Enhancing Colorectal Surgery Outcomes Through **Dual-Surgeon Collaboration**: A Retrospective Cohort Study

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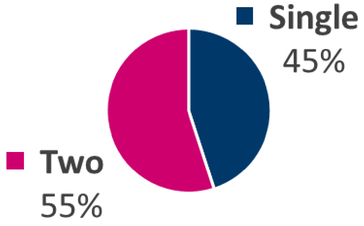
Background

In various surgical specialties, a two-surgeon approach (TSA) has been independently associated with improved postoperative outcomes. This study aimed to assess the potential benefits of TSA in colorectal procedures.

Methods

This retrospective cohort study included patients who underwent intra-abdominal colorectal procedures **between 2022 and 2024** at a high-volume center. Patients were categorized based on the surgical approach: single-surgeon approach (SSA) versus TSA. The primary outcome was the incidence of **postoperative complications (POCs).**



268 patients included

Results

The most common procedures were right hemicolectomy (37.6%, n=101), low anterior resection (LAR) (11.6%, n=28), and left hemicolectomy (9.3%, n=25). The most frequent indications were colorectal cancer (66.8%, n=179), inflammatory bowel disease (9.3%, n=25), and diverticular disease (6.7%, n=18).

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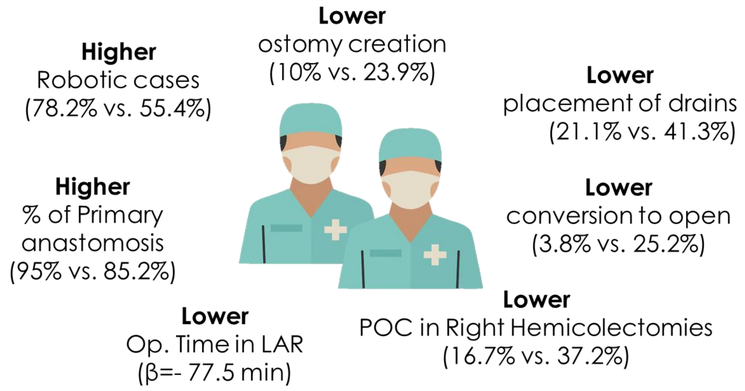
*When Compared with Single, the **Two-approach surgery** had:*



The incidence of POCs was lower in the TSA group (21% vs. 26.4%, p=0.303).

TSA was associated with shorter operative time overall (β = -33.6 minutes, p=0.019),

Conclusion

The benefit of TSA may be procedure-specific, enhancing surgical efficiency in LAR and reducing postoperative complications, particularly in right hemicolectomies.

These findings suggest a potential role for TSA in optimizing outcomes for complex colorectal cases. Further prospective and cost-effectiveness studies are warranted to validate these results.

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