

AB012. Robotic assisted ultra-low anterior resection with intersphincteric dissection post neoadjuvant chemoradiotherapy for rectal cancer

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Abstract: Conventional laparoscopic approaches for rectal cancer have been widely adopted, however, technical limitations are increasingly being addressed by robotic platforms. Considered safe and feasible, robotic surgery potentially overcomes some of the shortcomings of laparoscopic surgery, especially for low rectal tumours. The Da Vinci Xi robot provides the operating surgeon with three-dimensional vision, 7° of wrist-like motion, tremor filtering, motion scaling, better ergonomics, and less fatigue thereby making it an ideal tool for operating deep within the pelvis. A 29-year-old female, post

ovarian transposition and neoadjuvant chemoradiotherapy for a locally advanced low rectal cancer underwent robotic assisted ultra-low anterior resection (RULAR), robotic intersphincteric dissection, transanal specimen extraction and handsewn coloanal anastomosis. The main steps of the technique for RULAR are demonstrated in the video: patient positioning, port placement and robot docking; identification and division of the inferior mesenteric artery and vein; splenic flexure mobilization, total mesorectal excision, intersphincteric dissection, specimen retrieval and coloanal anastomosis. The patient had an uneventful postoperative course and was discharged on day 6. Pathological analysis demonstrated a ypT3N0 tumour with negative resection margins. Robotic approach to colorectal cancer has the potential to address some of the technical and ergonomic issues associated with laparoscopic surgery without compromising oncological outcome. The Da Vinci Xi robotic platform is a contemporary tool that can be safely utilized for pelvic colorectal surgery. This platform has become an important part of the colorectal surgery field.

Keywords: Breast cancer (BC); screening; surveillance

doi: 10.21037/map.2019.AB012

Cite this abstract as: Aamir A, Connolly T, Mohan H, Ashfaq S, Walsh D, Coffey JC, Peirce C. Robotic assisted ultra-low anterior resection with intersphincteric dissection post neoadjuvant chemoradiotherapy for rectal cancer. *Mesentery Peritoneum* 2019;3:AB012.