First series of laparoscopic colorectal resection in Assiut university hospital.

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- Laparoscopic surgery is now a well established treatment and often considered as the default option for several malignant and benign colon and rectal diseases.

- The oncologic outcomes were certainly perceived as the main issue to face the early stage of lap colorectal surgery and this formed the basis of several international clinical trials, which were designed to investigate the feasibility of laparoscopic colorectal surgery, the cancer risk, morbidity and recovery benefits.

- At least four large prospective, randomized controlled trials, from North America, Canada and Europe, have been completed and have reported on both short and long term outcomes, confirming the feasibility and the oncological safety of colorectal lap surgery (Luglio et al , 2015)

Port site recurrence – recent results

- 30 / 3547 (0.85%)
  Wittich P et al. (2000) Port site recurrences in laparoscopic surgery.

- 11/1114 (1%)
  Chapman AE et al. (2001) Laparoscopic assisted resection of colorectal malignancies a systemic review.

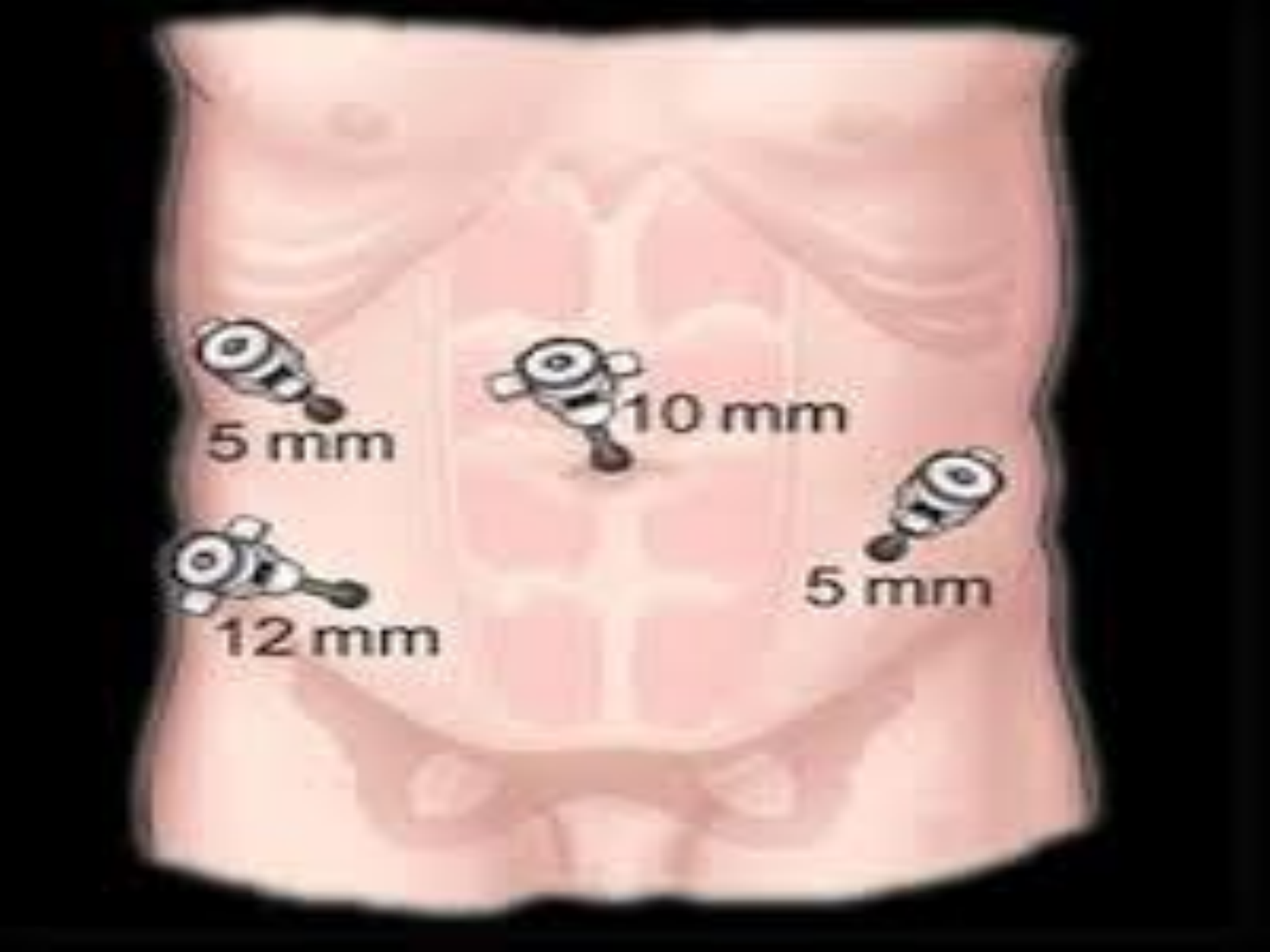
- Strasbourg series has 0% in 1000 cases
- Italian registry reported 0.9% in 1753 cases

- Despite the proven benefits of laparoscopic colorectal surgery and low morbidity rates, we are still far from considering it as the gold standard procedure, the steep learning curve might be probably considered the main cause of the limited adoption of this procedure

- **The aim of the present study** is to determine the feasibility and safety of laparoscopic colon and rectal surgery in learning curve setting.

TECHNICAL PRINCIPLES OF LAPAROSCOPIC COLO-RECTAL SURGERY

- STANDARDIZE THE TECHNIQUE.
- FOLLOW STRICT ONCOLOGICAL PRINCIPLES.
- ADEQUATE INFRASTRUCTURE IN THE OR.
- GOOD PATIENT SELECTION & GOOD INDICATION FOR SURGERY


5 mm
10 mm
5 mm
12 mm

Medial to lateral approach in laparoscopic colectomy

- 1-EXPOSURE OF THE RETROPERITONEAM
- 2-INSCISION OF THE PERITONEUM
- 3- THE ARTERY
- 4-MEDIAL TO LATERAL DISSECTION
- 5-THE VEIN
- 6- SPLENIC FLEXURE
- 7- TRANSITION FROM RETROPERITONEUM TO PRESACRAL SPACE
- 8- LAT DISSECTION
- 9- DISTAL TRANSECTION
- 10- EXTERIORIZATION
- 11-ANASTOMOSIS

- We will review retrospective data of twenty four cases of colorectal cancer who underwent complete successful laparoscopic resection done by a team of surgeons at the beginning of their learning curve.
- Procedures were performed according to the principle of mesorectal excision with central vascular ligation.
- Patient demographics, perioperative variables, oncological and short term outcomes, morbidity and mortality has been assessed

No of case	Type of procedure	Operative time	Blood loss cc	Intraoperative complication
1	APR	5:30	100	
2	APR	5	150	
3	Sigmoidectomy	2:50	100	Injury of I.M.A
4	Low anterior resection	4	150	
5	Sigmoidectomy	3:15	100	
6	Low anterior resection	4:20	100	
7	APR	4:30	800	Injury of mesentery
8	APR	2.30	200	
9	APR	2.45	150	
10	Sigmoidectomy	1.40	50	

Case No	Type of procedure	Operative time	Blood loss cc	Operative complication
11	APR	3:00	250	
12	sigmidectomy	2:10	150	
13	APR	3:20	250	
14	Sigmoidectomy	2:40	200	
15	Sigmoidectomy	2:30	150	
16	APR	3:10	300	
17	Low anterior resection	4	150	
18	Low anterior resection			Converted to open surgery

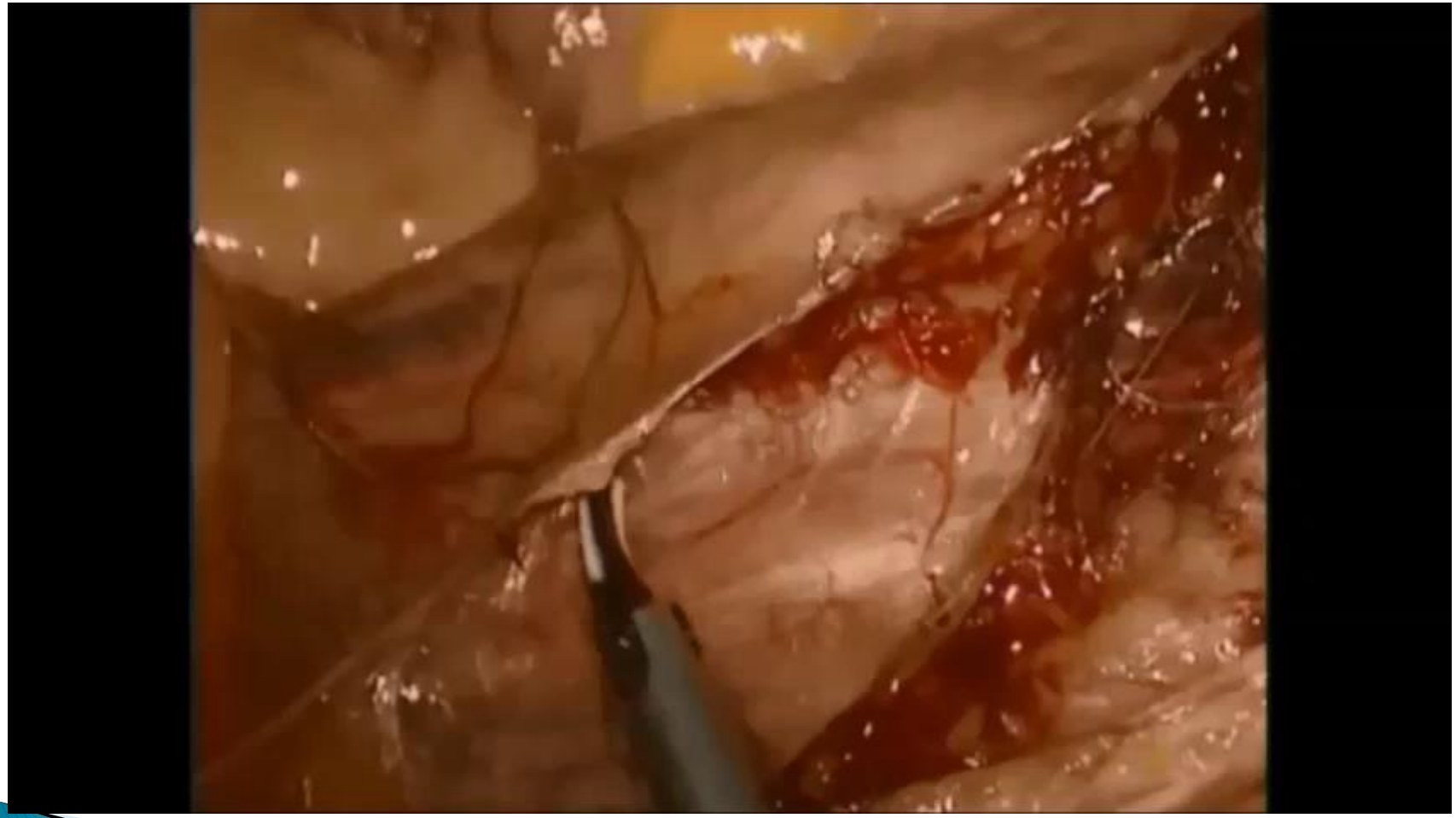
Case No	Type of procedure	Operative time	Blood loss cc	Operative complication
19	Low anterior resection	3:00	250	Converted to open surgery
20	Low anterior resection	2:10	150	
21	Low anterior resection	3:20	250	
22	Low anterior resection	2:40	200	
23	Low anterior resection	2:30	150	
24	Low anterior resection	3:10	300	

Two cases converted to open surgery.

- Smooth postoperative recovery.
- Duration of post-operative stay 5-8 days .
- No evidence of complications (anastomotic leak, pelvic abscess, incontinence).
- Free radial and distal margin for all patients.


AL
10cm
MF 1.00


Fouada Haridy
Pelvis
*30/09/1975, F, 40Y
STUDY 1
30/09/2015
15:31:25
16 IMA 11 / 20
HLP
El Amal Center
Avanto
MR B17
HFS
+LPH
AL
MF 1.26
5cm



Conclusion

Laparoscopic resection of colorectal cancer is safe, feasible and leads to excellent results in terms of recovery, oncological and short term outcomes even in a learning curve setting.


Thank You!