



AB044. A comparative study of proctectomy rates following the commencement of a trans-anal minimally invasive surgery programme

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Background: The management of advanced rectal polyps and early cancers has traditionally depended on major resection or techniques limited by tumour location. Trans-anal minimally invasive surgery (TAMIS) provides improved access and visualisation of middle and upper rectal neoplasms potentially decreasing the numbers of patients requiring proctectomy. The aim of this study is to examine the impact of TAMIS on major resectional surgery for rectal polyps and early cancers in a single institution.

Methods: A retrospective review of electronic records was performed for a 6-year period. Patients with rectal polyps or

T1 rectal tumours undergoing proctectomy were included. All patients underwent either low anterior resection or abdominoperineal resection.

Results: A total of 41 patients underwent proctectomy for rectal polyps or T1 tumours in the study period. Twenty-eight prior to commencement of TAMIS over a 3-year period and 13 following commencement of TAMIS in the subsequent 3 years ($P < 0.001$). There was no difference in age (67.6 *vs.* 67.7 years) or sex ratio between the two groups. Sixty-eight percent of patients pre-TAMIS had T1 tumours compared to 61% in the post-TAMIS cohort ($P = 0.691$). No significant difference existed in node positivity (0% pre TAMIS *vs.* 8% post TAMIS). The mean distance from the anal verge in the pre-TAMIS group was 9.2 ± 3.5 *vs.* 14.2 ± 5.6 cm in the post TAMIS group ($P = 0.011$).

Conclusions: TAMIS has resulted in a reduction of proctectomies for early tumours and polyps. This is attributable to improved access to tumours at increasing distance from the anal verge.

Keywords: Trans-anal minimally invasive surgery (TAMIS); colorectal cancer; local excision

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