

8. ASSESSMENT OF THE COMPLICATIONS FOLLOWING GASTRECTOMY FOR GASTRIC CANCER: AN OBSERVATIONAL RETROSPECTIVE STUDY

Author: Mămăligă Cătălina

Scientific adviser: Victor Schiopu, MD, Assistant Professor, Department of Oncology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

Introduction. As surgery remains the main treatment option for gastric cancer, the incidence of postoperative complications following radical gastric resections should become an index which assesses the surgical outcome. The purposes of this study were to retrospectively analyse all postgastrectomy complications according to severity using Clavien–Dindo classification and to identify risk factors related to postoperative complications.

Aim of study. Most studies about complications after gastric cancer surgery have been performed without consideration of the severity of each complication. Therefore, we aimed to assess this gap in our knowledge by studying patients with resectable gastric cancer.

Methods and materials. The data of 122 consecutive patients who underwent radical gastric resections have been collected retrospectively. The postoperative complications were graded according to Clavien–Dindo classification. Statistical analysis was performed using the Chi-square test and ANOVA test. A p value of $<0,05$ was considered significant.

Results. The incidence of postoperative complications was 82,8%. The numbers of grade I, II, III, IV and V according to Clavien–Dindo were 25 (18%), 33 (25, 77%), 58 (45,31%), 8 (6,85%) and 6 (4,75%), respectively. Patient-related variables, like age ($p=0,468577$), ASA score ($p=0,27$), sex ($p=0,52$), TNM staging ($p=0,81$), Charlson Comorbidity Index ($p=0,65$) and operation – related variables, like lymph node dissection ($p=0,131$) and the extent of resection ($p=0,23$), weren't found as risk factors, whereas multiorgan resections had an important impact over the postoperative outcome ($p=0,0027$) and previous abdominal resections ($p=0,05$).

Conclusion. Our results show that the postoperative outcome following open gastrectomies is mainly influenced by the multiorgan resection and previous abdominal resections.