DR THOMAS SURYA SUHARDJA (Orcid ID : 0000-0003-3590-7780)

DR ATANDRILA DAS (Orcid ID : 0000-0001-7137-5158)

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Corresponding author mail-id: jessicarahme@gmail.com

TITLE: Robotic abdominoperineal resection and lateral pelvic lymph node dissection – a video vignette.

AUTHORS:

Dr Jessica Rahme, Department of General Surgery, Austin Hospital, Melbourne, Victoria, Australia.

Dr Thomas Surya Suhardja, Colorectal Surgery Unit, Dandenong Hospital, Monash Health, Victoria, Australia.

Dr Jose Tomas Larach, Department of Surgery, Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia.

Dr Atandrilla Das, Department of Surgery, Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia.

Prof Alexander Heriot, Department of Surgery, Peter MacCallum Cancer Centre, Victoria, Australia.

Mr Satish Kumar Warriar, Department of Surgery, Peter MacCallum Cancer Centre, Victoria, Australia.

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Video Vignette

In this video, our method for performing a robotic abdominoperineal resection and lateral pelvic lymph node dissection is described. It has been demonstrated that advanced rectal tumors below the peritoneal reflection are at a higher risk of spreading to the lateral lymph nodes. There is mounting evidence that chemoradiotherapy is not sufficient to prevent lateral node local recurrence [1–4]. A recent large multi-institutional retrospective study showed that the addition of lateral lymph node dissection results in a significantly lower lateral lymph node recurrence rate. Over a 5-year period, patients with low cT3/4 rectal cancers with nodes greater than 7mm resulted in a 19.5% recurrence rate with chemoradiotherapy and total mesorectal excision, and only 5.7% if combined with lateral pelvic lymph node dissection [5]. To describe our operative technique, we present the case of a 54-year-old female with a rectal tumour 4cm

from the anal verge. The patient was discharged day-6 post operatively and there were no short or long term complications. Pathology revealed a moderately differentiated adenocarcinoma invading the muscularis propria. The margins were clear and there was no evidence of malignancy in six lateral pelvic lymph nodes.

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Author/s:

Rahme, J;Suhardja, TS;Larach, JT;Das, A;Heriot, A;Warrier, SK

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