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Harry S Goldsmith

University of California, USA

Pyloric valve transposition as substitute for a colostomy in humans

Background & Aim: The purpose of this presentation is to show that a transposed pyloric valve (PV) can be mobilized to the perianal region and can function as a replacement for an excised rectal sphincter. Surgical research on animals has shown that a vascularized PV can be taken out of gastroduodenal continuity, transposed to the pelvic region with maintenance of fecal control when positioned in the anal area.

Methods: The surgical procedure has recently proved successful in humans in whom the distal end of the left colon was anastomosed to the proximal end of the transposed PV with the distal end of the PV sutured to the skin in the perianal area as the replacement for an excised rectal sphincter. Fecal control was established after the operation.

Results: The PV healed in an anal position in humans with no apparent anatomic or physiological reasons to suggest that the operation might not be successful in the future as a substitute for a surgically excised or a severely damaged rectal sphincter.

Conclusions: A vascularized PV supplied by the gastroepiploic artery within an omental pedicle can serve as a replacement for an excised rectal sphincter, thus eliminating the need for a permanent colostomy.

Biography

Harry S Goldsmith has been a Professor of Surgery and Neurosurgery for more than 45 years. He has invented several surgical procedures including an operation to treat Alzheimer's disease and a procedure to treat acute and chronic spinal cord injuries. He is an author of 270 papers or book chapters, has edited three surgical texts, and has received honorary degrees from two Chinese universities. He is a Surgeon, Worldwide Lecturer, and Advisor on the application of his surgical procedures.

hlgldsmith@aol.com

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