

Intersphincteric Resection in Low Rectal Cancer: **Technique and Pitfalls**

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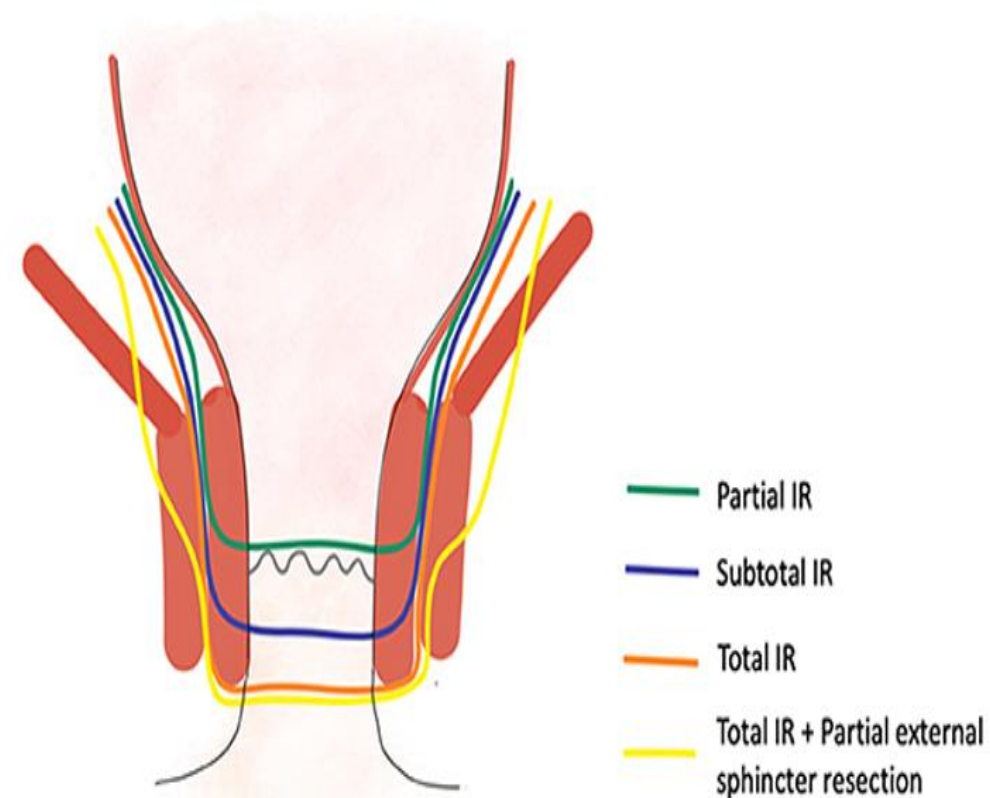
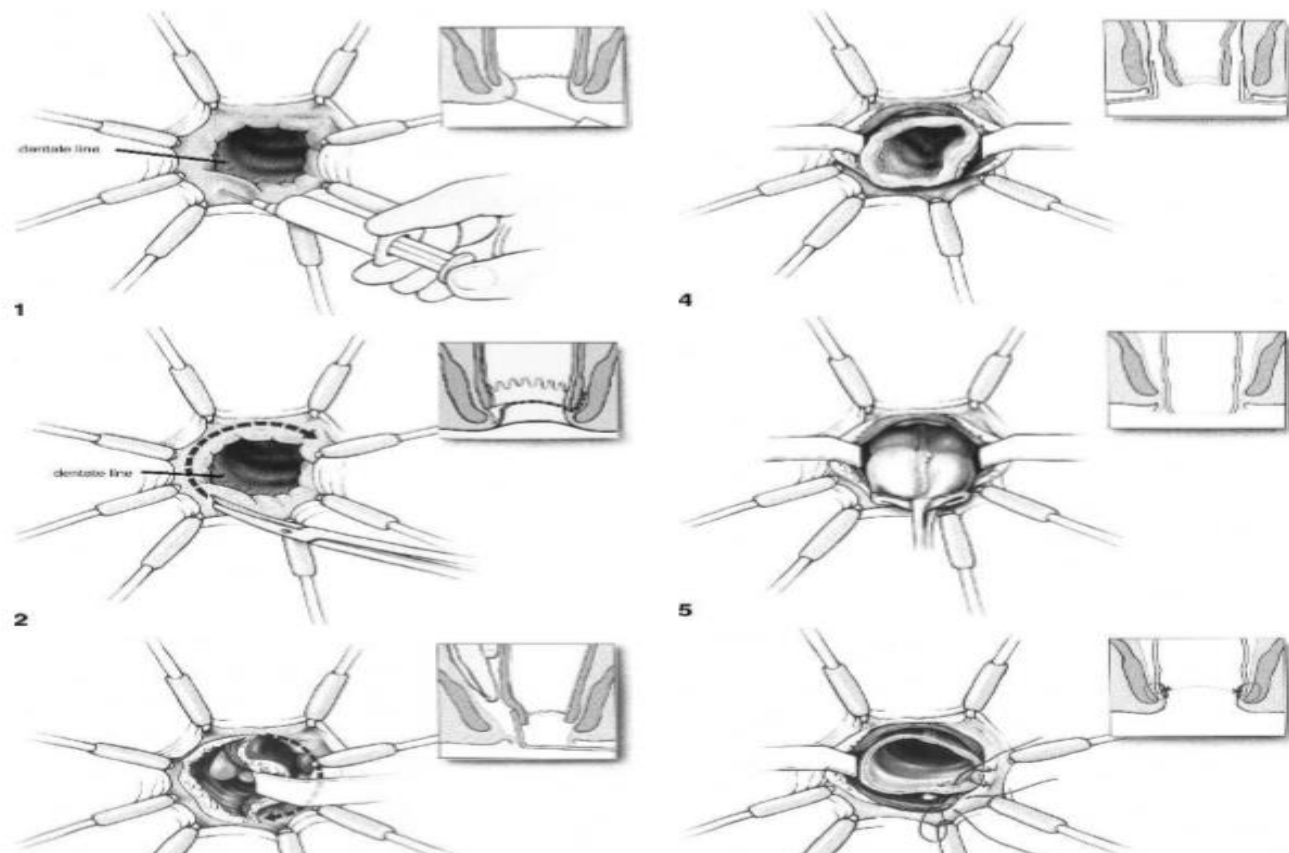


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BACKGROUND

Intersphincteric Resection



Technique and Long-Term Results of Intersphincteric Resection for Low Rectal Cancer

Rudolf Schiessel, M.D.,^{1,2} Gabriele Novi, M.D.,¹ Brigitte Holzer, M.D.,^{1,2}
Harald R. Rosen, M.D.,^{1,2} Karl Renner, M.D.,¹ Nikolaus Hölbling, M.D.,¹
Wolfgang Feil, M.D.,³ Michael Urban, M.D.⁴

Intersphincteric Resection

Intersphincteric Resection Versus Abdominoperineal Resection for Low Rectal Cancer: A Meta-Analysis

Surgical Innovation
2020, Vol. 27(4) 392–401
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DOI: 10.1177/1553350620918414
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and Wanglin Li, PhD, MD² 



Moreover, oncological outcomes were similar between the 2 groups. *Conclusion.* ISR may provide a safe alternative to APR, with shorter hospital stays, lower postoperative morbidity, and similar oncological outcomes. Well-designed randomized controlled trials are needed to confirm and update the findings of this analysis.

Intersphincteric Resection

Original article

doi:10.1111/codi.15258

Intersphincteric resection for low rectal cancer: the risk is functional rather than oncological. A 25-year experience from Bordeaux

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Received 13 September 2019; accepted 3 April 2020; Accepted Article online 10 July 2020



Conclusion Pushing the envelope of sphincter-saving resection in ultra-low rectal cancer reaching or invading the anal sphincter did not compromise oncological and functional outcomes. The main limitation of the ISR procedure appears to be functional rather than oncological, suggesting that bowel rehabilitation programmes should be developed.

Surgical technique

Operative technique (positioning)



Operative technique (port design)

Camera
Operator

Main
Surgeon



First
Assistant

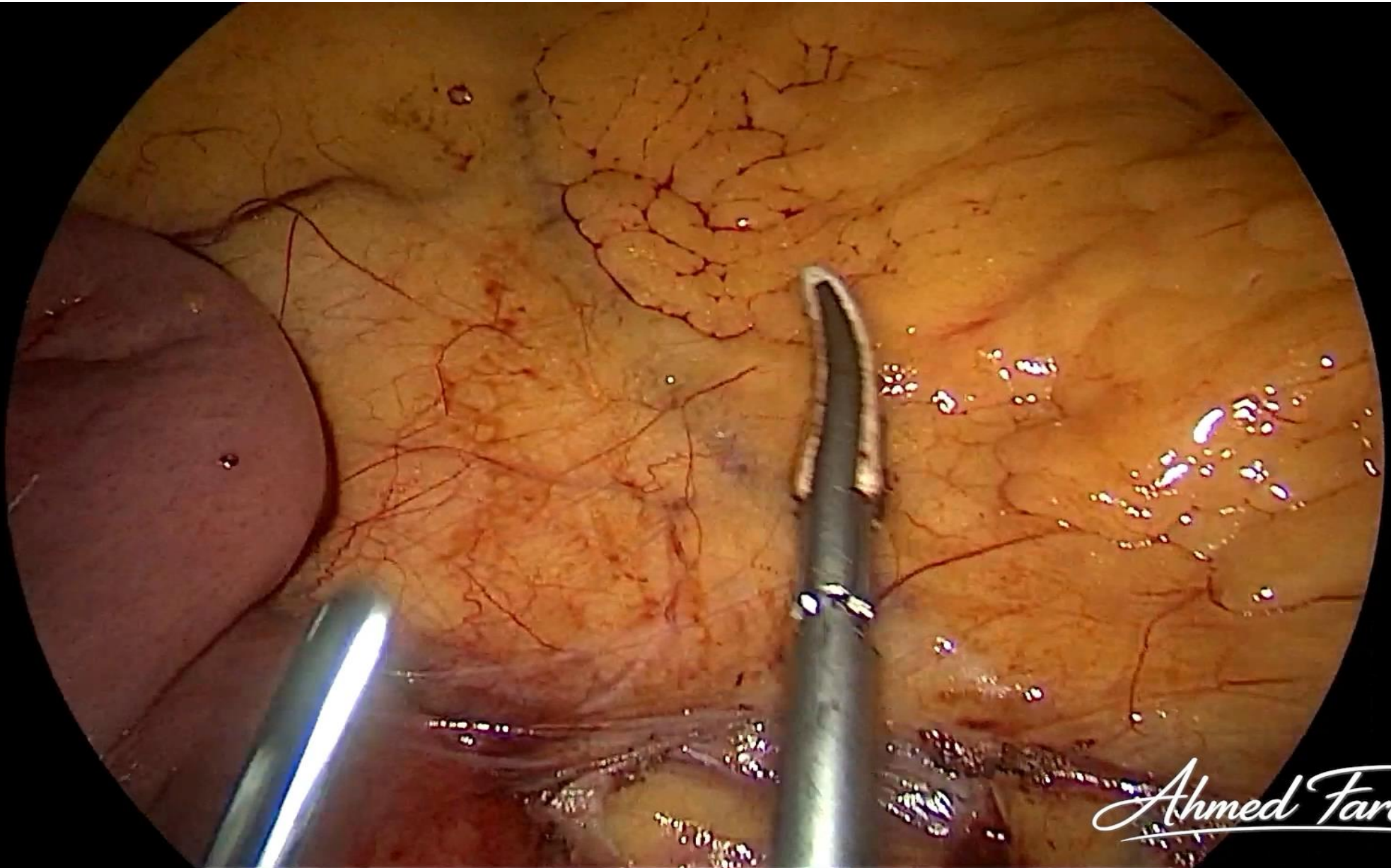
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Pitfalls

a closer look at where the dissection and the anastomosis actually get into trouble.

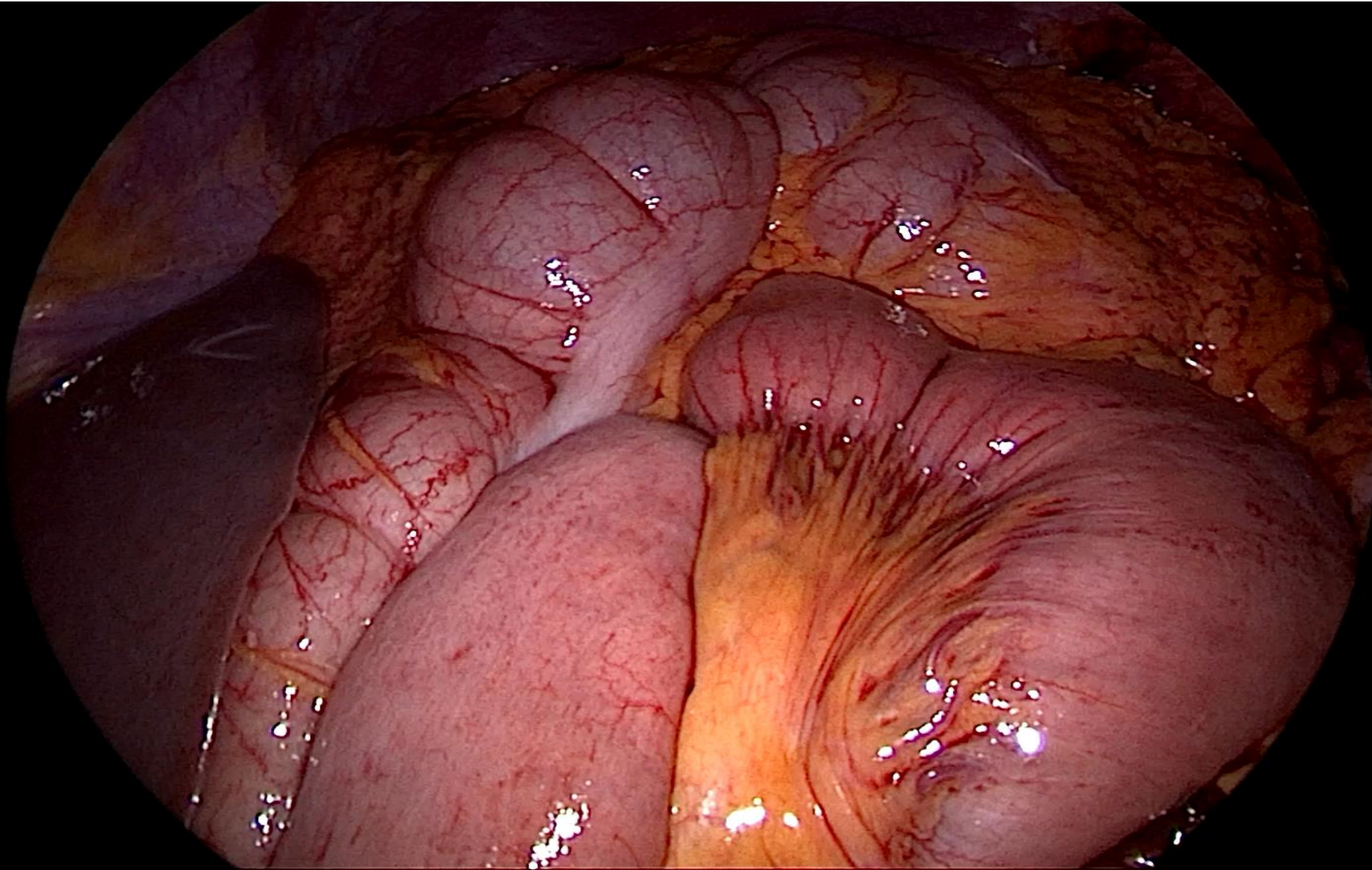
1

Misidentification of LCA (limited reach)



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2 Inadequate splenic flexure mobilization



3

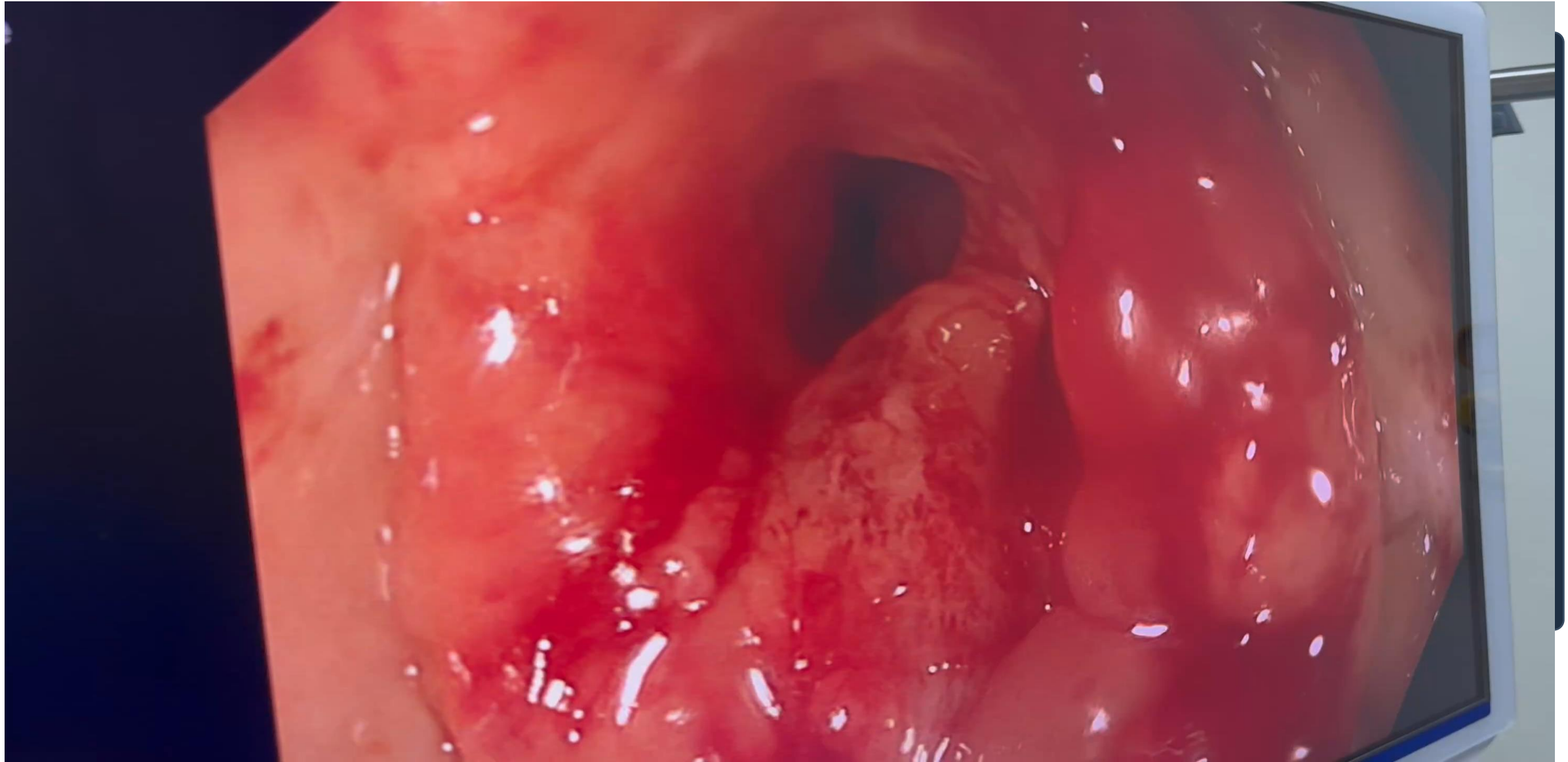
The “Stricture” That Was Actually Tension



Gastrografin enema — suspected stricture on imaging

4

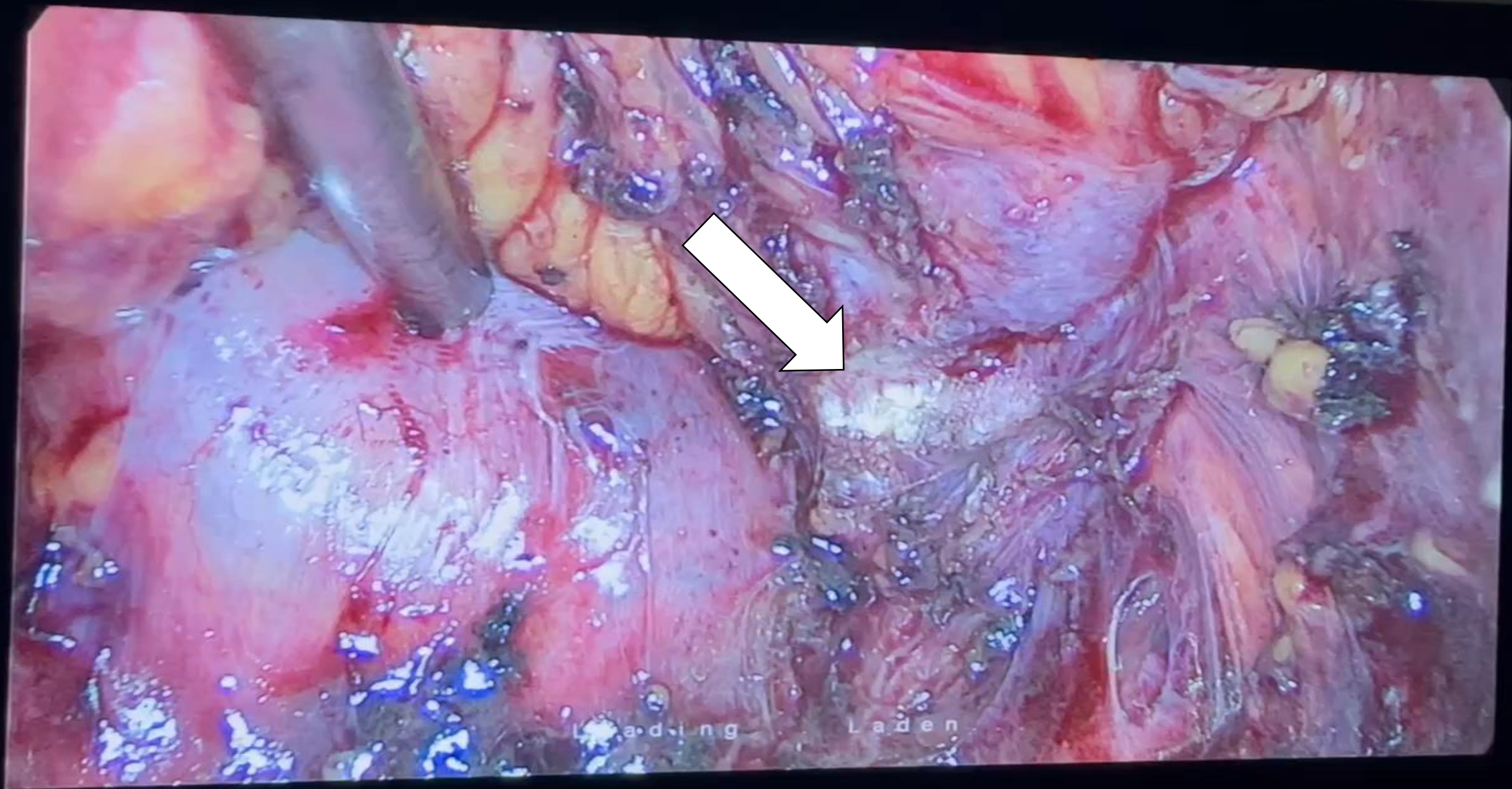
Totally Disrupted Anastomosis



5

Tight anastmotic stricture





L a d i n g

L a d e n

Take-home Messages

- ISR permits us to extend the indications for sphincter preservation and reduce the rate of APR , however, patient selection and counselling about potential bowel dysfunction is apart of the technique.
- Complete splenic flexure and colonic mobilization are essential for a tension-free coloanal anastomosis
- Level of IMA ligation should be tailored and chosen case by case based on expected oncological , technical and anatomical variations.
- More ISR is not better ISR --- resect what the tumor requires.

THANK YOU

Questions and discussion welcomed.

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