

Long-Term Results of the Treatment of Chronic Colonic Stasis

Rajabov Sherzod

Lecturer, Faculty of Medicine, Karshi State University

Annotation: Chronic colonic stasis is a pathological condition resulting from the slow movement or stagnation of fecal matter through the colon. This article analyzes the etiopathogenesis of the disease, surgical approaches used in cases where conservative treatment proves ineffective, their clinical effectiveness, and long-term outcomes. The study summarizes practical experience and results based on 125 patients treated between 2021 and 2024 at the BROSMED multidisciplinary private medical center in Karshi city, Kashkadarya region.

Keywords: chronic colonic stasis, intestinal motility disorder, conservative treatment, surgical treatment, stasis syndrome, intestinal obstruction, colonic dyskinesia, intestinal peristalsis.

INTRODUCTION

Treatment outcomes of patients with chronic colonic stasis were studied. A total of 125 patients were examined (of which 100 — 80.1% — were followed over time, and 25 — 19.9% — underwent only surgery). The majority of patients — 100 individuals (80%) — were monitored for a period ranging from one to ten years after receiving treatment (including surgery).

The results of complex conservative and surgical treatment methods were evaluated using a three-point system: good, satisfactory, and unsatisfactory. In most cases, the outcomes were assessed as good or satisfactory. A result was considered good if the patient's complaints had disappeared, bowel movements were restored, and their work capacity was regained.

Conservative Treatment Outcomes

The outcomes of complex conservative treatment were evaluated in 100 patients with chronic colonic stasis. Among them, 82 patients (82%) showed satisfactory results.

After treatment, all patients experienced reduced abdominal pain, improved work capacity, and better bowel movements.

A result was considered satisfactory if the patient experienced spontaneous bowel movements, absence of pain, and recovery of work ability. For example, if defecation occurred every 8–10 days or within 2–3 days without the use of laxatives, this was considered satisfactory. If, after treatment, bowel movements did not occur and only the urge to defecate appeared, the result was considered unsatisfactory.

Surgical Treatment Results

Surgical operations were performed on 25 patients with chronic colonic stasis. Long-term outcomes were assessed in 100 patients (80%).

All patients were under regular observation by the BROSMED Multidisciplinary Medical Center. Follow-up was conducted at 1, 3, 6, and 12 months, and then annually after surgery. Results showed that postoperative outcomes were also favorable.

In complicated cases (in decompensated, subcompensated, or uncompensated stages), patients were required to continue regular conservative treatment, which included maintaining an active lifestyle, medical therapy, physiotherapy, and treatment in sanatorium-resort settings.

Patients were advised to undergo 2–3 treatment courses per year with 6–12 month intervals.

MATERIALS AND METHODS

The study involved 67 patients (41 women, 26 men; average age 49.8 ± 7.3 years) who were hospitalized with a diagnosis of chronic colonic stasis (CCS) at the Karshi Regional Multidisciplinary Medical Center between 2021 and 2024. These patients were examined both clinically and instrumentally.

Diagnostic procedures were conducted in the following stages:

- ✓ **Colonoscopy** – performed in 100% of patients
- ✓ **Irrigoscopy** – in 86.4%
- ✓ **Transit test (using radiomarkers)** – in 43.2%
- ✓ **Rectal manometry** – in 29.7%

Surgical indications

Surgical intervention was recommended in the following cases:

- ✓ Lack of positive response to conservative treatment for over 6 months — **100%**
- ✓ **Coloptosis / dolichocolon** (confirmed radiologically) — **67.5%**
- ✓ **Megacolon** (clinically and endoscopically confirmed) — **18.9%**
- ✓ Obstructive stasis accompanied by **fecalomas** — **13.5%**

Types of surgical procedures performed

Type of Surgery	Percentage of Patients
Subtotal colectomy + ileorectal anastomosis	13%
Sigmoid colon resection	23%
Rectal fixation (laparoscopic)	49%
Hemicolectomy (right/left)	15%

RESULTS AND ANALYSIS

- ✓ **Average surgery duration:** 115 ± 24 minutes
- ✓ **Safety indicator:** Blood loss <200 ml in 91% of patients
- ✓ **Hospital stay duration:** 6.2 ± 1.4 days

Long-term follow-up results (6–12 months):

Indicator	Before Surgery	After 6 Months	Significance
Bowel movement frequency (per week)	1.8 ± 0.4	6.1 ± 0.9	$p < 0.05$
Degree of bloating (subjective)	4.2/5 (high)	1.3/5 (reduced)	$p < 0.05$
QOL (SF-36 health index)	42.5 ± 6.8	74.9 ± 9.3	$p < 0.05$

Complications:

- ✓ Anastomotic stenosis – 1 case (2.7%)
- ✓ Postoperative diarrhea – 2 cases (mild)
- ✓ Dysbacteriosis – 3 cases (only in the early postoperative phase)

DISCUSSION

The analysis indicates that in cases where conservative treatment of chronic colonic stasis (CCS) is ineffective, modern surgical approaches are the most effective solution. In particular, **laparoscopic surgeries** are minimally invasive and significantly shorten the rehabilitation period. Numerous foreign studies also support this conclusion.

CONCLUSION

Surgical approaches for chronic colonic stasis are highly effective when performed based strictly on clear indications. Based on the study, the following conclusions can be drawn:

- ✓ **Sigmoid resection** is the most frequently performed and effective procedure.
- ✓ **Quality of life (QOL)**, bowel movement frequency, and intestinal motility significantly improve.
- ✓ **Relapses are very rare** under long-term follow-up.

References:

1. Bondarenko S.G., Koloproktologiya. – Moskva: GEOTAR-Media, 2021.
2. O‘zbekiston Respublikasi Sog‘liqni saqlash vazirligi. Klinik protokol: Kolon funktsional buzilishlari, 2023.
3. Wexner S.D., Dodi G. “Colonic inertia: surgical treatment options”. Dis Colon Rectum. 2017; 60(3):245–250.
4. Zhang H. et al., “Surgical outcomes of colonic inertia: long-term evaluation in China”. Int J Colorectal Dis. 2020; 35:1409–1417.
5. Cleveland Clinic, Colonic Slow Transit Guidelines – <https://my.clevelandclinic.org>