

Transanal total mesorectal excision (taTME) for cancer located in the lower rectum: short-term results.

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Background:

In 2010 transanal total mesorectal excision (TaTME) was presented as a revolutionary technique in order to treat low and ultra-low rectal cancer. It is real alternative for patients previously qualified to the abdominoperineal resection of the rectum which allows to preserve properly functioning anal sphincter. The aim of the study was to evaluate the short-term results following the TaTME procedure performed in the first 35 patients at the Lower Silesian Comprehensive Cancer Center in Wrocław.

Material and methods:

Between May 2016. and April 2018 TaTME was performed in 35 patients (age between 31 and 86, median age 60 years) with low rectal cancer (with median anorectal junction distance 3 cm (with first quartile [Q1] 1 cm and third quartile [Q3] 3 cm, the local spread ranging from CT1N0, cT4N2 TaTME was performed. The neoadjuvant treatment was performed in 28 patients (in 17 patients radiotherapy alone, in 7 patients radio-chemotherapy and in 1 patient chemotherapy alone). All patients operated in our center using the TaTME technique had a protective defunctioning ileostomy.

Short term complications were assessed using classification system for surgical complications proposed by Clavien and Dindo in 2004.

The median time of operation was 185 min. (Q1 155 mm, Q3 240 mm).

The median length of surgery time was related to Clavien and Dindo classification was as followed:

Grade I: 7 (20%) patients 190 (134-245 min.), Grade III: 2 patients (6%) 215 (200-230 min.), Grade IV 2 patients (6%) 245 min. (245-245 min.), Grade V - 1 patient (3%) 230 min., and no complication: 23 (66%) patients 175 min (155-225 min.).

The median length of postoperative hospital stay related to Clavien and Dindo classification was s followed:

Grade I: 7 (20%) patients 7 (7 - 9 days), Grade III: 2 patients (6%) 11 (11-11 days), Grade IV 2 patients (6%) 14,5 (7-22 days), and no complication: 23 (66%) patients 7 (7 - 9 days). The reversal operation was performed in 18 patients within 3 to 12 months following the primary operation, and is planned and feasible in the rest of the patients.

Conclusions:

The TaTME method is novel and promising technique undoubtedly with less functional consequences and better quality of life, although technically more difficult and engaging simultaneously two operational teams.

Key words: rectal cancer, low rectal cancer, rectal excision, transanal access, TaTME (transanal total mesorectal excision)

Kategoria: K4. Chirurgia kolorektalna – nowe metody i techniki operacyjne / Chirurgia minimalnie inwazyjna w nowotworach narządowych / Powikłania w chirurgii minimalnie inwazyjnej / Colorectal surgery – new methods and surgical techniques / Minimally invasive surgery in organ tumors / Complications in minimally invasive surgery