Significance of laparoscopic lateral lymph node dissection in extended surgery for rectal cancer

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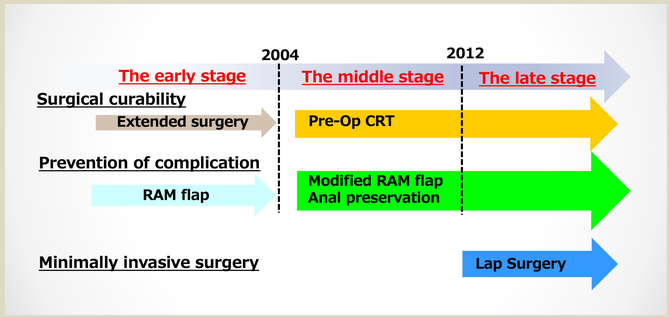
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ABSTRACT

Background: Radical surgical resection is important for the treatment of local recurrence of rectal cancer. R0 resection often involves combined resection of surrounding organs. Laparoscopic surgery plays an extremely important role in making excision minimally invasive and minimizing the amount of bleeding, but it requires an understanding of anatomy and surgical techniques specific to extended surgery. Among them, lateral dissection plays an extremely important position.
Methods: From March 1998 to June 2021, 183 cases were enrolled. There were 64 cases of total pelvic exenteration and 18 cases of posterior pelvic exenteration. These cases were analyzed retrospectively.
Results: The average operation time was 631 minutes and the amount of bleeding was 2831 ml, although the surgical procedure varied widely and the operation time and bleeding amount were of little significance. The recurrence was local recurrence in 52 cases and distant recurrence in 83 cases (including duplication and R2 resection), and life was saved in about half of the cases. In recent years, he has succeeded in further reducing the amount of bleeding by applying laparoscopic surgery. When comparing the laparoscopic surgery group (n = 20) with the open surgery group (n = 37) limited to total pelvic exenteration, the average bleeding volume was significantly lower in the laparoscopic surgery group (735 vs 4447 ml, P). <0.001).
Discussion and points of surgical procedure: The most important reason for the small amount of bleeding in laparoscopic extended pelvic surgery is that the lateral dissection procedure has been standardized. Mastery and familiarity with lateral lymph node dissection is essential for intrapelvic extended surgery. Since the main trunk of the internal iliac artery can be an anatomical indicator that can show the positional relationship between the preoperative image and the lesion, we basically want to preserve it

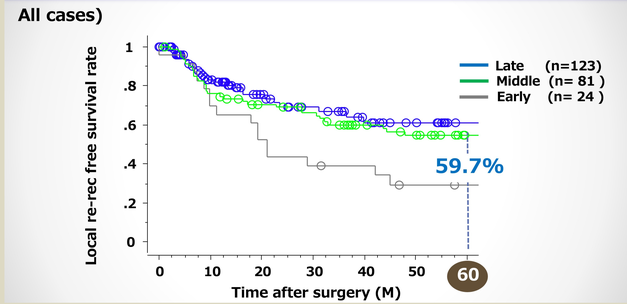
SETTINGS

Treatment Strategy for locally advanced or local recurrence of rectal cancer (LRRC)

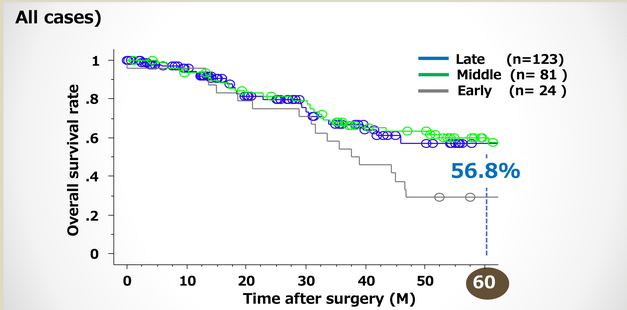


LONG TERM OUTCOMES

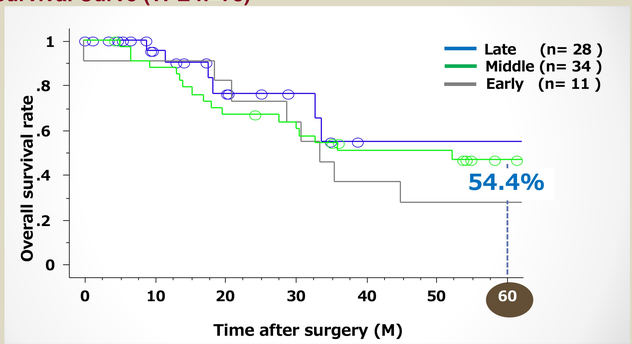
Local re-recurrence free survival curve



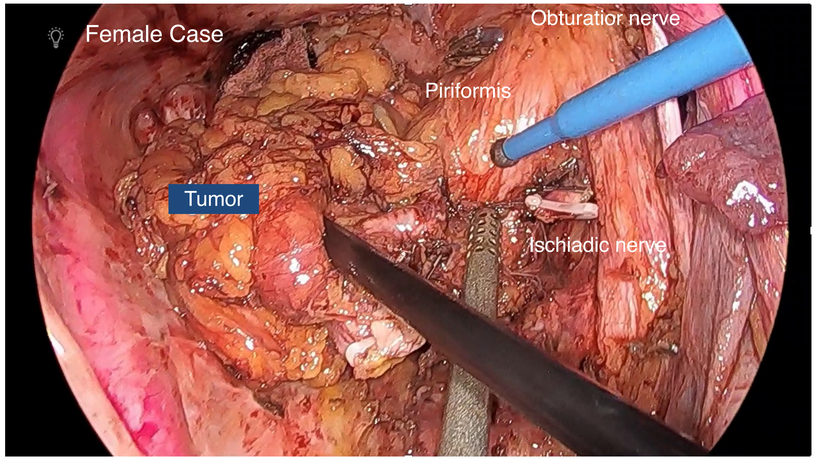
Overall Survival Curve

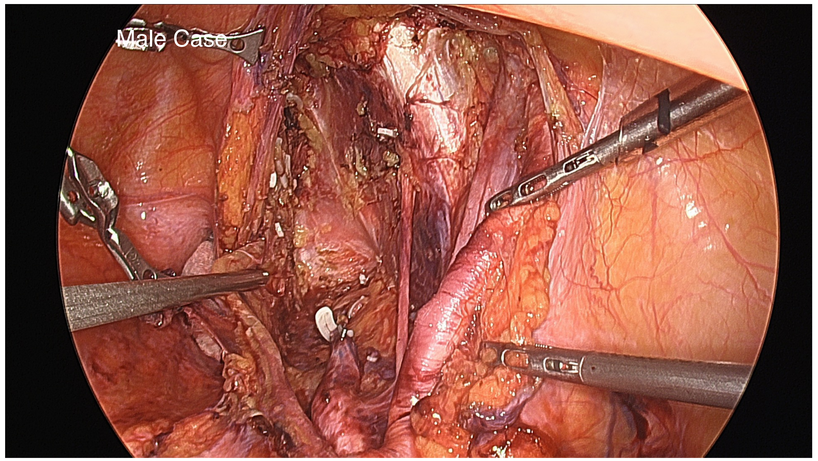


Overall Survival Curve (TPE n=73)



Operative Findings





CONCLUSIONS

For patients with positive lymph node metastasis around the Alcock Canal, major vascular resection was performed to ensure a sufficient margin for resection. In addition, combined resection of blood vessels optimizes the clearance of # 263 deepest lymph node metastases and recurrent lesions around the piriformis muscle. It can be said that this is an essential procedure even in cases of sacral resection.