Standardization of endometriosis surgery – the coloproctologist's vision

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Objective: To demonstrate the standardization of deep endometriosis surgery with intestinal involvement. **Methods:** prospective study evaluating 74 women undergoing standardized surgery for deep intestinal endometriosis. Divided into two groups, according to the findings of three-dimensional anorectal ultrasound, Group I with lesions affecting perirectal fat and Group II with lesions affecting at least the muscular layer of the rectum. **Results:** There was no statistically significant difference between the groups in relation to the size of the focus and the distance of the lesion to the pubrectal muscle (p> 0.05). The type of surgery performed was laparoscopy without lesions in one patient (1.35%), disk resection in 13 patients (17.56%), Shaving in 45 patients (60.81%) and retosigmoidectomy in 15 patients (20.27%). The complications were bleeding from the drain with conservative treatment in 3 patients (4.05%), fistula in 2 patients submitted to the shaving method (2.70%), 3 patients (4.05%) with anterior recession syndrome LARS), with improvement to conservative treatment. Lesions in other organs were also observed during videolaparoscopy. **Conclusion:** Surgical standardization is important to guide the general / colorectal surgeon in the effective approach in intestinal endometriosis.

KEY WORDS: Endometriosis. Ultrasonography. Laparoscopy. Colorectal Surgery.