Laparoscopic Resection of Rectal Cancer: Current Results

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Differences From Colon Cancer

- TME
- Neoadjuvant therapy
- Sphincter preservation
- Anastomotic complications
- Local recurrence rates
Laparoscopic Resection of Rectal Cancer

TME

- Essential for local clearance
- Feasible laparoscopically
- Radial margins are objective measure
Laparoscopic Resection of Rectal Cancer

Laparoscopic Approach to Mesorectal Excision (Monson et. Al.)

- 1993-1998 Prospective registry of 42 laparoscopic assisted rectal cancer resections
- 33% converted to open procedure
- Completed 21 LAR, 7 APR
- Compared to 22 simultaneous, consecutive open controls

DCR 2001;44:315-321
Laparoscopic Resection of Rectal Cancer

Laparoscopic Approach to Mesorectal Excision *(Monson et. Al.)*

- Laparoscopic rectal dissection
  22 (79%) [7 APR, 15 LAR]

- Rectal dissection through access incision
  6 (21%) [6 LAR]

- Only 1 with ⊕ radial margins (Stage IV) after laparoscopic TME

- Only 1 with ⊕ radial margins (Stage IV) after conversion to open
### Results

<table>
<thead>
<tr>
<th></th>
<th>Laparoscopic (Lap)</th>
<th>Open Surgery (Open)</th>
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</thead>
<tbody>
<tr>
<td><strong>Operating Time</strong></td>
<td>Lap &gt; Open</td>
<td>(180 min)</td>
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<tr>
<td><strong>Length of Stay</strong></td>
<td>Lap &lt; Open</td>
<td>(13 days)</td>
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<tr>
<td><strong>Anastomotic Leak</strong></td>
<td>Lap &gt; Open</td>
<td>(4 vs 1) p=0.329</td>
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<tr>
<td><strong>Local Recurrence</strong></td>
<td>Lap = Open</td>
<td>(5%)</td>
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<tr>
<td><strong>Mortality</strong></td>
<td>Lap = Open</td>
<td>(29%)</td>
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<tr>
<td><strong>Positive Radial Margins</strong></td>
<td>Lap &gt; Open</td>
<td>(2% vs 0)</td>
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Conclusion

- Laparoscopic approach to rectal cancer is feasible
- Large, multicenter, randomized trial is needed