Reduced Port TME

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Introduction

Most surgeons are now convinced of the benefits of the laparoscopic approach in colorectal surgery. The laparoscopic approach for benign and malignant colon disease is safe, feasible, and effective.
More challenging is the adoption of this approach while addressing colorectal cancer disease and maintaining oncological principles.
After performing a standard laparoscopic surgery technique in benign and malignant diseases for several years, we are now moving one step forward.

Why

The laparoscopic approach was used for all benign and malignant colorectal disease. To reduce the number of trocars and avoid a 5cm incision for specimen extraction, we started to utilise the “Reduced Port” technique while dealing with rectal cancer. Performing the TME safely, respecting all oncological principles whilst following the surgical guidelines of the European surgical societies

Germany Guideline

7.46: Die laparoskopische Resektion des Kolon-und Rektum Karzinoms kann bei entsprechender Expertise des Operateurs und geeigneter Selektion mit gleichen onkologischen Ergebnissen im Vergleich zur offenen OP-Technik durchgeführt werden.

7.47: Die Qualität des Präparates soll durch den Pathologen dokumentiert werden.

7.48: Neuere Operationsverfahren (z.B. Robotik, NOTES) können wegen unzureichender Daten außerhalb von Studien nicht empfohlen werden.

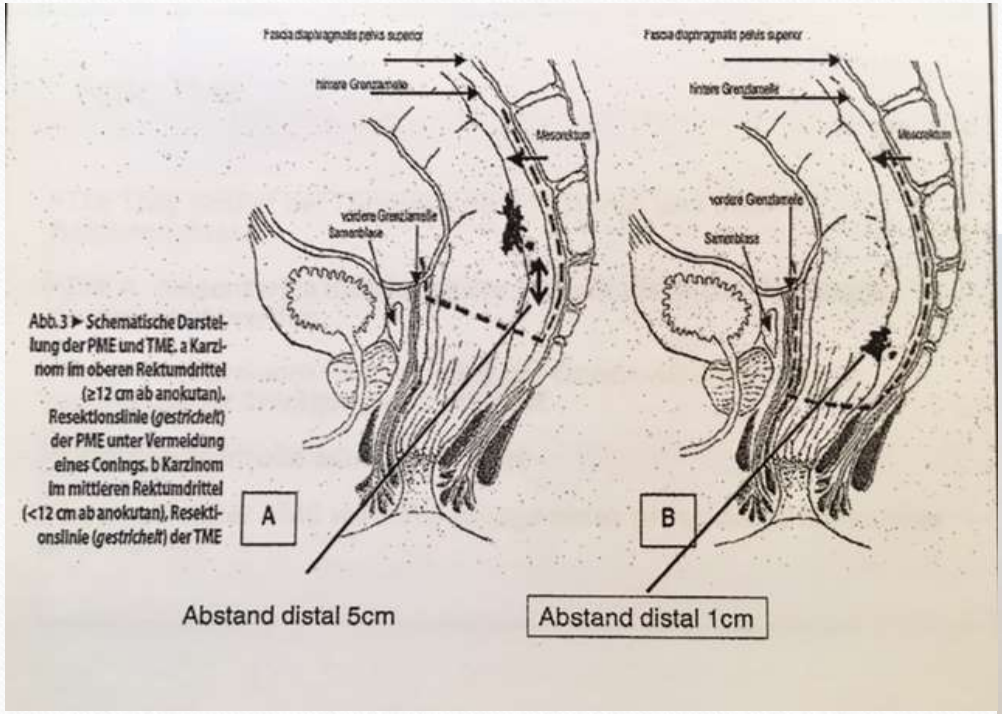
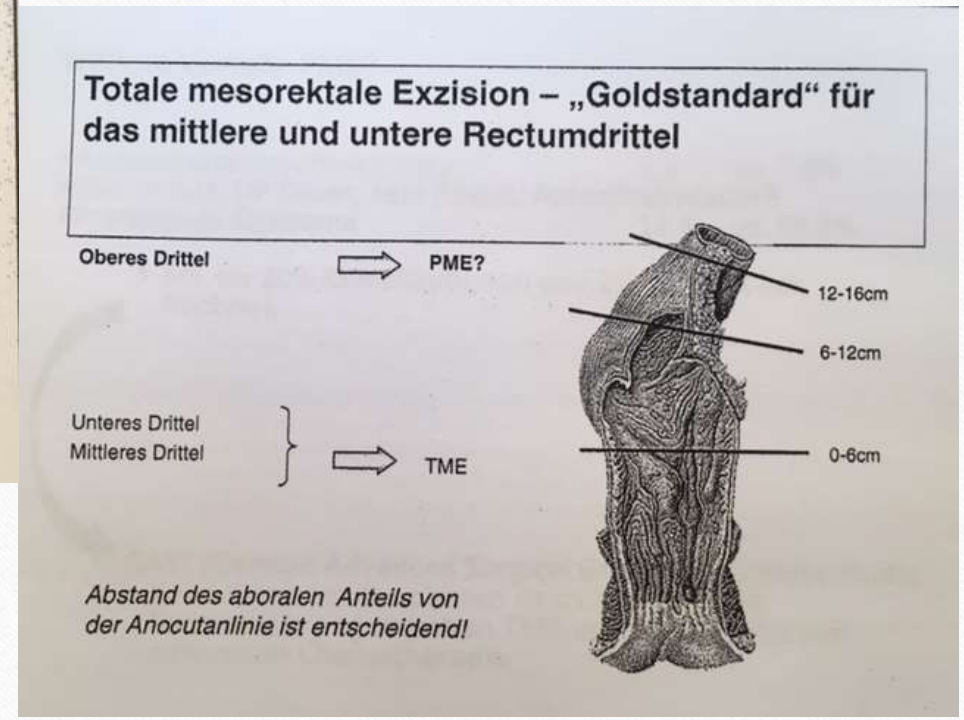
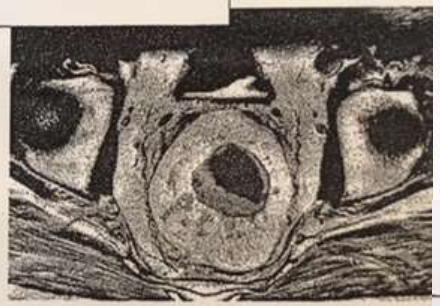


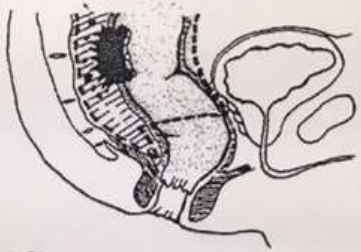
Abb. 3 ▶ Schematische Darstellung der PME und TME. a Karzinom im oberen Rektumdrittel (≥12 cm ab anokutan). Resektionslinie (*gestrichelt*) der PME unter Vermeidung eines Conings. b Karzinom im mittleren Rektumdrittel (<12 cm ab anokutan), Resektionslinie (*gestrichelt*) der TME



The TME Concept – "***circumferential*** navigation system"







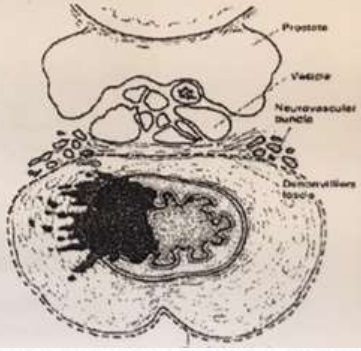


Figure 1. Diagrammatic representation of the Holy Plane, as published in the British Journal of Surgery in 1982

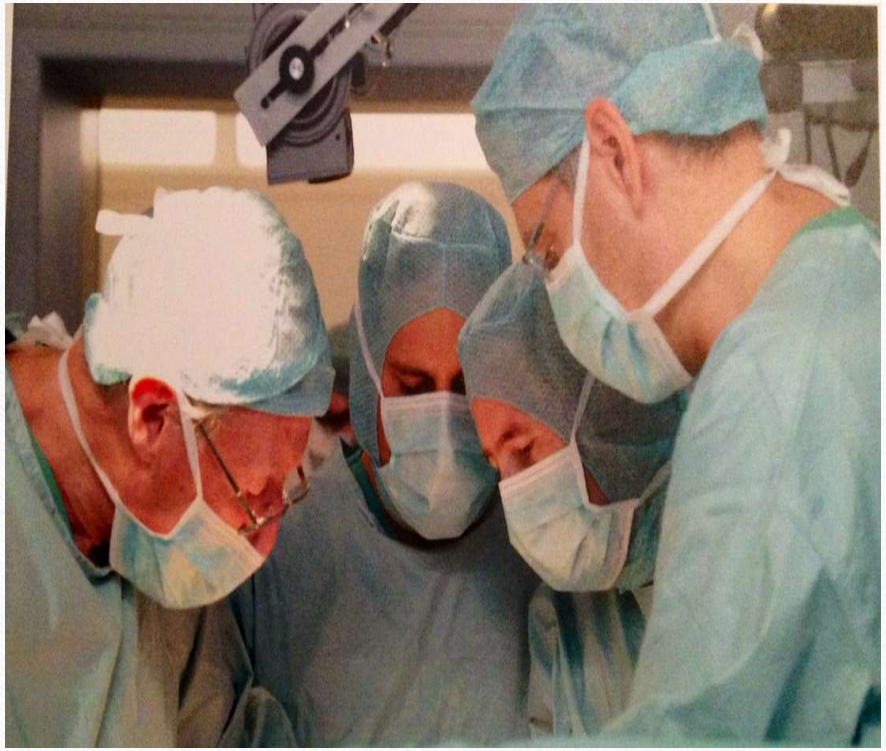
Lokalrezidivrate ***bis zu 55%***

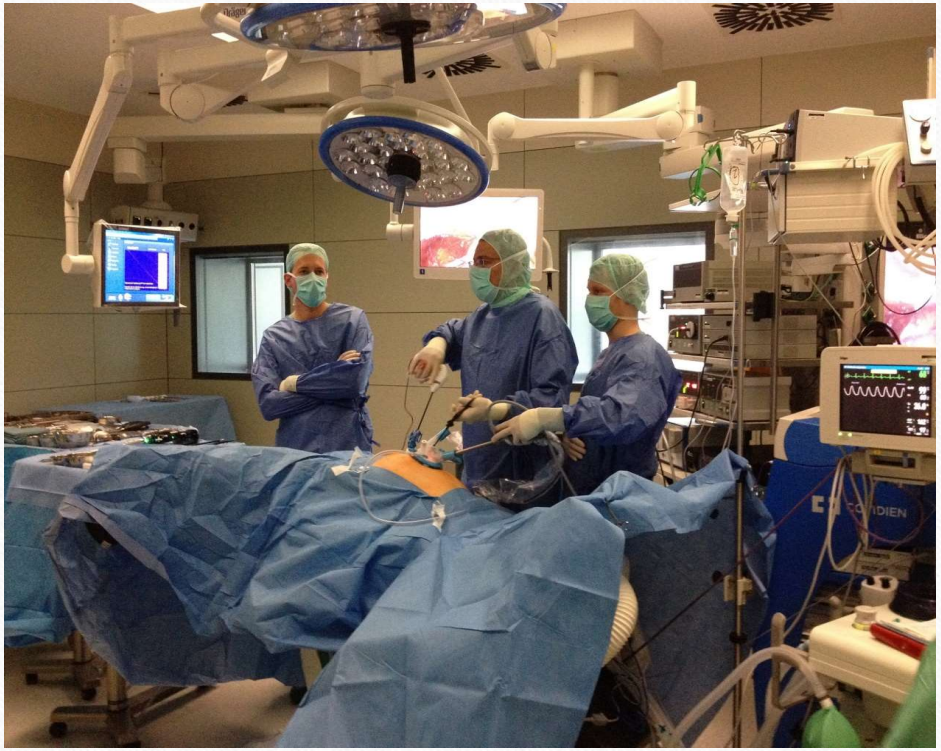
nach **konventioneller** Operation

Autor	Jahr	n	Lokalrezidiv	Lokalrezidiv %
Zirngibl	1990	1153	265	23,0
Norstein	1993	275	81	29,5
Damhuis	1997	902	162	18,0
Kapiteijn	1998	668	150	22,5

nach TME

Autor	Jahr	n	Lokalrezidiv	Lokalrezidiv %
Eu	1998	278	26	9,4
Martling	2000	381	21	5,5
Kapiteijn	2002	661	57	8,6
Eigene Daten	2006	403	27	6,7



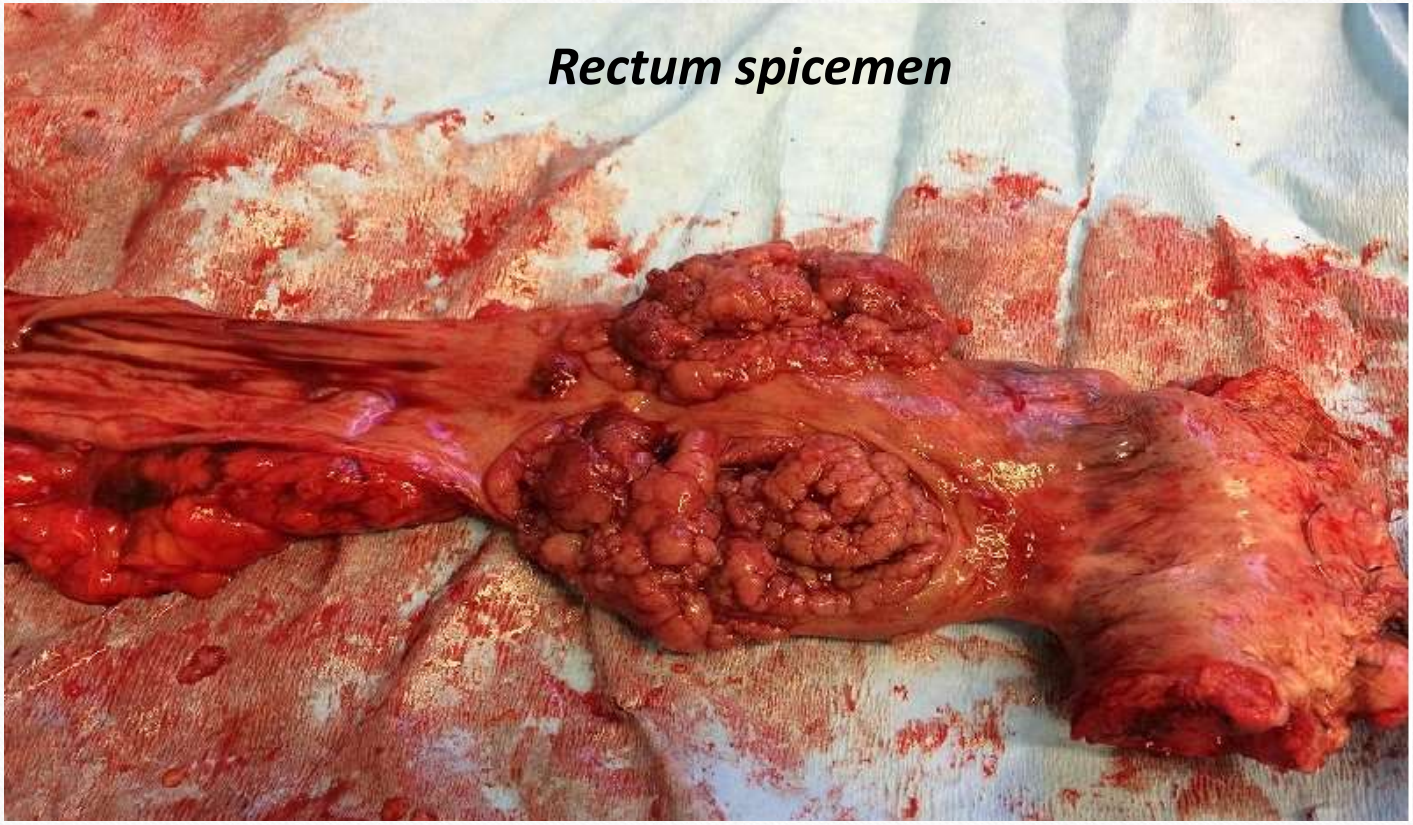


How

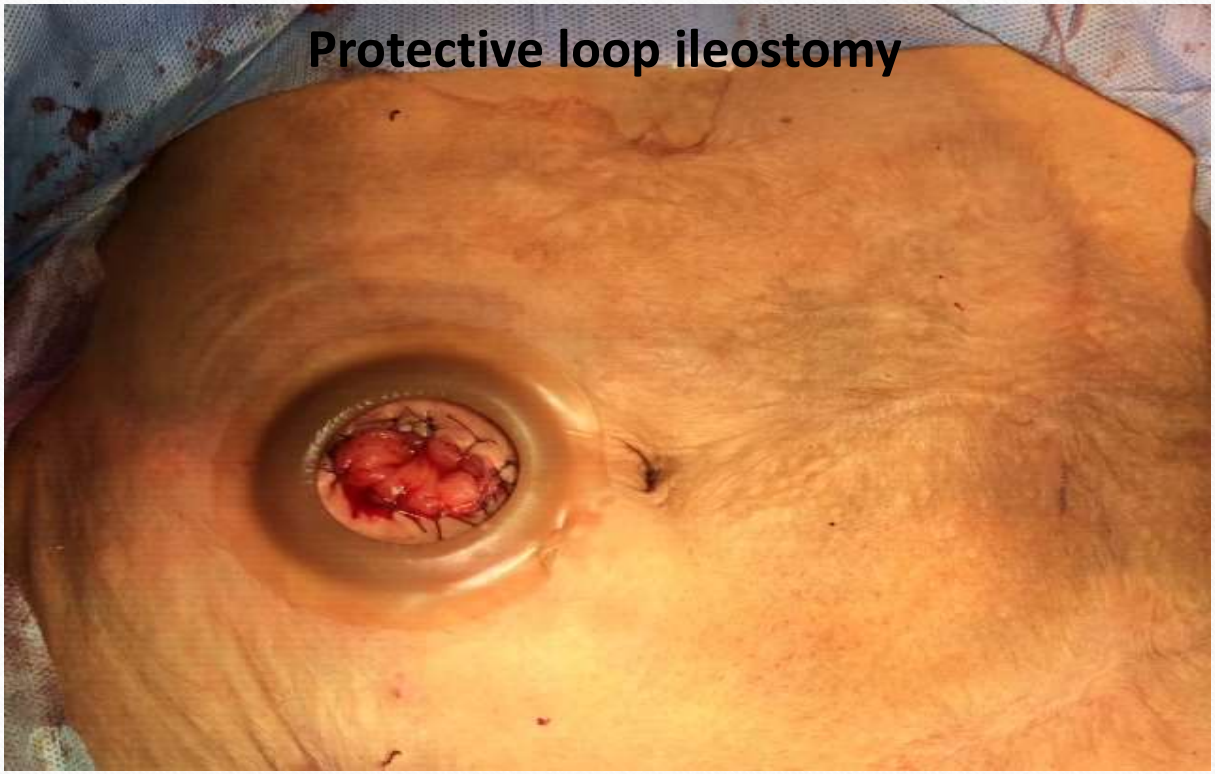
The OCTO-Port® was utilsed at the site of the Loop Ileostoma, which was marked before the operation. In addition, a 5mm Transport® trocar was inserted in the lower third of the abdominal wall. The operation steps are generally equivalnet to a standard Laparoscopic approach. At the end of the operation the specimen is extracted through the wound retractor of the OCTO-Port®, negating the need for an additional incision. The anastomosis is performed with a circular stapler


Reduced Port TME

Rectum spicemen



Protective loop ileostomy



Approved

According to the latest and most relevant study **COLOR II** which involved 30 Hospitals in 8 countries, as well as our own study (Publication to follow) we can approve the safety and accuracy of this approach in comparison with the classic open approach when dealing with Rectum cancer.

Location	**Number**	**Op.Time** min.	**Conversion**	**Complication**
Rectal cancer Upper 1/3	37	90-100	1	3 Wound Infection
Rectal cancer Mid 1/3	32	110-120	0	2 Non Surgical
Rectal cancer Lower 1/3	35	120-180	2 to APR	2 Sacral wound infection 2 Anastomotic leakage

Coloproctology –Ludmillenstift Hospital-Meppen
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01.01.2013-01.01.2018

Results

Reduced Port TME is an advanced minimallly invasive laparoscopic surgical technique that allows surgeons a more accurate pelvic dissection while improving the visualisation of the operating field. Less manipulation of the tissue should improve the operative and short term outcomes. This particular surgical technique reduces abdominal wall trauma and the potential risk of port site metastasis

References

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