



# Laparoscopic Sigmoidectomy for T4 Tumors; Difficulties and Solutions.

**Prof. Dr/ Hussein Fakhry**

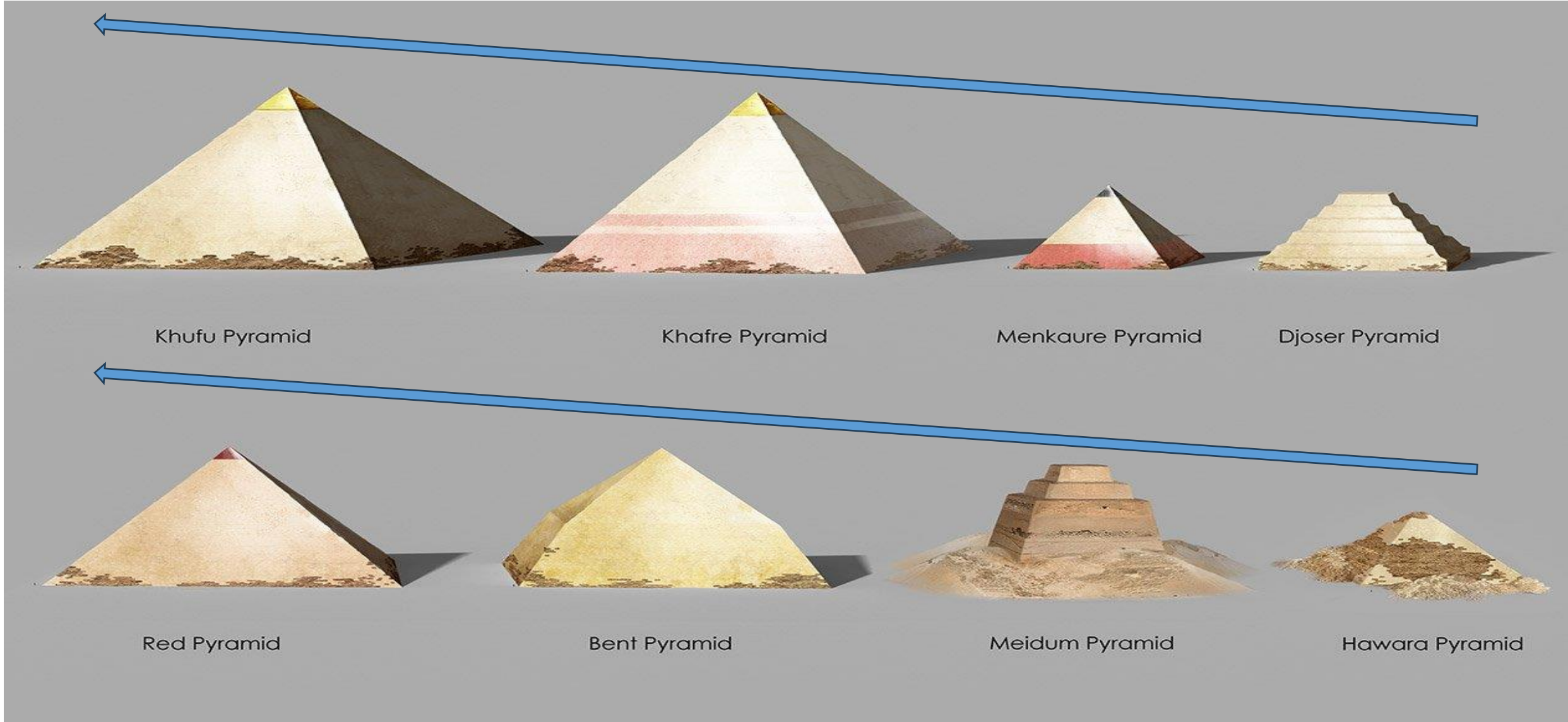
**Professor of Surgical Oncology, South Egypt Cancer  
Institute, Assiut University, Egypt**

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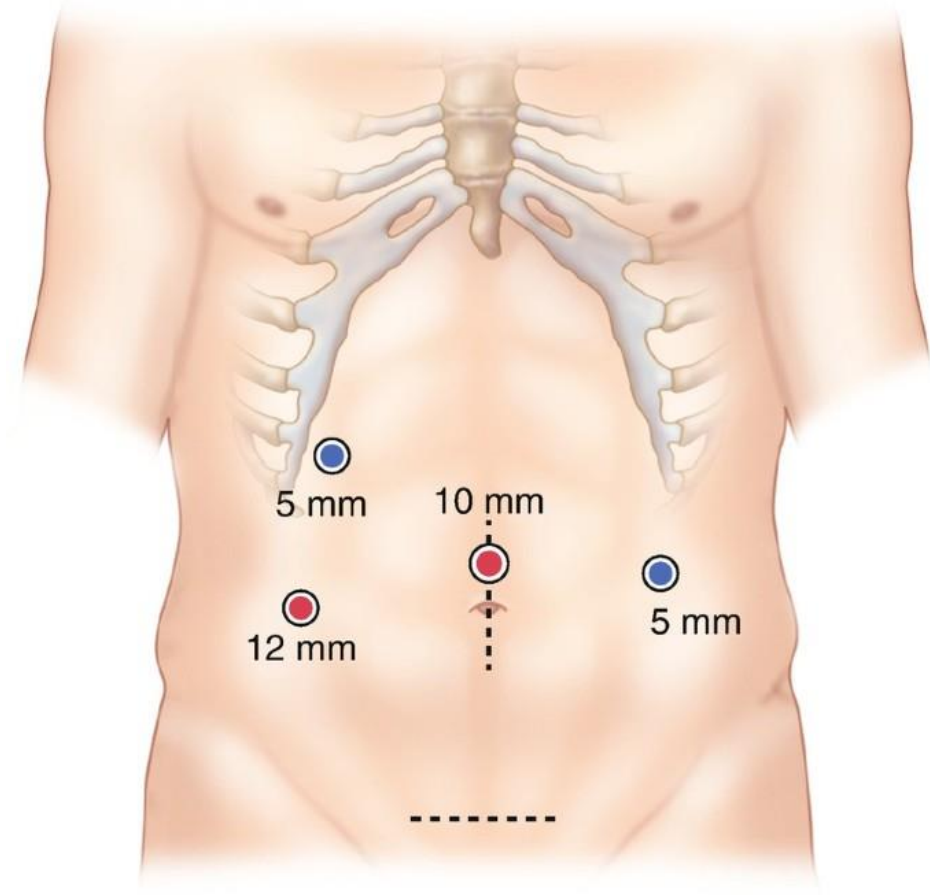
- In Egypt, the estimated rate of colorectal cancer (CRC) is 6.5 % of all malignant tumors.
- The sixth most commonly recorded tumor
- 5-20% of colon cancer patients diagnosed with locally **advanced** disease (T4 stage)

Since pharaohs built pyramids, learning curve became a cornerstone in any achievement



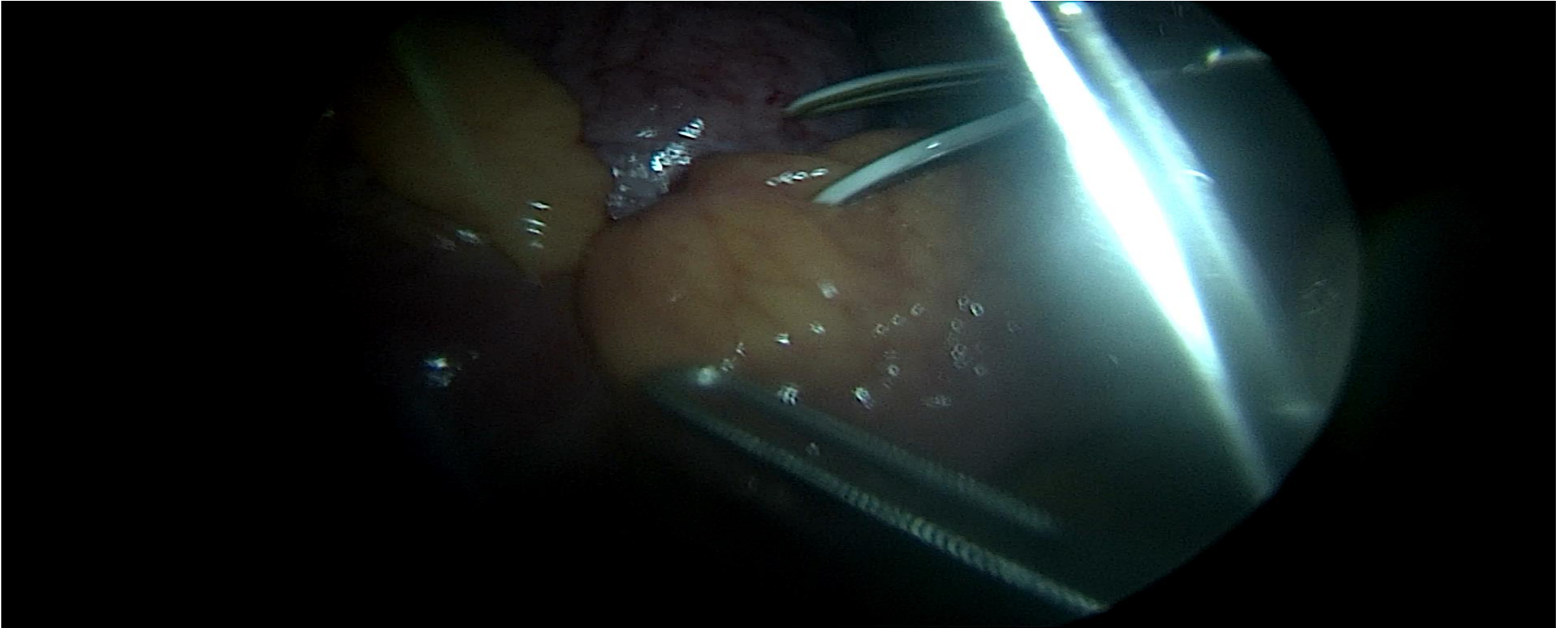
# I- PORT PLACEMENT:

- 12-mm umbilical camera port
- 5-mm working port are placed under visualization in the right upper abdomen
- 12-mm working port right lower abdomen,
- 5-mm working port left lower quadrants of the abdomen

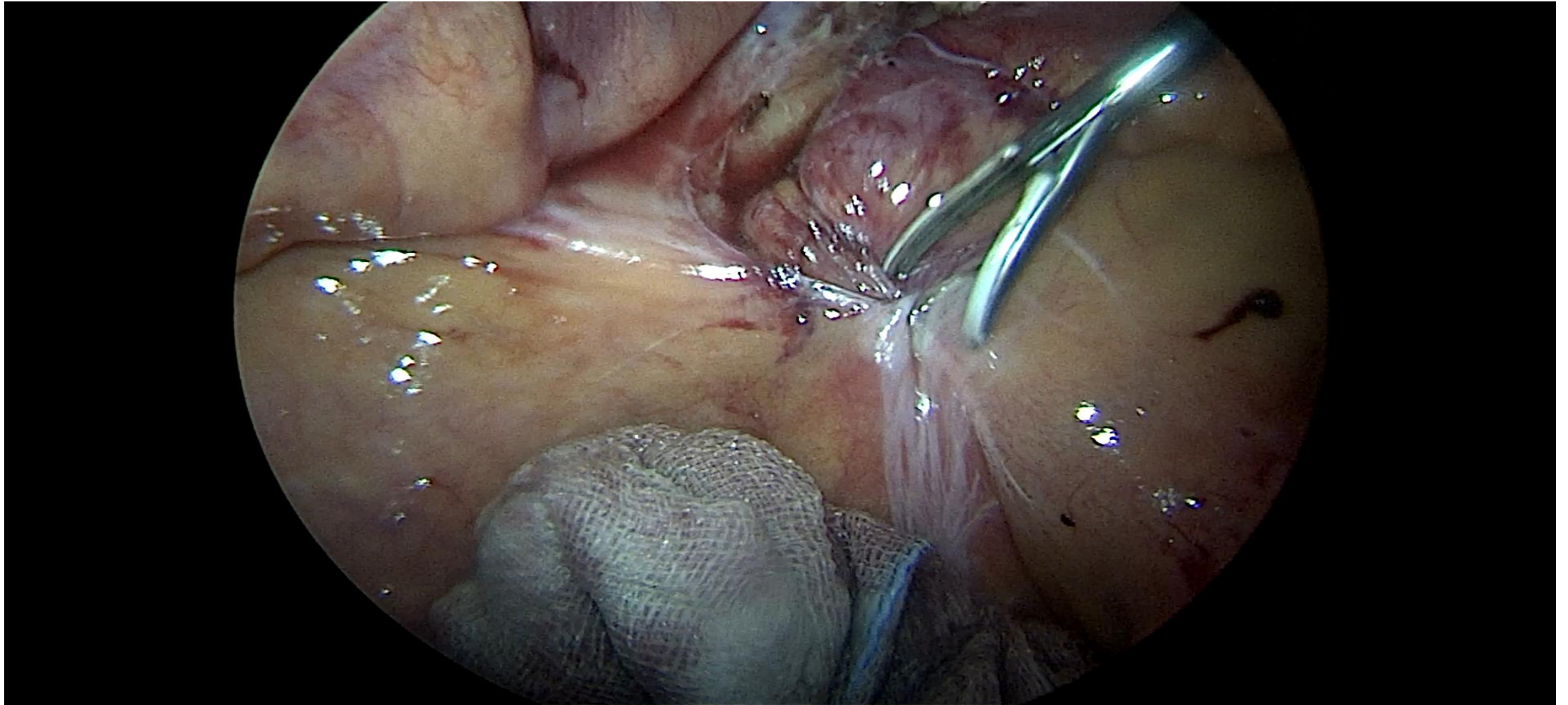


## II- Exposure:

A- Dissection of sigmoid tumor from nearby small intestine.



## B- Adhesiolysis of congenital adhesions

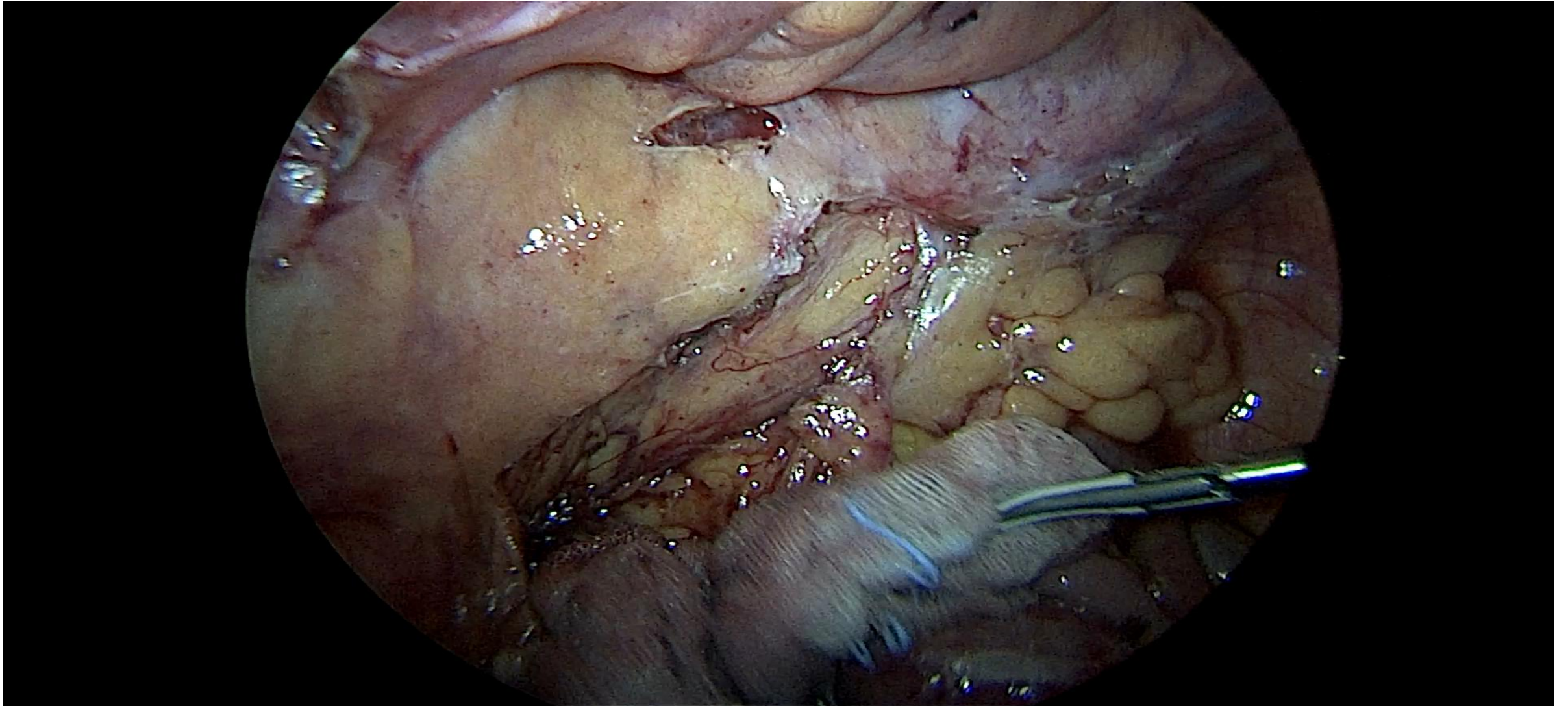


# First message:

- Very common, conversion to open surgery is caused by difficulty in exposure
- **So,** To perform a medial approach, take your time to achieve perfect exposure.



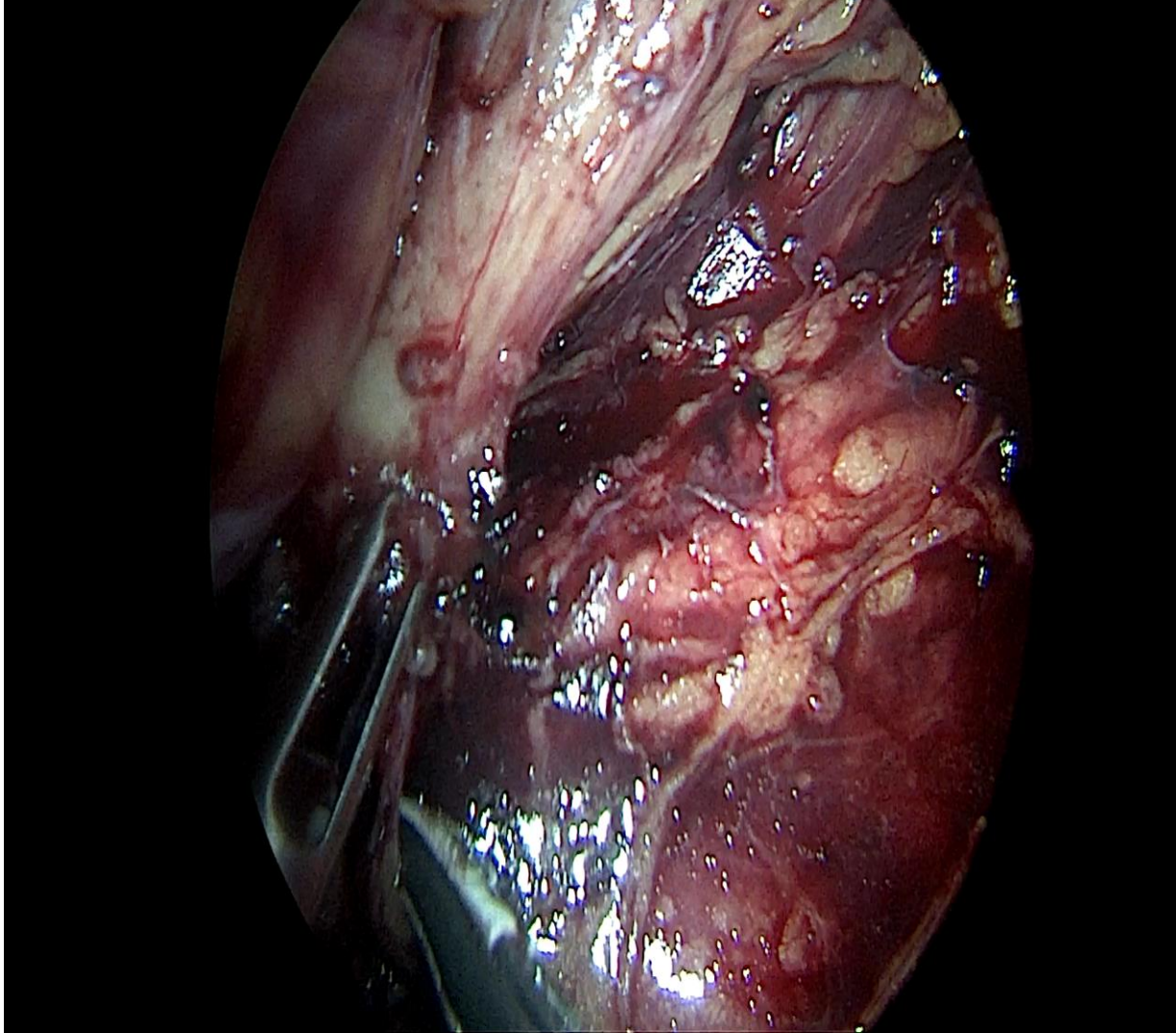
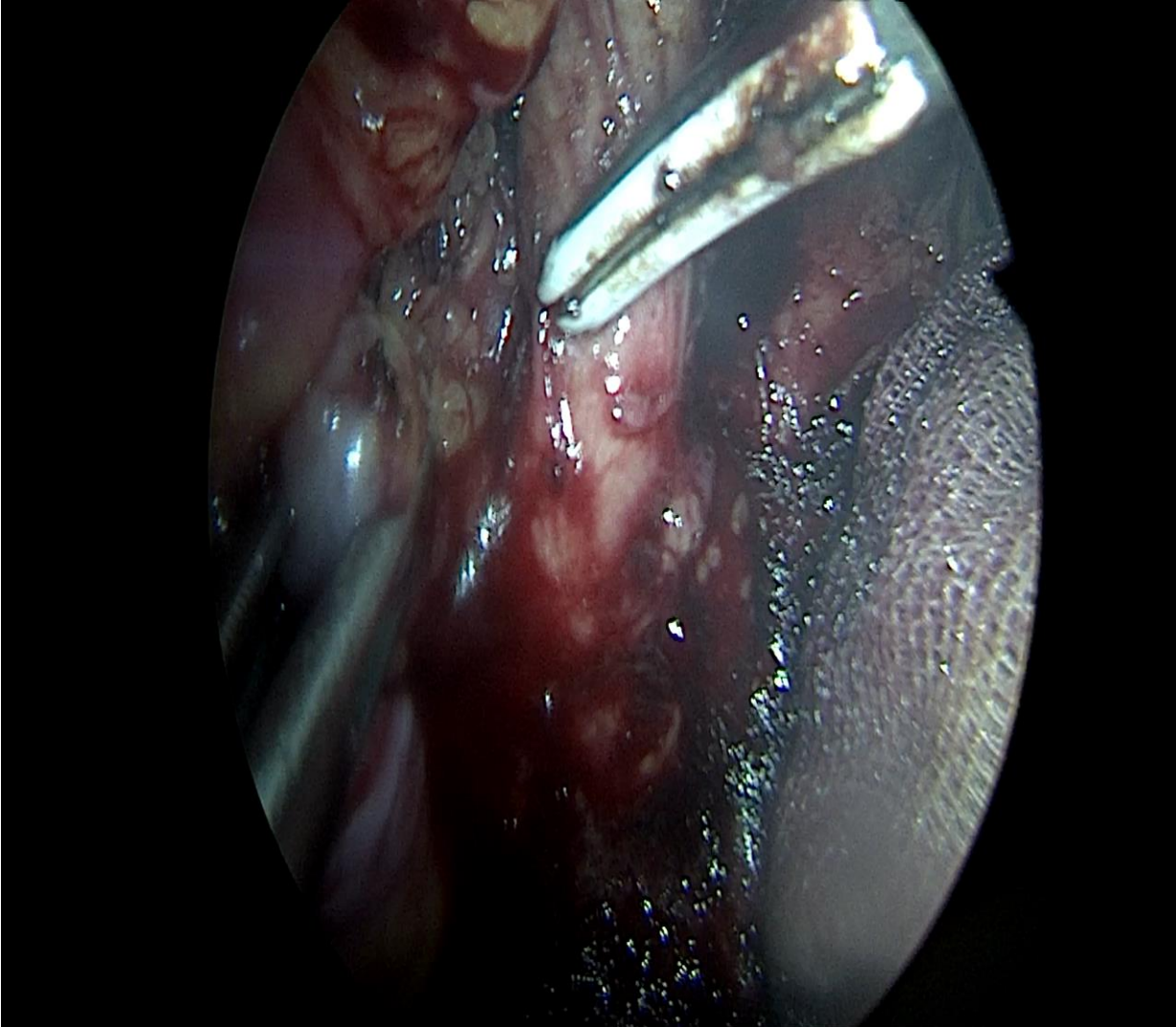
# III- Primary Vascular Approach (Medial Approach)




## Second message:

- Always keep in avascular plane between mesocolon and retroperitoneum
- So, the ureter, retroperitoneal blood vessels, and autonomic nerves are protected

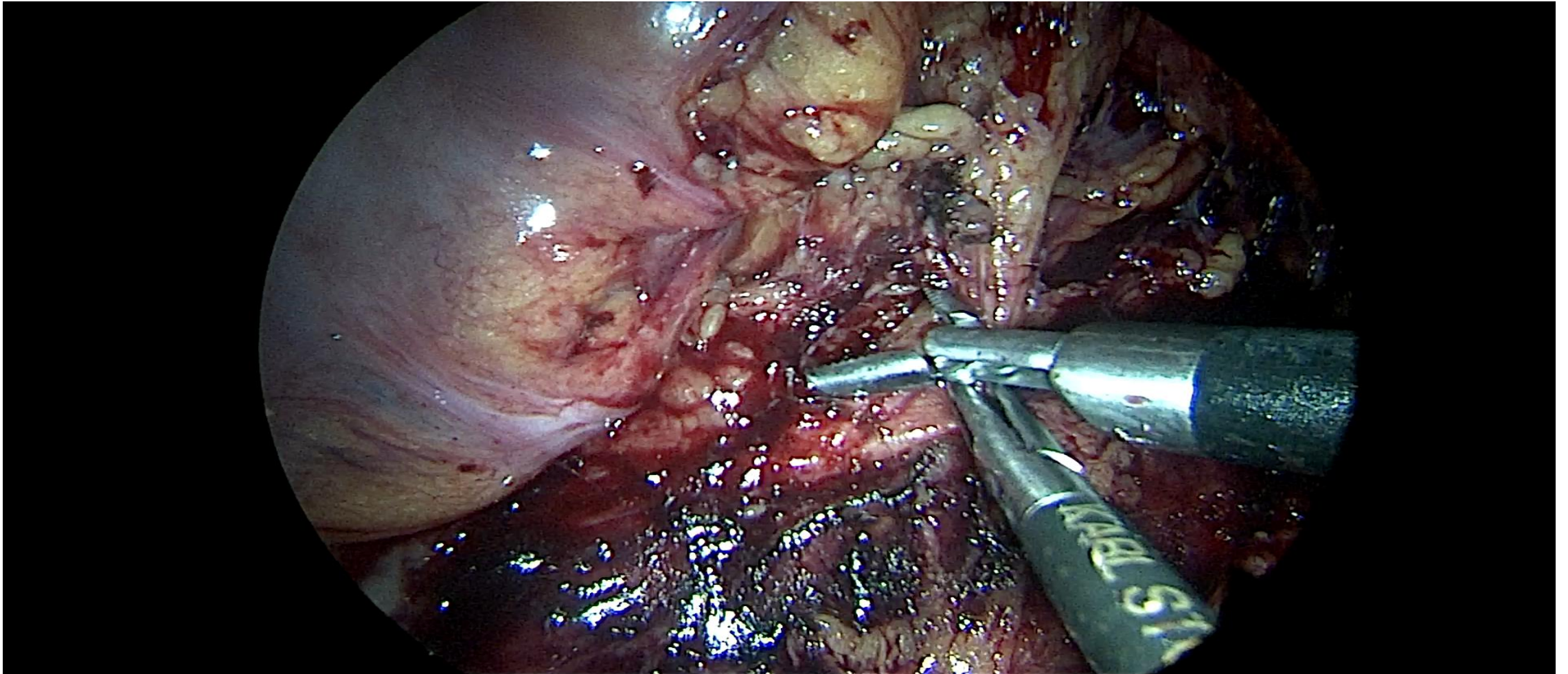
# IV- Central lymphadenectomy:



# Third message:

- When I hope optimal lymphadenectomy but afraid from left colon ischemia what should I do?
- Central lymphadenectomy and IMA is divided distal to the origin of left colic artery 
  - optimal lymphadenectomy
  - hypogastric plexus preservation
  - good Lt colon perfusion

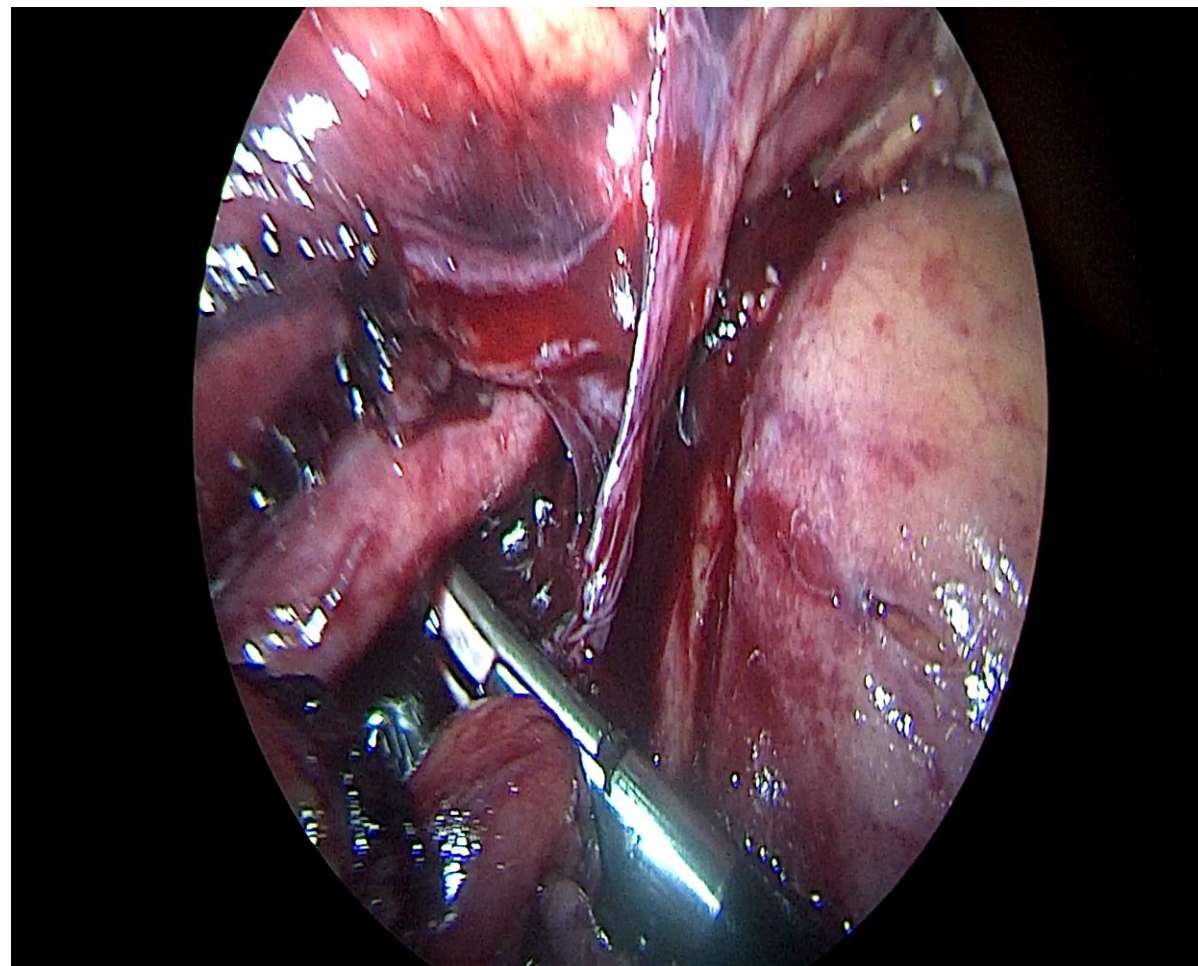
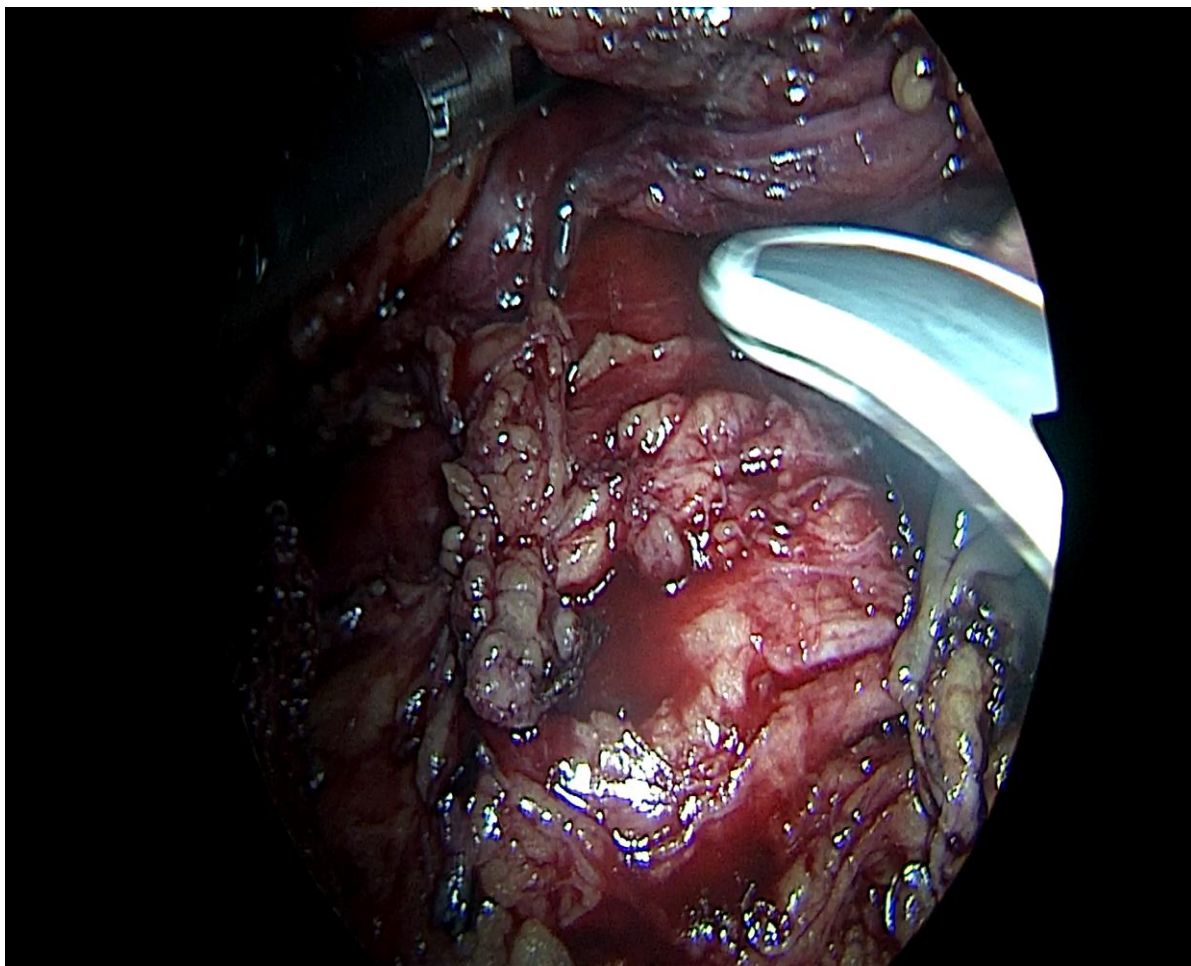
# V- IM vessels division



## Fourth message:

- A meticulous skeletonization of the artery helps to avoid injury of hypogastric plexus , because only the vessel will be divided, and not the surrounding tissues.
- The artery is divided at 1-2 cm distal to its origin after origin of the left colic artery.
- IMA can be divided between clips, linear stapler, sealing devices

# VI-Ureteric Dissection

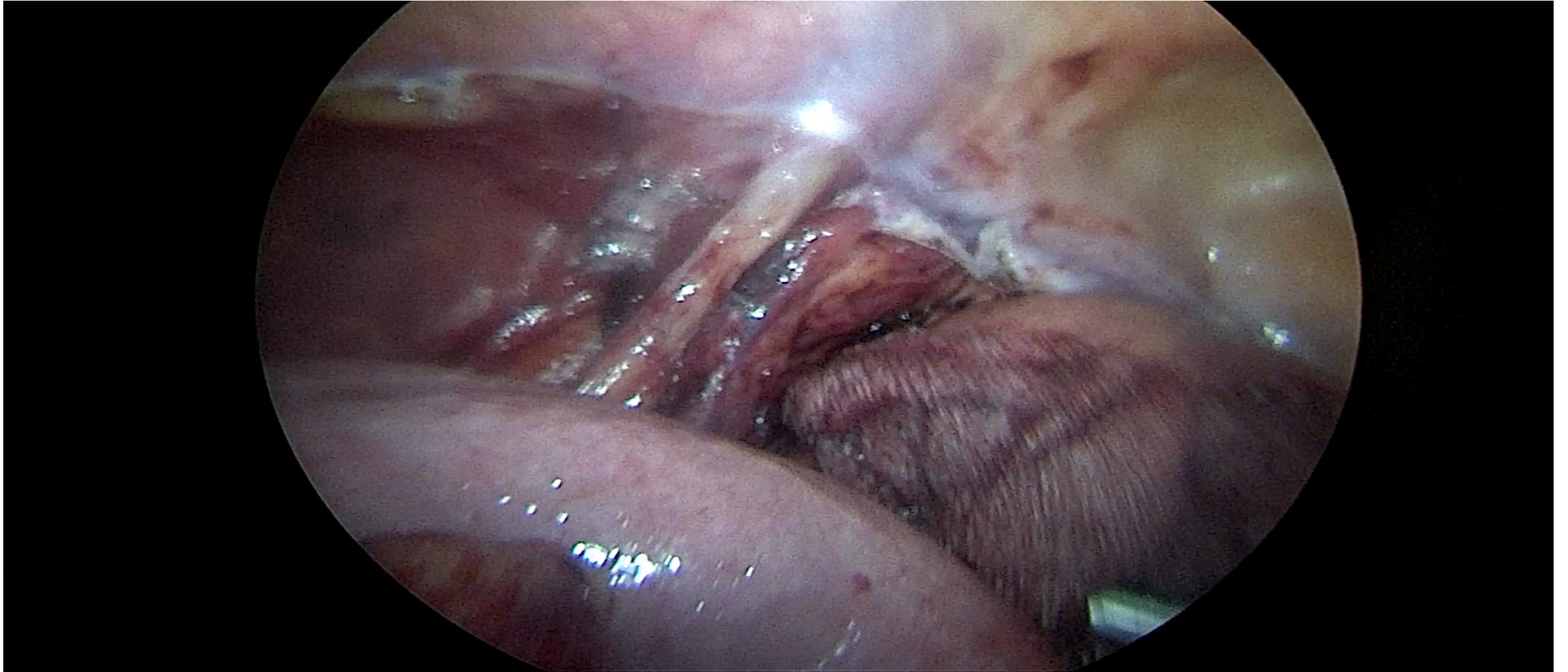


## Fifth message:

- A meticulous dissection of the left ureter from the mass down to lateral pelvic wall and always kept under vision helps to avoid its injury



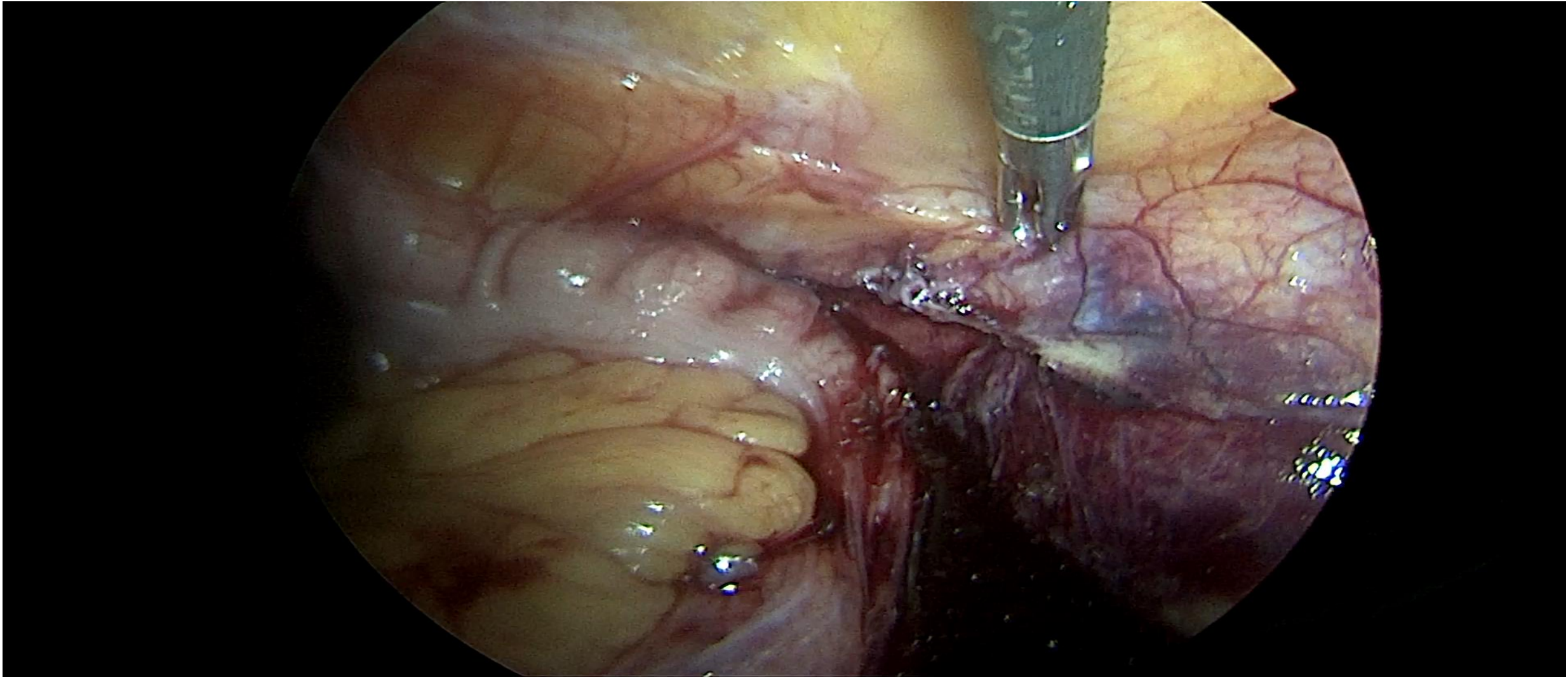
# Gonadal vessels resection:



## Sixth message:

- Enbloc resection of invaded nearby structures by colon cancer to achieve R0 resection can be with a little morbidity and favorable outcomes comparable to non advanced tumors.

# Splenic flexure mobilization:



# Seventh message:

- Enough mobilization of splenic flexure is critical for tension-free anastomosis



# Take home message:

**Laparoscopic sigmoidectomy appears to be safe for T4 colon cancer:**

- For **selected** T4 colon cancer patients
- Large **experience** in minimal invasive surgery.

**Thank You**