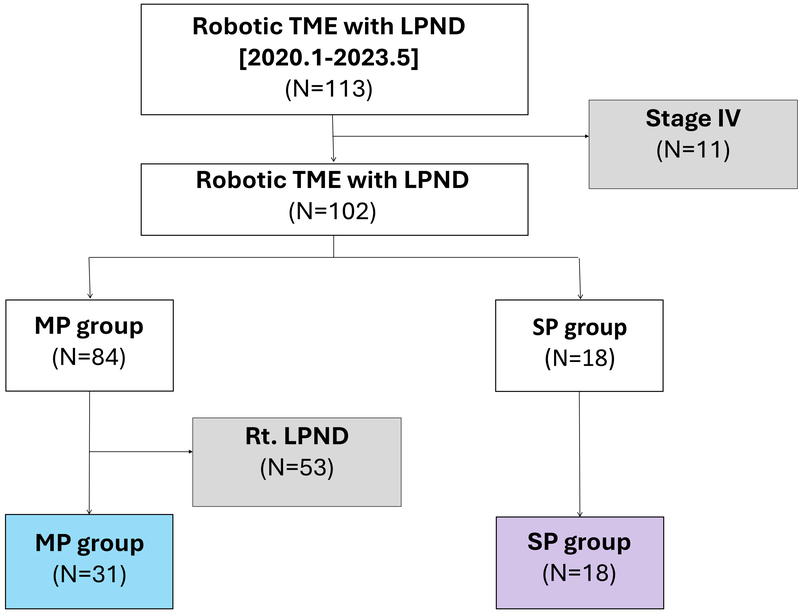
Safety and feasibility of single-port robotic left-sided lateral pelvic node dissection for locally advanced rectal cancer: A comparative study of multi-port robotic approach

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	MP (*n* = 31)	SP (*n* = 18)	*p*
Age, year	60.4 ± 11.1	56.9 ± 11.1	0.853
Sex			0.223
Female	7 (22.6%)	7 (38.9%)	
Male	24 (77.4%)	11 (61.1%)	
BMI, kg/m^2	23.8 ± 2.7	23.0 ± 3.3	0.525
ASA score			0.193
1	8 (25.8%)	1 (5.6%)	
2	20 (66.7%)	14 (77.8%)	
3	3 (8.5%)	3 (16.7%)	
Tumor height, cm	4.2 ± 2.0	5.1 ± 3.2	0.064
Clinical T stage			0.638
T2	1 (3.2%)	0 (0%)	
T3	23 (74.2%)	15 (83.3%)	
T4	7 (22.6%)	3 (16.7%)	
Clinical N stage			0.907
N0	1 (3.2%)	1 (5.6%)	
N+	30 (96.8%)	17 (94.4%)	

	MP (*n* = 31)	SP (*n* = 18)	*p*
Type of operation			0.976
LAR	18 (58.1%)	11 (61.1%)	
ISR	11 (35.5%)	6 (33.3%)	
APR	2 (6.5%)	1 (5.6%)	
Duration of OP, min	254.5 ± 73.2	268.9 ± 86.8	0.608
Estimated blood loss, mL	85	42.8	0.194
Protective ileostomy, no	29 (93.5%)	17 (94.4%)	0.709
No. of retrieved LNs			
Total	27.3 ± 9.7	33.2 ± 8.0	0.196
LPN	10.8 ± 6.4	9.3 ± 4.4	0.058
Rate of LPN metastasis	12.9%	11.1%	0.684

	MP (*n* = 31)	SP (*n* = 18)	*p*
Postoperative morbidities, no	9 (29.0%)	5 (7.8%)	0.922
anastomotic leakage	5	3	
bleeding	0	1	
wound infection	1	0	
rectovaginal fistula	0	1	
leg weakness	1	0	
urinary retention	0	0	
lymphocele	1	0	
incisional hernia	1	0	
ileus	1	0	
stoma prolapse/stricture	1	0	
intraabdominal abscess	1	0	
Postoperative mortality	0	0	







Conclusions: The SP robotic TME with Lt. LPND showed its safety and comparative outcomes compared with MP robotic approach. The SP robotic Lt. LPND can be considered as one surgical option. The limitation is that we only compared the left sided node dissection. Further prospective randomized controlled trials based on large cohorts are warranted to generalize this result to other surgeons.