Robot-Assisted Total Pelvic Exenteration for Rectal Cancer with Intracorporeal Ieal Concudt

Department of Gastroenterological Surgery[1)], Department of Urology[2)], Toranomon Hospital, Tokyo, Japan
Shuichiro Matoba[1)],
Hiroya Kuroyanagi[1)], Shigeo Toda[1)], Yutaka Hanaoka[1)], Yudai Fukui[1)], Kosuke Hiramatsu[1)], Yusuke Maeda[1)], Masashi Ueno[1)],
Kazushige Sakaguchi[2)], Suguru Oka[2)], Michikata Hayashida[2)]

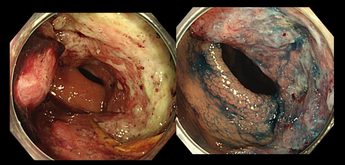
Background

Locally advanced rectal cancer (LARC) is still difficult to hurdles in rectal cancer treatment. In LARC, especially in male, anterior extension cases may require Total pelvic excetoration(TPE). TPE consists of the resection of total pelvic organs and reconstruction of urinary tract. Recently, robotic surgery has been introduced and quickly developed in colorectal cancer surgery and urological surgery. In urology, even the creation of ileal conduits is now being performed by robotic surgery. We experienced the Robot-assisted total pelvic excenteration for rectal cancer with intracorporeal ileal conduit.

Case

78 year old male
CC) Defecation disorder
PH) 23 y hemoroidectomy
PI) He had been fecal incontinence due to hemorrhoidectomy in his twenties. Recently, his symtons worsened, leading him to visit a clinic where he was diagnosed with rectal cancer and referrd for further evaluation.

Colonoscopy



MRI

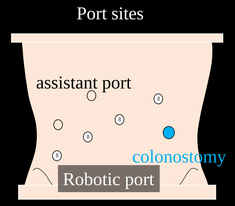


The tumor was located 2cm from the anal verge and approximately two-thirds of the circumference. Biopsy confirmed adenocarcinoma. There were no distant metastases, andprostate infiltration by rectal cancer was suspected.

Treatment Course

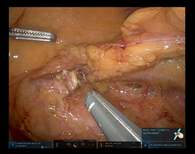
Due to severe perianal dermatitis caused by fecal incontinence, we first constructed the sigmoid colostomy laparoscopically. The patient declined chemotherapy, so we opted for preoperative short-term radiation therapy(25Gy).

Surgical procedure





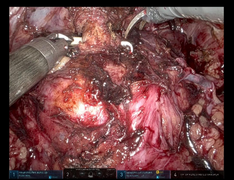
We performed using Da Vinci Xi®Surgical System with 5 robotic port sites and 2 assistant port sites.



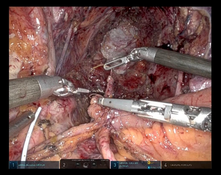
The root of IMA was cutting.



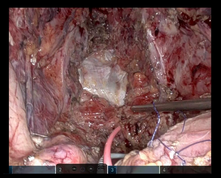
The main trunk of Intenal Pelvic Artery was preserved, and branch of bladder were dissected.



The urethra was also detached intraperitonealy.



Ileal conduit was constraceted by urology teams.





Pelvic reconstruction was performed for Fasia lata grafiting combined with gluteal flaps by the plastic surgery teams..



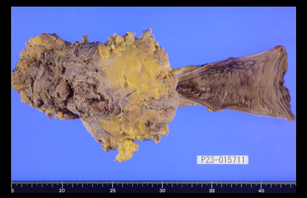
No major abodominal wounds.

The operating time was 1114minitues and the blood loss was 400ml. The durations of robot console by colorectal and urological teams were 552 and 222 minitues respectively. .

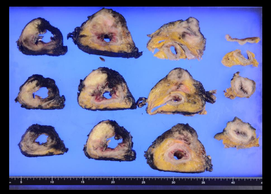
Post-operative course

He was dischareged 22 days after surgery without postoperative complications.

Pathological findings







Tumor size 65×55×60mm Histological types mucinous adenocaricinoma ypT3ypN0 Stage IIa

Conclusion

Although the operation time was long, our technique was feasible and safe.

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