

Anvil Through the Stoma and Out the Side Technique for Robotic Hartmann’s Reversal: Case Series

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Background

- Robotic Hartmann’s reversal provides a stable platform for adhesiolysis, enhanced by three-dimensional visualization and improved instrument dexterity.
- In minimally invasive Hartmann’s reversal, traditional mid-procedure anvil placement may require additional redocking, loss of pneumoperitoneum, and increased operative time.
- We report outcomes using a simplified “anvil-through-the-stoma and out-the-side” technique recently described by Dr. Laila Rashidi¹.
- This approach reduces the need for robot undocking, maintains pneumoperitoneum throughout the procedure, and may help decrease operative time.

Methods

- A retrospective review was conducted of six consecutive robotic Hartmann’s reversal cases (2024–2025) performed using this technique (table 1).
- All procedures were performed by a single colorectal surgeon using the da Vinci Xi Surgical System.

Technique steps (figure 1).

- A. The anvil is inserted through the stoma.
- B. A small colotomy is created, and the anvil is pulled through.
- C. The green tip of the anvil is exteriorized.
- D. The remaining distal colon is stapled.

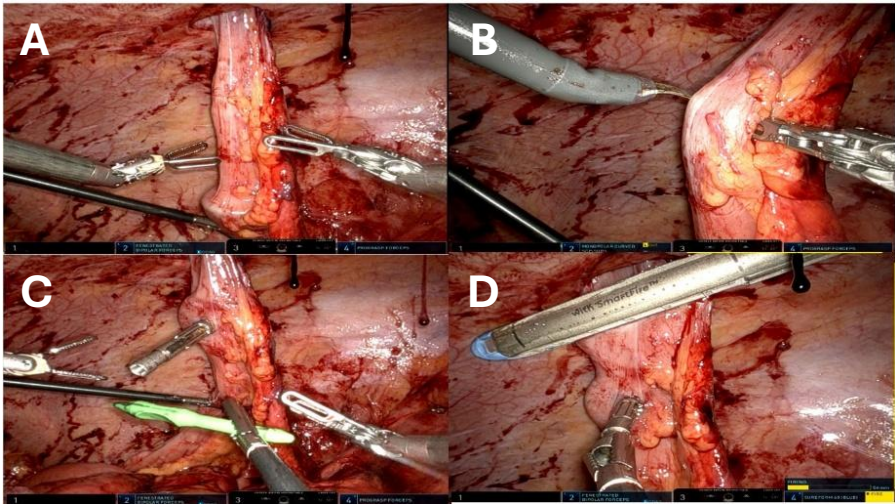
Results

Table 1. Patient demographics and surgery characteristics

Case	Sex	Age (years)	First procedure approach	Reason for colostomy	Time from colostomy creation	Operative time (min)	EBL (mL)	LOS (days)
1	M	55	Open	Stercoral perforation	100 days	149	30	2
2	M	50	Open	Perforated diverticulitis	113 days	159	15	2
3	M	68	Open	Perforated diverticulitis, purulent peritonitis	83 days	220	50	3
4	M	77	Lx	Perforated diverticulitis	336 days	149	20	13
5	F	66	Lx	Obstructing rectal mass	497 days	327	50	3
6	M	56	Rx	Perforated diverticulitis	108 days	157	40	3

Lx: laparoscopic, Rx: robotic, EBL: estimated blood loss, LOS: length of stay

Figure 1. Technique steps.



Conclusions

- This method is safe and feasible, helps to avoid additional operative time associated with undocking the robot mid-procedure, loss of pneumoperitoneum, and the risk associated with more crossing staple lines.
- The use of robotics facilitated adhesiolysis and may aid in managing potential complications such as enterotomy or inadvertent injury, thereby reducing the likelihood of conversion.

Limitations

- This case series is limited by its small sample size and the absence of a comparative control group.

References

1. Rashidi L. Robotic Reversal of Difficult Hartmann’s Pouch. Presented at: Society of Robotic Surgery Meeting: June, 2024; Plumeria, CA.
2. Infante M, Ortiz L, Tabbara M, et al. Comparison of Surgical Outcomes Between Laparoscopic and Robotic Hartmann’s Reversal: A Retrospective Series of 41 cases. Presented at: SAGES Meeting: March 2026; Tampa, FL.