

AB009. 14. Laparoscopic proctocolectomy with intersphincteric resection and transanal total mesorectal excision

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Background: Emerging techniques and approaches in colorectal surgery can be applied in select patients to optimise perioperative outcomes.

Methods: We report our approach in a 44-year-old male with a cT3N2 mid rectal tumour and innumerable polyps due to MYH-associated polyposis. He underwent neoadjuvant long course chemoradiotherapy.

Results: We performed a laparoscopic total colectomy with a medial to lateral approach for high vascular ligation. The ileum was divided using an endoGIA and later matured

as an end ileostomy by enlarging an existing 12 mm port in the right iliac fossa. Mesorectal excision was performed laparoscopically to the mid rectum and the remainder completed trans-anally. An intersphincteric dissection was initiated with the aid of a Lonestar retractor, a Gelpoint Pathä port was placed and an Airseal device was used to establish a pneumoperitoneum. A total mesorectal excision was completed and the colon and rectum removed transanally. The final histology revealed an R0 resection of an ypT3N1b tumour with minimal response to chemoradiotherapy. The patient was discharged day 5 post-operatively.

Conclusions: A combined laparoscopic and transanal total mesorectal excision (TME) mobilisation with an intersphincteric dissection is a useful approach in cases where a proctocolectomy is necessary and reconstruction is not required.

Keywords: Intersphincteric resection; transanal total mesorectal excision (TME); proctocolectomy

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