and 3 (t2), 6 (t3), 9 (t4) and 12 (t5) months after the operation. Our questionnaire, the same as EORTC QLQ-C30 [1], QLQ-C38 [2] and SF-36 [3], is composed of the items described in Table 2.

Table 1

	n	%
Male	39	55
Female	30	45
Median age (years)	68,6	45-92

Table 2

Questionnaire items
Age
Staging
Surgical treatment
Presence of stoma
Resume of non-working activity
Body functions
Emotional functions
Sexual functions
Social relations
Global QOL

Results

All the patients enrolled in the study answered our questionnaire. 31 of the patients underwent anterior resection of the rectum with total mesorectal excision(ARR), 24 underwent lower anterior resection (Low ARR), 9 underwent ultra-low anterior resection (Ultra-low ARR), 1 underwent Hartmann resection, 1 underwent abdominoperineal resection sec. Miles and 3 patients were treated by endoscopical resection (Table 3).

A temporary stoma was made in 32 patients, and a definitive one in 2 patients. The stoma was made only in the patients with an elevated risk of anastomotic leakage. The overall complication rate was 20.2%, interesting 14 patients of the total as described in the table 4.

Table 3

Surgical Treatment	n	%
ARR	31	45
Low ARR	24	34.8
Ultra-low ARR	9	13
Others	5	7.2

* Correspondence: mirman81@gmail.com
U.O.C. Chirurgia Generale e Geriatrica, AOU Policlinico di Palermo, Palermo, Italy

Table 4

	N° patients	%
Anastomotic leakage	10	14.4
Fistula	3	4.3
Anastomotic stenosis	1	1.4
Total	14/69	20.2

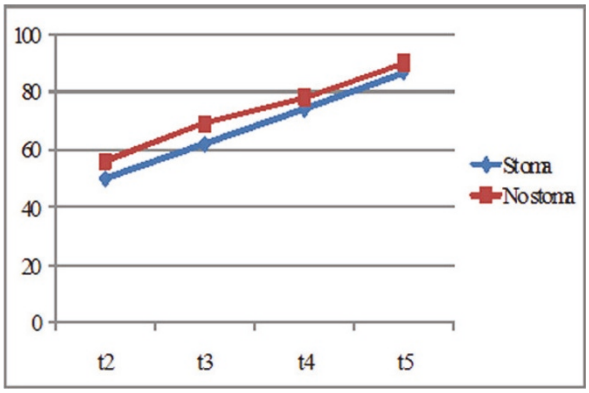

Figure 1

The patients, in particular those with stoma, have a decrease of the QOL global index in respect to self image and social life. In t2, t3, t4, t5 the patients have a gradual improvement of their QOL although the patients with stoma always present a lower score (Fig. 1).

Conclusions

The perception of quality of life is a dynamic reality that changes according to the length of time we evaluate the patient. Our study, in agreement with scientific literature [4-6], confirms that quality of life increases with time and that although rectal cancer and its surgical treatment may produce functional and psychological deficit the QOL remains elevated.

Published: 24 August 2011

References

1. Aronson Nk, Ahmedzai S, *et al*: **The European Organization for Research and Treatment of Cancer QLQ-C30: a quality of life instrument for use in international clinical trials in oncology.** *J Natl Cancer Inst* 1993, **85**:365-376.
2. Sprangers Ma, Te Velde A, *et al*: **The construction and testing of the EORTC colorectal cancer specific quality of life questionnaire module (QLQ-CR38). European Organization and Treatment of Cancer Study Group on Quality of Life.** *Eur J Cancer* 1999, **35**:238-247.
3. Ware Je, Sherbourne Cd: **The MOS 36-item short-form health survey (SF 36) 1: conceptual framework and item selection.** *Med Care* 1992, **30**:473-483.
4. Ross L, Abild-Nielsen Ag, *et al*: **Quality of life of Danish colorectal cancer patients with and without a stoma.** *Support Care Cancer* 2007, **15**:505-513.
5. Carlsson E, Berndtsson I, Hallen Am, Lindholm E, Persson E: **Concerns and Quality of Life Before Surgery and During the Recovery Period in Patients With Rectal Cancer and an Ostomy.** *J Wound Ostomy Continence Nurs* 2010, Nov 3. [Epub ahead of print].
6. Fucini C, Gattai R, Urena C, Bandettini L, Elbetti C: **Quality of life among five-year survivors after treatment for very low rectal cancer with or without a permanent abdominal stoma.** *Ann Surg Oncol* 2008, **15**:1099-1106.

doi:10.1186/1471-2318-11-S1-A27
Cite this article as: Mangiapane *et al.*: The quality of life in patients treated for rectal cancer. *BMC Geriatrics* 2011 **11**(Suppl 1):A27.