SILS Sigmoidectomy For Colon Cancer

Friedrich Herbst, MD, FRCS and Bernhard Dauser, MD of the Department of Surgeryat St. John of God Hospital in Vienna perform a SILS Sigmoidectomy for colon cancer with a ColonRing.

A 35-year-old female patient had undergone colonoscopic removal of a 2cm polyp at 20cm from the anal verge. Histopathologic examination demonstrated a pT1 cancer with free resection margin but lymphovascular invasion, therefore resection was planned. Preoperatively, the site of the tumour was tattooed endoscopically using India ink.

The SILS™ Port is introduced through a 20mm long vertical incision through the umbilicus.

Patient is tilted to the right, head down in Lloyd-Davies position to facilitate arrangement of the small bowel (not shown in the video).

After mobilization of the left hemicolon lateral-to-medial the IMA (Inferior Mesenteric Artery) gradually is isolated by a medial approach without compromising the preaortic nerve plexus and divided 1-2cm from the aorta. The upper rectum is transected with a 60mm blue cartridge Endo-GIA™ linear stapler.

The bowel is extracted through the umbilical incision using a plastic wound protector after removal of the SILSTM Port. After resection of the sigmoid colon a tension-free end-to-end compression anastomosis is performed using the Compression Anastomosis Ring CAR 27 TM / ColonRing™ (by NiTi™ Surgical Solutions www.nitisurgical.com [1])

The postoperative course was uneventful. Histopathologic examination of the resection specimen showed no residual tumour in the bowel, but one out of eleven lymph nodes was affected (pT1 N1). The vertical intraumbilical incision healed perfectly and no visible scar can be seen 5 weeks after resection.

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[1] http://www.nitisurgical.com