



# Nieuwe evoluties in rectumchirurgie

*Avondsymposium heekunde*

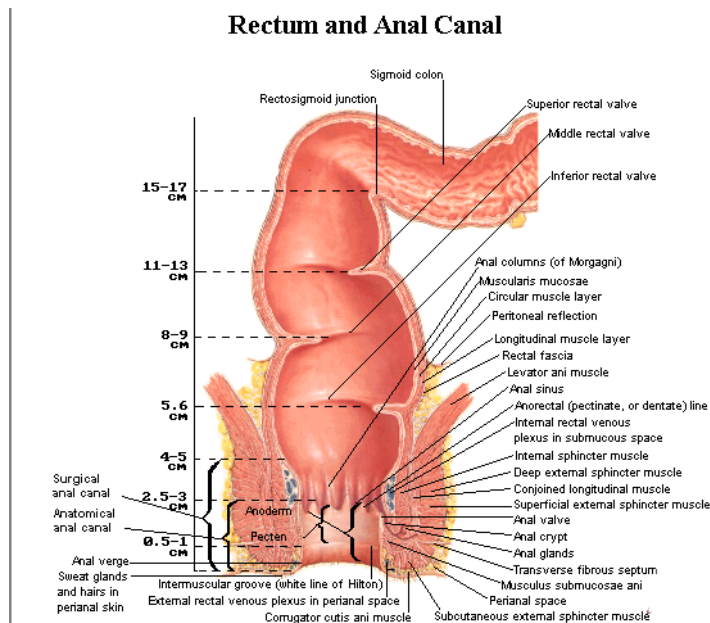
*Dr. M. Abasbassi*

*21-02-2017*

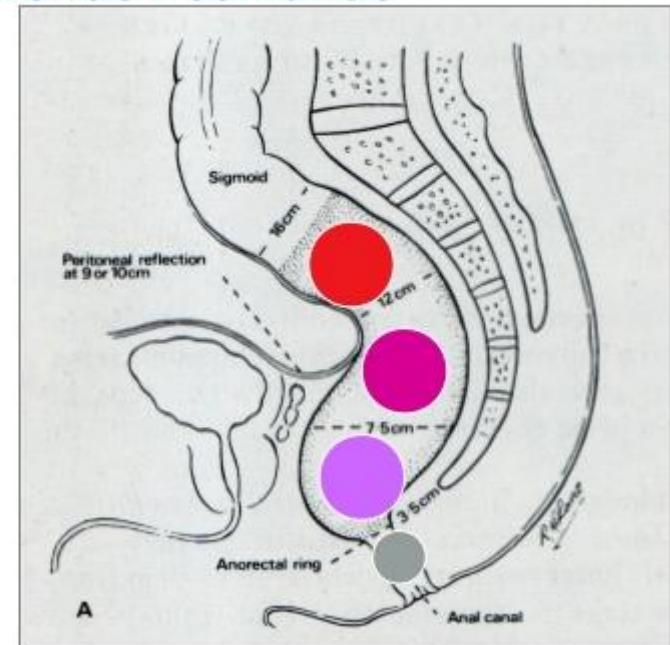
# Evolutie van de rectumchirurgie

## Inleiding

### Sfincter sparende heelkunde



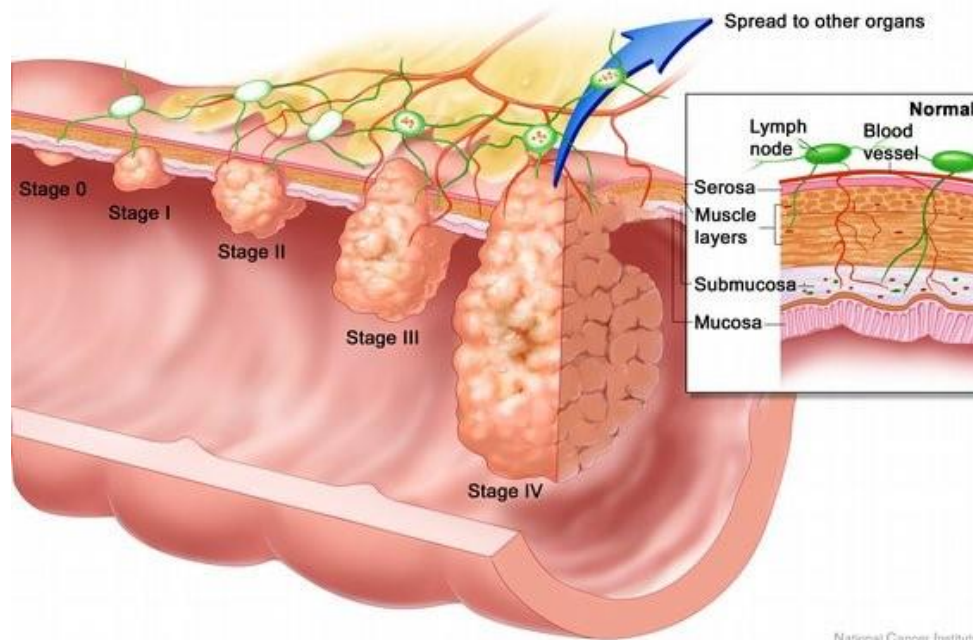
- ➔ 1970 ●
- ➔ 1980 ●
- ➔ 1990 ●
- ➔ 2000? ●



# Evolutie van de rectumchirurgie

## Enkele definities

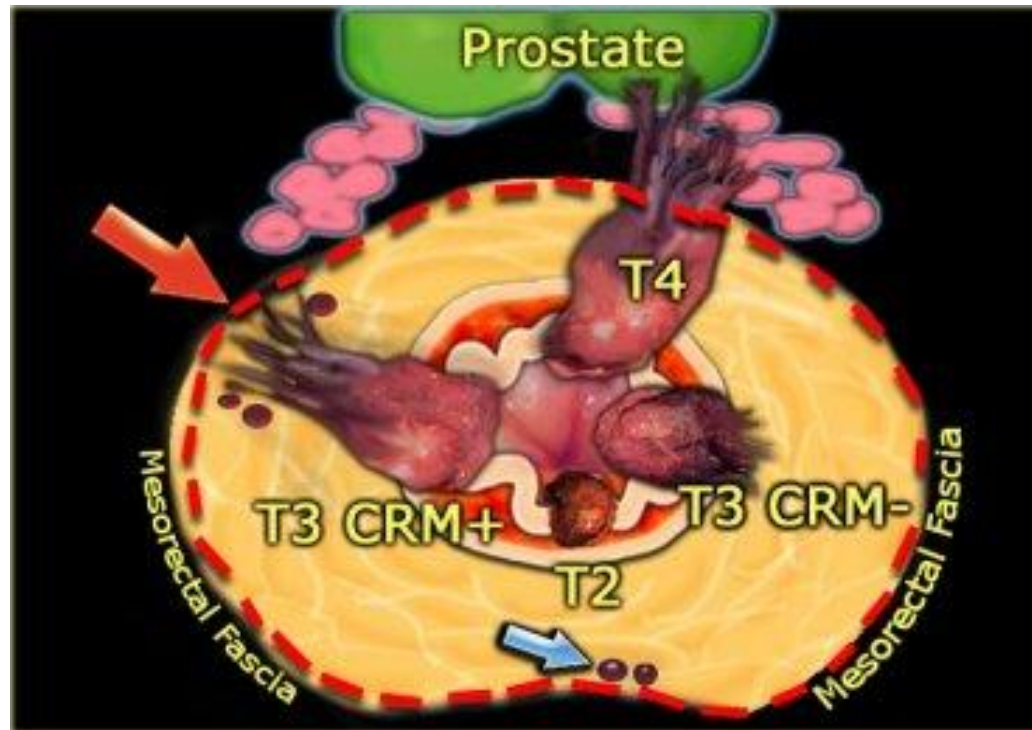
- TNM



# Evolutie van de rectumchirurgie

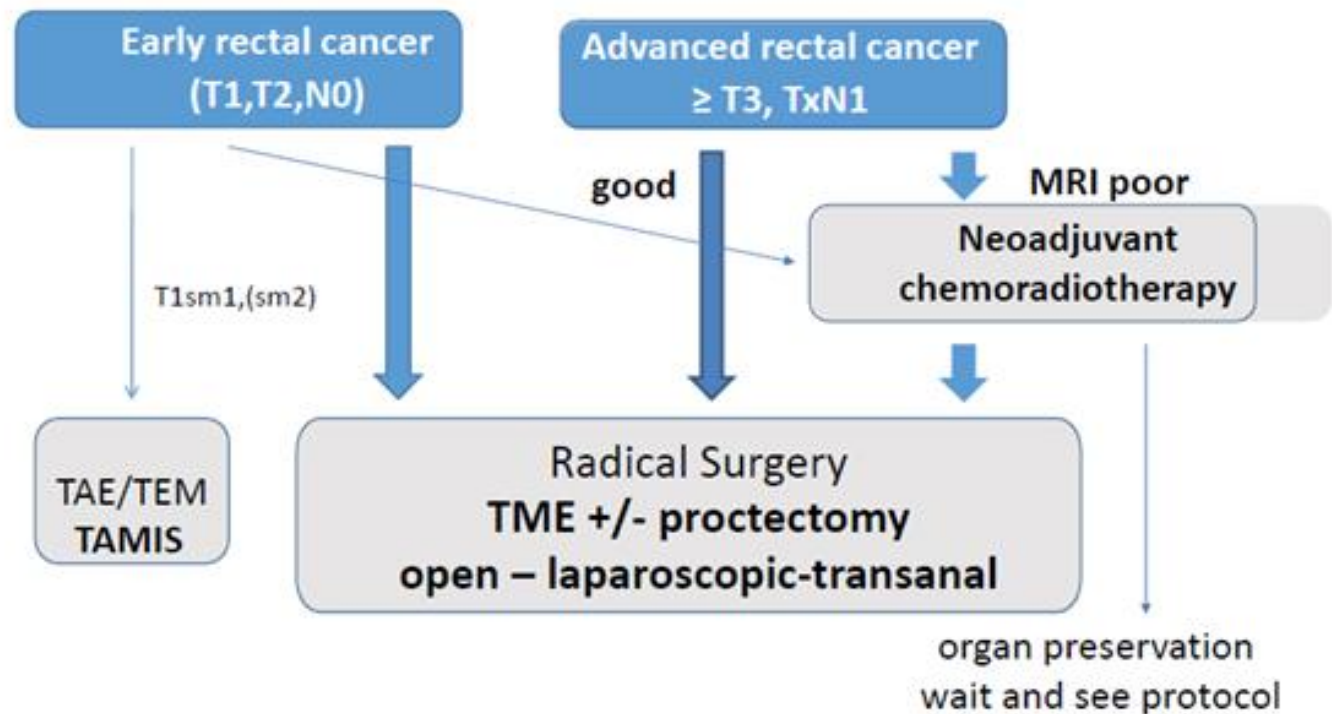
## Enkele definities

- CRM



# Evolutie van de rectumchirurgie

Actual treatment in rectal cancer

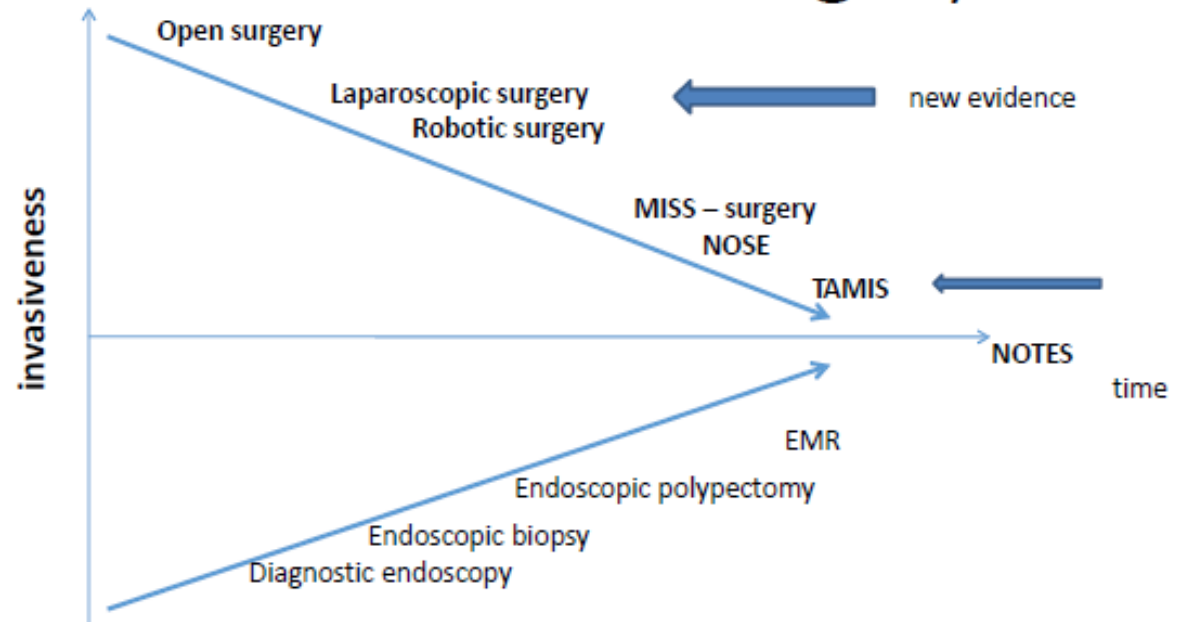




# Evolutie van de rectumchirurgie



## Evolution in Surgery





# Evolutie van de rectumchirurgie

Huidige behandeling

accumulating evidence for a laparoscopic approach in rectal cancer

➔ ✚ Laparoscopic versus open surgery for rectal cancer (COLOR II): short-term outcomes of a randomised, phase 3 trial

*The NEW ENGLAND JOURNAL of MEDICINE*

*Lancet Oncol 2013*

ORIGINAL ARTICLE

A Randomized Trial of Laparoscopic versus Open Surgery for Rectal Cancer

*New Engl J Med 2015*





# Evolutie van de rectumchirurgie

## COLOR II trial

1044 patients randomised (2:1)

699 in laparoscopic surgery group

345 in open surgery group

Locoregional recurrence rate at 3 years: 5% in both groups

DFS: 74,8 (laparoscopic) and 70,8% (open)

OS: 86,7% (laparoscopic) and 83,6% (open)



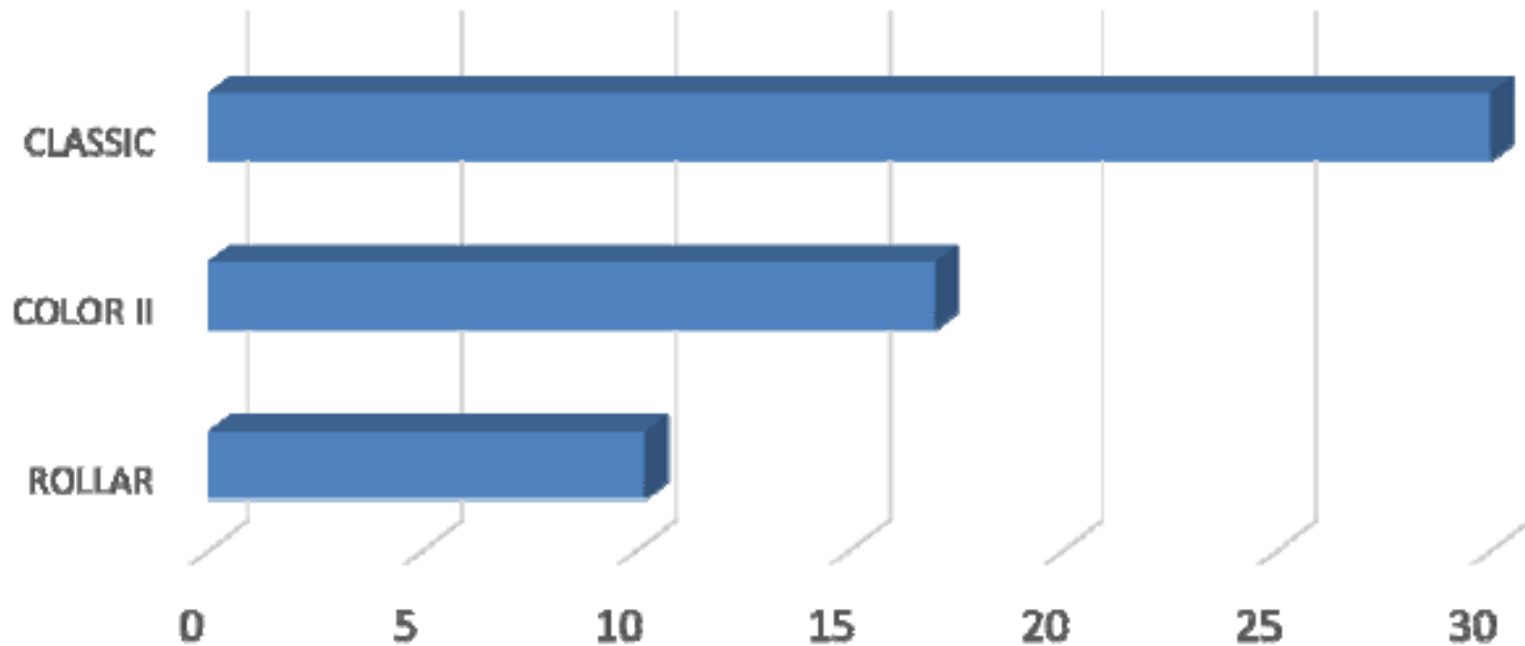
# Evolutie van de rectumchirurgie

COLOR II trial: short term

	laparosocpy	open	
Duration of surgery	240 (184-300)	188 (150-240)	<0.0001
Conversions	<b>17%</b>		
Blood loss	200 (100-400)	400 (200-700)	<0.0001
30-day mortality	1%	2%	ns
Overall morbidity	40%	37%	ns
<b>Leak rate</b>	<b>13%</b>	10%	ns
Hospital stay	8.0 (6.0-13.0)	9.0 (7.0-14.0)	<0.36

# Evolutie van de rectumchirurgie

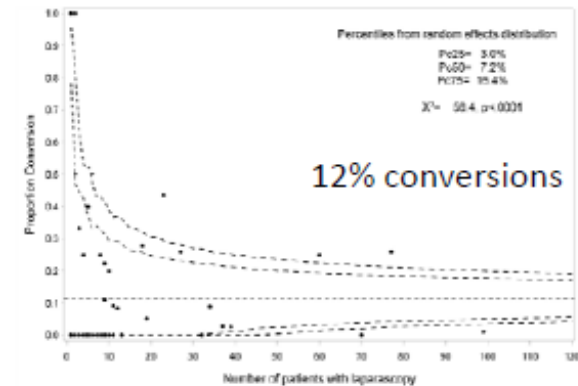
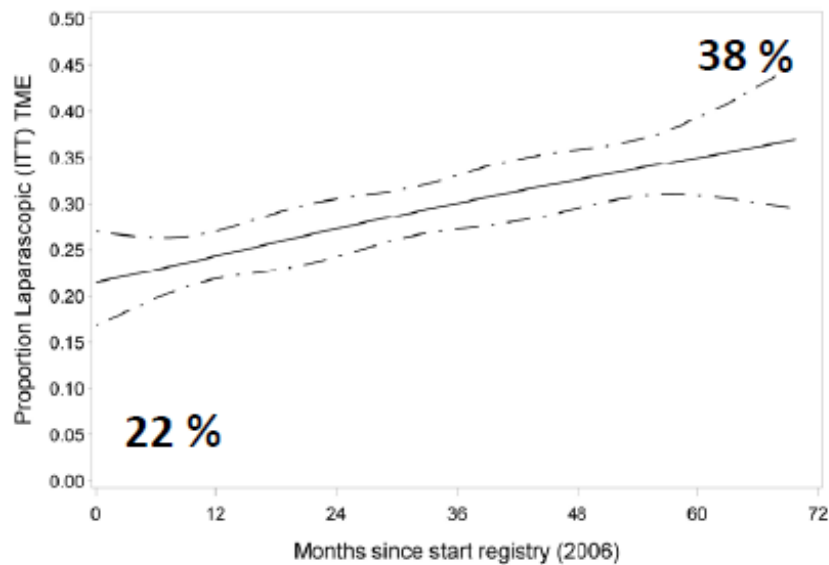
Conversie naar laparotomie blijft probleem



# Evolutie van de rectumchirurgie

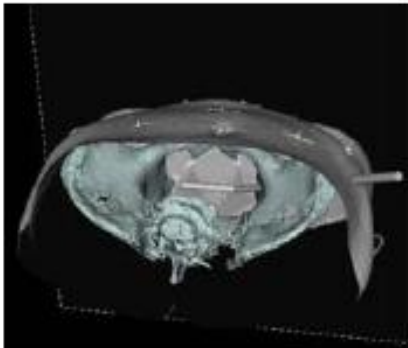
## Situatie in België

Adoption of lap TME for mid + low rectal cancer  
in surgical practice over 6 years



# Evolutie van de rectumchirurgie

## Distal rectal transection



- not perpendicular to pelvic floor
- 'blind' distal margin
- prone to leak ?



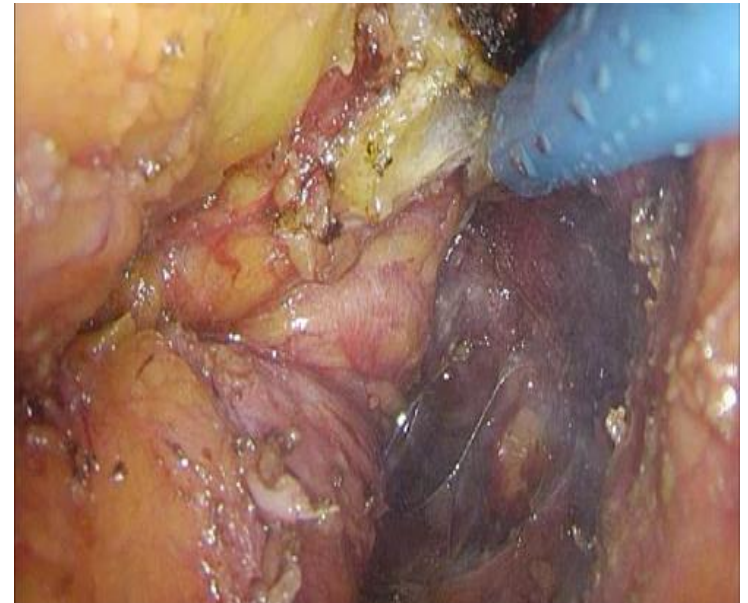
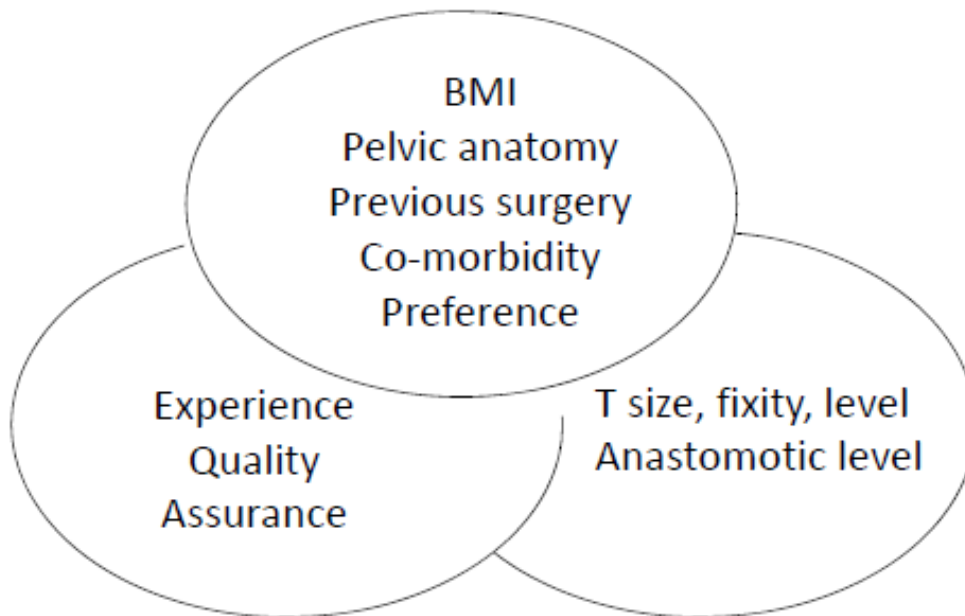
**> 2 firings : increased risk for leak**

Ito M *Int J Colorectal Dis* 2008; 23(7) 703-707



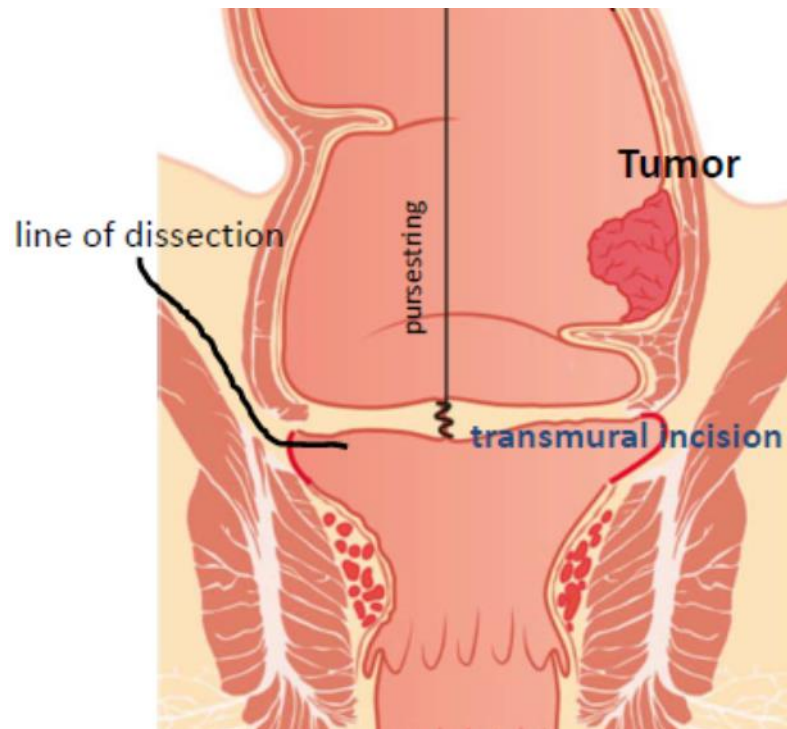
# Evolutie van de rectumchirurgie

Laparoscopie mogelijk?



# Evolutie van de rectumchirurgie

TaTME (transanal TME or reversed TME)





# Evolutie van de rectumchirurgie

## TaTME

- Voordeel
  - Minder conversies
  - Controle distale marge



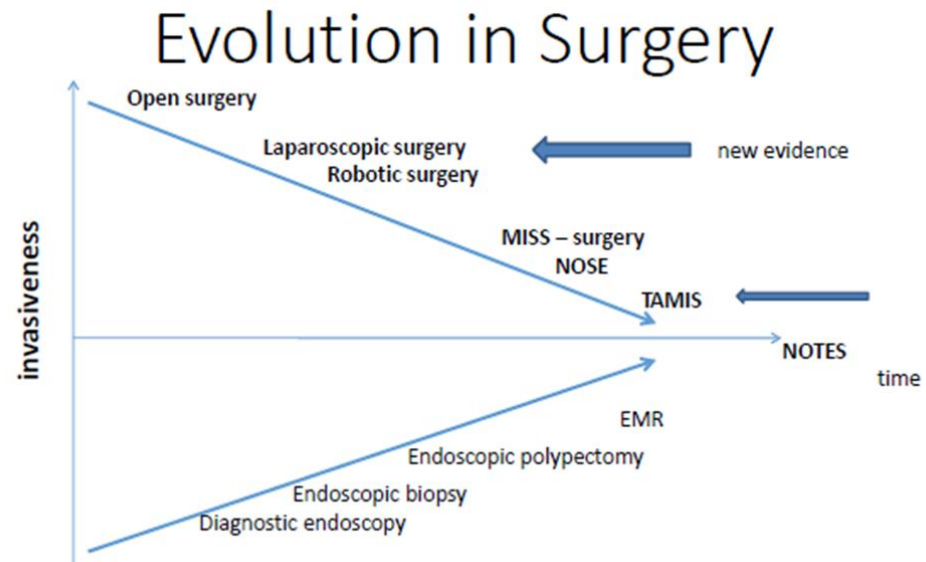
VS.



# Evolutie van de rectumchirurgie

## Toekomst?

- Single port – robot?

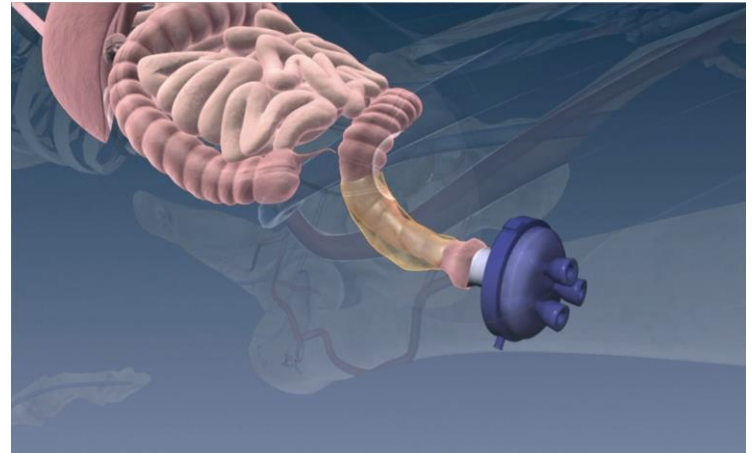




# Evolutie van de rectumchirurgie

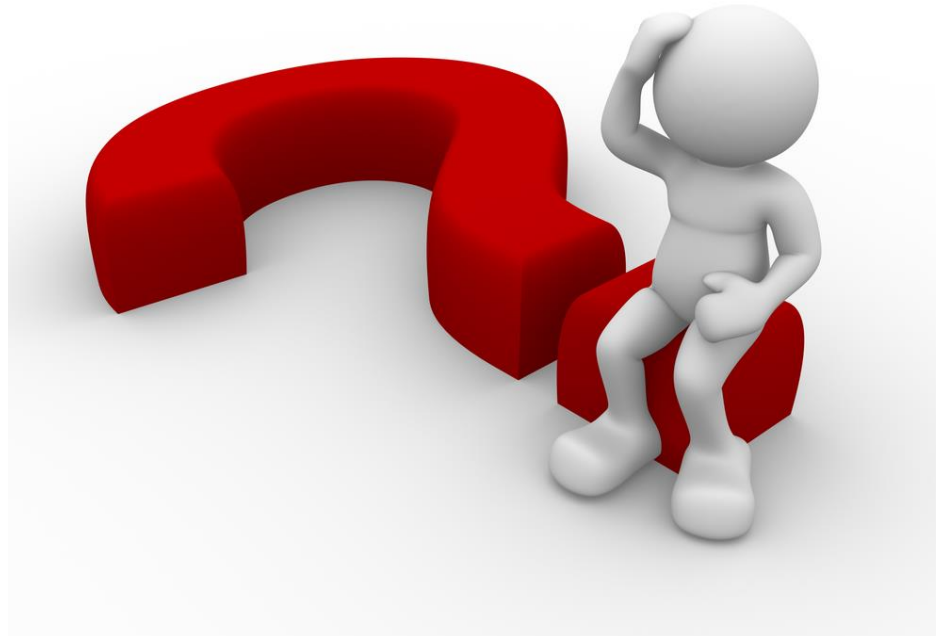
## Conclusie

- Veelbelovende techniek
- Minder conversies
- Betere distale controle
- Oncologisch beter?





# Vragen?





**Az Damiaan**  
Dicht bij het leven

