



AB026. SOH22ABS096. Any port in a storm?—Tips and tricks from the surgical toolkit of robotic, transanal total mesorectal excision (TaTME), laparoscopic and open approaches to access a rectal stump in a frozen pelvis

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Background: It is well known that the reversal of Hartmann's procedure can be a very challenging, and at times near impossible task. Surgeons may be faced with a densely fibrotic, shrunken rectal stump in a narrow pelvis which is very difficult to safely dissect. As a result, it is a procedure with high morbidity and patients are at risk of an unwanted permanent colostomy.

Methods: A descriptive analysis of two complex patients were performed, one undergoing laparotomy and another undergoing robotic reversal of Hartmann's. Pre-operative treatment details, operative details including photographic and video footage, oncologic outcomes and post operative complications were recorded.

Results: One patient was planned for robotic reversal of Hartmann's. In this case too, the rectal stump was completely inaccessible from an abdominal approach. Robotic transanal total mesorectal excision (TaTME) allowed for safe identification and dissection of the rectal stump in order for an anastomosis to be formed. A similar approach in an open operation was used in a patient with a

frozen pelvis preventing any visualisation of residual rectal stump. Transanal TME allowed for completion TME dissection and an ultra low anastomosis.

Conclusions: TaTME is an important approach in patients for whom a safe TME dissection may not otherwise be possible. TaTME is a challenging technique and should only be used in this situation by experienced technicians, however does allow for another approach to the rectum, particularly in the difficult male pelvis.

Keywords: Hartmann's; rectal; mesorectum; robotic; transanal

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-22-ab026

Cite this abstract as: Cohen L, Mohan H, Apte S, Waters P, Heriot A, Warriar S. AB026. SOH22ABS096. Any port in a storm?—Tips and tricks from the surgical toolkit of robotic, transanal total mesorectal excision (TaTME), laparoscopic and open approaches to access a rectal stump in a frozen pelvis. *Mesentery Peritoneum* 2022;6:AB026.