

Laparoscopic TME with sphincter-saving for rectal cancer: 217 procedures

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SUMMARY: Laparoscopic TME, with sphincter-saving for rectal cancer, 217 procedures.

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We present 217 laparoscopic TME with sphincter-saving. Conversion rate was 5.9%. Overall 30-days morbidity rate was 31.3% (anastomotic leak 17.5%) without mortality. Mean hospital stay was 8.6 days. After a median follow-up of 72 months, local recurrence rate was 5.9%. Laparoscopic TME is a safe procedure respect surgical outcome and local control.

KEY WORDS: rectal cancer, TME, sphincter-saving procedure, laparoscopy.

Introduction

This study aims to review the operative results and local recurrence rate of Total Mesorectal Excision (TME) with laparoscopic (LPS) approach for cancer of the middle and low rectum, in a series of unselected patients operated on with sphincter-saving procedure from 1998 and 2008.

Methods

Patients with cancer of the middle and low rectum who underwent elective LPS-TME with sphincter-saving procedure over a 10 years period (January 1998, December 2008) in our Department of Surgery were prospectively evaluated. All patients underwent pelvic MR and EUS. In case of uStage II and III a "long-course" preoperative radiochemotherapy was implied

and these patients were operated on after 6-8 weeks from the end of the therapy. The operation procedures were conducted according to the guidelines advocated by Heald. The resected bowel was reconstructed with double-stapling technique or colo-anal hand-made anastomosis. Patients were monitored for 30-days postoperative complications and with oncologic follow-up with particular attention to local recurrence rate.

Results

217 consecutive patients (126 male, 91 female, mean age 63.5, mean ASA score 1.9) underwent LPS-TME, 67.4% after neoadjuvant radiochemotherapy. The mean distance from the anal verge was 6.9 cm. Conversion rate was 5.9%. Diverting stoma was made in 66.2% patients. Overall 30-days morbidity rate was 31.3%. The incidence of anastomotic leak was 17.5%. No patient died in the postoperative period. Reoperation rate was 6.4%. Mean hospital stay was 8.6 days. The mean number of lymph nodes collected was 13.9 and the mean length of the distal margin was 2.6 cm. After a median follow-up time of 72 months local recurrence rate was 5.9%.

Conclusion

By laparoscopic approach, the TME for rectal cancers can be safely performed with satisfactory surgical outcome and acceptable rate of local recurrence. It represents a safe option in patients with rectal cancer and we believe that it can be performed in the majority of them.