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Keywords: Laparoscopic surgery; Obesity; Pathologic outcomes; Colorectal cancer; Postoperative; Review

Introduction

Obesity has become a global epidemic. e world Health Organization (WHO) de nes obesity as a body mass index (BMI) of 30 kg/m² [1]. In 2009/2010 37.5% of adults in the U.S. were considered obese [2]. Obesity is associated with a higher incidence of comorbidities including diabetes, coronary artery disease, hypertension, and hypercoagulopathy [3,4]. Furthermore, obesity is considered a higher risk for surgical complications, as well as intraoperative technical di culties. Previous studies have suggested adverse outcomes a er colorectal surgery in patients who are obese [5], increasing the rate of

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Received August 31, 2013; Accepted October 24, 2013; Published October 28, 2013

Citation: Garcia JS, Dasilva G (2013) Outcomes in Laparoscopic Colectomy for Colorectal Cancer in the Obese. J Obes Weight Loss Ther 3: 198.doi:10.4172/2165-7904.1000198

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to open surgery were variable and included comorbidity, tumor stage, surgeon training, and patient characteristics. In a systematic review and meta-analysis, Makino et al. [21] determined that di culties related to exposure and dissection were the most common indications for conversion; however, they did not report if this a ected oncologic outcomes. A case-matched study [22] with a small patient population suggested that conversion to open surgery does not a ect oncologic survival or local recurrence. Allaix et al. [23] determined that the most common cause of conversion related to the tumor was stage; speci cally, a pT4 cancer was independently associated with poor survival. ese authors also reported that the most frequent non-tumor cause of conversion was obesity, and that conversion itself does not a ect long-term survival in patients with localized CRC.

Lymph node retrieval

Evaluation of lymph nodes is very important for the optimal treatment of colorectal adenocarcinoma. Con rmation of lymph node metastasis is fu

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