

To the Editors:

Quality of life following restorative proctocolectomy for ulcerative colitis and familial adenomatous polyposis

Ulcerative colitis (UC) is a chronic inflammatory bowel disease and familial adenomatous polyposis (FAP) is a hereditary disease of the colon. Both FAP and long standing UC carry an increased risk of colorectal cancer (CRC). At present, restorative proctocolectomy (RP) is the surgical treatment of choice for UC and for all patients with FAP. RP aims to remove the entire diseased colon and restore intestinal continuity by creating a neo-rectum with the terminal ileum [1,2]. It is a safe procedure with good functional outcome [3,4]. Assessment of the quality of life (QOL) of patients following RP has become a practical way of measuring the outcome of surgery [5,6]. The aim of this small study was to evaluate the impact of RP on the QOL and to compare the QOL before and after RP for UC and FAP.

QOL of all patients with UC and FAP who underwent RP over a period of 48 months was evaluated preoperatively and at 6 months and 1 year following surgery using the Cleveland global quality of life (CGQL) instrument [6]. This consists of 3 subcomponents, namely, current quality of life, current quality of health and current energy. Any difference of QOL (i.e. before and after surgery) was compared using Student's t-test and a p -value <0.05 was considered significant.

20 patients (UC=12, FAP=8) underwent RP during this period. There were 13 males and 7 females, median age 30.5 years (range, 17-52). The overall preoperative CGQL score of all patients was 0.602 and the scores at 6 months and 1 year post-surgery were 0.772 ($p<0.05$) and 0.917 ($p<0.05$) respectively.

The mean overall CGQL score as well as its 3 subcomponents improved after surgery for ulcerative colitis. Compared to the preoperative score (0.464), they obtained significantly improved overall CGQL scores at 6 months (0.866, $p<0.001$) and at one year (0.949, $p<0.001$).

The mean overall pre-operative CGQL for patients with FAP was 0.808. The average overall post-operative CGQL scores at 6 months and 1 year were 0.631 ($p=0.772$) and 0.870 ($p<0.05$) respectively.

In many studies the QOL after RP has been measured using non-validated QOL instruments [7,8]. Our study indicates that RP results in a significant improvement of

QOL in patients with UC or FAP. Overall CGQL scores in our study showed an improvement in the longer term. Major surgery such as RP sometimes has an adverse impact on the QOL in the short term, but tends to improve in the longer term. In our study, FAP patients showed a reduction in the overall CGQL score at 6 months, but the score improved at one year. This reduction of the QOL in post operative FAP patients may be because in FAP, unlike UC, it is most often asymptomatic individuals (i.e. following screening) who undergo prophylactic surgery. The subsequent increase in the score probably reflects improvement in pouch function in the long term, and to patients realising the benefits of cancer prevention.

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D Subasinghe¹, D N Samarasekera¹

¹Department of Surgery, University of Colombo, Sri Lanka.

Correspondence: DNS, e-mail <samarasekera58@yahoo.co.uk>. Received 28 January and revised version accepted 2 May 2010. Competing interests: none declared.