

2025年11月14日(金)

English Abstract Session

📅 2025年11月14日(金) 8:30 ~ 9:20 🏢 第10会場

[E1] English Abstract Session 1 Surgical outcome

Moderator: Kazuhiko Yoshimatsu (Department of Digestive Surgery, Kawasaki Medical School), James Ngu (Department of Surgery, Changi General Hospital, Singapore)

[E1-1]

The impact of tumor-associated inflammatory adhesions on survival in patients with colon cancer

Jinzhu Zhang¹, Yaru Niu¹, Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-2]

Laparoscopic Anterior Resection in Elderly Patients: Short-term Outcomes in a District Hospital

Likana Pattanapongsa (Miss)

[E1-3]

A Predictive Nomogram for Retrieving 12 Lymph Nodes in Rectal Cancer Patients

Jian Ma¹, Xuan Guan¹, Jinzhu Zhang¹, Yaru Niu¹, Yihang Shi¹, Baohong Yang², Haiyi Liu², Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E1-4]

Robotic NOSES Combined with En Bloc Resection for Bilateral Lateral Lymph Node in Rectal Cancer

Yihang Shi, Zhixun Zhao, Xu Guan, Jinzhu Zhang, Jian Ma, Zheng Xu, Haipeng Chen, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-5]

Single stapler anastomosis in minimal invasive rectal surgery-outcome in single institution

Chu Cheng Chang¹, Ming Yin Shen^{1,2}, Tzu Liang Chen^{1,2} (1. Department of Surgery, China Medical University HsinChu Hospital, 2. China Medical University)

[E1-6]

Preservation of most nerves in the Denonvilliers' fascia during laparoscopic total mesorectal excision for middle rectal cancer-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchun Hu (Yantai Yuhuangding hospital)

English Abstract Session

■ 2025年11月14日(金) 9:20 ~ 10:20 ■ 第10会場

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator: Atsushi Hamabe (Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen (Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-1]

Outcomes of NOSES vs TLRH for Right-Sided Colon Cancer: A Propensity Score-Matched Study

Zheng Xu, Yueyang Zhang, Xu Guan, Yihang Shi, Haipeng Chen, Zhixun Zhao, Zhaoxu Zheng, Haitao Zhou, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E2-2]

Short-term Outcomes of NOSES vs Conventional Laparoscopic Surgery in CRC

Xu Guan (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E2-3]

ICG Fluorescence Imaging allows Navigation of Critical Vessels during Laparoscopic and Robotic Colorectal Surgery

Trevor M Yeung, Wing Wa Leung, Prudence Tam, Ruby Lau, Julie Ng, Nicole Cheng, Vienna Ng, Cherry Wong, Simon Chu, Sophie S Hon, Kaori Futaba, Simon S Ng (The Chinese University of Hong Kong)

[E2-4]

Ergonomic Advantages of the Open Console System in Robotic Colorectal Resection

Chunlin Wang, Yulingming Wang, Guiyu Wang (Department of colorectal cancer surgery, the Second Affiliated Hospital of Harbin Medical University)

[E2-5]

CUSUM-Based Learning Curve Analysis of RiSSA in Robotic Left-Sided Colorectal Cancer Surgery

Shih-Feng Huang¹, Chih-Chien Wu^{1,2} (1.Division of Colorectal Surgery, Kaohsiung Veterans General Hospital, 2.School of Medicine, National Yang Ming Chiao Tung University)

[E2-6]

Short term outcomes of intracorporeal anastomosis in robotic and laparoscopic left colectomy.

Yenchen Shao^{1,2}, Mina Mingyin Shen^{1,2}, William Tzuliang Chen^{1,2} (1.China Medical University Hsinchu Hospital, 2.China Medical University)

[E2-7]

The long-term effects of anastomotic leakage after colorectal cancer surgery on Quality of Life – A systematic review

Gielen AHC, Heuvelings DJI, Sylla P, van Loon YT, Melenhorst J, Bouvy ND, Kimman ML, Breukink SO (CoReAL collaborative)

English Abstract Session

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[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University),
Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-1]

Intraoperative Peritumoral Indocyanine Green Injection During Laparoscopic Left Hemicolectomy

Alongkot Kaewkim¹, Kamales Prasitvarakul² (1.Hatyai hospital, 2.Haiyai hospital)

[E3-2]

D3 LND improves the survival outcome in patients with cT2 colorectal cancer

Liming Wang¹, Yinggang Chen¹, Yasumitsu Hirano² (1.National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital & Shenzhen Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Shenzhen, 2.Division of Gastroenterological Surgery, Saitama Medical University International Medical Center, Hidaka, Saitama, Japan.)

[E3-3]

Tailored Minimum Examined Lymph Nodes Threshold in Colon Cancer

Baohong Yang¹, Xu Guan^{1,2}, Jian Ma², Shuai Jiao¹, Qingxia Xu¹, Yanfeng Xi³, Xishan Wang^{1,2} (1.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3.Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E3-4]

laparoscopic right hemicolectomy in obstructed hepatic flexure colon cancer, a technical challenge

Sumet Saeli (Hatyai hospital)

[E3-5]

Cranial-caudal-medial approach, counterclockwise complete mesocolic excision in laparoscopic right hemicolectomy- A video vignette.

Yao Zengwu, Jinchen Hu, Yifei Zhang (Yantai Yuhuangding hospital)

[E3-6]

Treitz ligament-guided medial approach for complete mesocolic excision in laparoscopic left hemicolectomy-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

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Laparoscopic Anterior Resection in Elderly Patients: Short-term Outcomes in a District Hospital

Likana Pattanapongsa (Miss)

[E1-3]

A Predictive Nomogram for Retrieving 12 Lymph Nodes in Rectal Cancer Patients

Jian Ma¹, Xuan Guan¹, Jin Zhu Zhang¹, Yaru Niu¹, Yihang Shi¹, Baohong Yang², Haiyi Liu², Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E1-4]

Robotic NOSES Combined with En Bloc Resection for Bilateral Lateral Lymph Node in Rectal Cancer

Yihang Shi, Zhixun Zhao, Xu Guan, Jin Zhu Zhang, Jian Ma, Zheng Xu, Haipeng Chen, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-5]

Single stapler anastomosis in minimal invasive rectal surgery-outcome in single institution

Chu Cheng Chang¹, Ming Yin Shen^{1,2}, Tzu Liang Chen^{1,2} (1. Department of Surgery, China Medical University HsinChu Hospital, 2. China Medical University)

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Preservation of most nerves in the Denonvilliers' fascia during laparoscopic total mesorectal excision for middle rectal cancer-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchun Hu (Yantai Yuhuangding hospital)

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Moderator: Kazuhiko Yoshimatsu (Department of Digestive Surgery, Kawasaki Medical School), James Ngu (Department of Surgery, Changi General Hospital, Singapore)

[E1-1] The impact of tumor-associated inflammatory adhesions on survival in patients with colon cancer

Jinzhu Zhang¹, Yaru Niu¹, Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

Purpose: In colon cancer patients with tumor-associated inflammatory adhesions (TAIA), the preoperative clinical staging is cT4b, but postoperative pathology reveals that the tumor has not invaded surrounding organs (non-pT4b). We aimed to investigate the impact of TAIA on prognosis and treatment strategies for colon cancer patients.

Methods: Colon cancer patients from the Surveillance, Epidemiology, and End Results (SEER) database (2010 to 2019) and Chinese multicenter cohort were included to compare survival differences between the TAIA and non-TAIA groups. A Cox proportional hazards model was used to evaluate independent risk factors for survival in colon cancer patients. Additionally, we analyzed the impact of adjuvant chemotherapy on survival in TAIA patients.

Results: A total of 112,659 colon cancer patients from the SEER database and 881 colon cancer patients from the Chinese database were included in this study. After propensity score matching (PSM), both cohorts found that patients in the TAIA group exhibited worse overall survival ($P < 0.05$) and cancer-specific survival ($P < 0.05$). Additionally, the Cox multivariate proportional hazards model identified TAIA as an independent risk factor for cancer-specific survival in colon cancer patients (SEER: HR 1.45, 95% CI: 1.40 to 1.50, $P < 0.001$; China: HR 1.54, 95% CI: 1.130 to 2.102, $P = 0.006$). Subsequently, 36,496 TAIA patients from the SEER database and 229 TAIA patients from a Chinese multicenter database were independently divided into adjuvant chemotherapy and control groups. After PSM, both databases indicated better survival in the adjuvant chemotherapy group.

Conclusion: Colon cancer patients with TAIA have a poorer prognosis. Adjuvant chemotherapy can improve the prognosis of TAIA patients.

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[E1] English Abstract Session 1 Surgical outcome

Moderator: Kazuhiko Yoshimatsu (Department of Digestive Surgery, Kawasaki Medical School), James Ngu (Department of Surgery, Changi General Hospital, Singapore)

[E1-2] Laparoscopic Anterior Resection in Elderly Patients: Short-term Outcomes in a District Hospital

Likana Pattanapongsa (Miss)

Background:

Laparoscopic anterior resection (LAR) is widely accepted as a standard treatment for colorectal cancer. However, data on its short-term outcomes in elderly patients treated at district hospitals remain limited. This study aims to evaluate the short-term surgical outcomes of LAR in elderly patients at a 200-bed district hospital.

Methods:

A retrospective review was conducted of patients aged 65 years and older who underwent LAR at Takua Pa Hospital, Phang Nga, Thailand. Data collected included patient demographics, length of hospital stay, postoperative complications, conversion to open surgery, and 30-day readmission rates.

Results:

A total of 41 elderly patients were included. The mean length of hospital stay was 12.1 days. The postoperative complication rate was 22%, while the conversion rate to open surgery was 12.2%. The 30-day readmission rate was 7.3%. Most complications were minor and managed conservatively.

Conclusions:

Laparoscopic anterior resection in elderly patients can be performed safely in a medium-sized district hospital, with acceptable rates of complications and readmissions. These findings support the feasibility and safety of minimally invasive colorectal surgery for elderly patients in community hospital settings.

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[E1] English Abstract Session 1 Surgical outcome

Moderator: Kazuhiko Yoshimatsu (Department of Digestive Surgery, Kawasaki Medical School), James Ngu (Department of Surgery, Changi General Hospital, Singapore)

[E1-3] A Predictive Nomogram for Retrieving 12 Lymph Nodes in Rectal Cancer Patients

Jian Ma¹, Xuan Guan¹, Jinzhu Zhang¹, Yaru Niu¹, Yihang Shi¹, Baohong Yang², Haiyi Liu², Xishan Wang¹
 (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

Objective

This study aims to develop a nomogram model to predict the probability of retrieving 12 LNs postoperatively in rectal cancer (RC) patients.

Methods

Patients collected from Shanxi Cancer Hospital between 2015 and 2020 were retrospectively analyzed. Continuous variables were converted into categorical variables. Chi-square tests were used to identify key factors influencing 12 LNs detected. Significant variables were incorporated into a nomogram model. The model's discrimination ability was evaluated based on the receiver operating characteristic (ROC) curve, while model calibration was assessed using calibration plots. The clinical utility of the model was determined using decision curve analysis (DCA).

Results

A total of 2,724 RC patients were included, 1,906 cases were assigned to the training dataset, while 818 were assigned to the in-validation dataset. Chi-square analysis identified age, T stage, N stage, tumor size, CEA, CA19-9, hemoglobin, and PLT as significant factors associated with 12 LN retrieval. The nomogram indicated that T stage, N stage, and tumor size contributed most significantly. The AUCs of the model were 0.669 for the training and 0.689 for the in-validation dataset. The calibration plots showed good agreement between the predicted probabilities and actual outcomes. The DCA curves demonstrated a favorable net benefit across a wide range of threshold probabilities.

Conclusion

The nomogram model can effectively predict 12 LNs retrieving in RC patients. It also provides a valuable tool for preoperative risk stratification and personalized clinical decision-making.

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[E1] English Abstract Session 1 Surgical outcome

Moderator: Kazuhiko Yoshimatsu (Department of Digestive Surgery, Kawasaki Medical School), James Ngu (Department of Surgery, Changi General Hospital, Singapore)

[E1-4] Robotic NOSES Combined with En Bloc Resection for Bilateral Lateral Lymph Node in Rectal Cancer

Yihang Shi, Zhixun Zhao, Xu Guan, Jinzhu Zhang, Jian Ma, Zheng Xu, Haipeng Chen, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

Abstract

Background: Rectal cancer often metastasizes to bilateral lateral pelvic lymph nodes (LPLNs). While radical resection with lateral lymph node dissection (LLND) is standard for suspected metastasis, traditional piecemeal resection risks tumor dissemination. Natural orifice specimen extraction surgery (NOSES) enhances recovery by avoiding abdominal incisions. This first report combines robotic-assisted NOSES with en bloc resection for rectal cancer and bilateral LLND.

Methods: A 31-year-old male with mid-rectal adenocarcinoma and bilateral LPLN enlargement (8mm) underwent robotic en bloc tumor resection with bilateral LLND. Using a modified lithotomy position, retroperitoneal access was established at the left iliac bifurcation. Bilateral LLND and total mesorectal excision preserved specimen integrity. Transanal extraction followed intersphincteric resection, enabling direct anastomosis.

Results: Successful 391-minute procedure with 100mL blood loss. Bilateral internal/external iliac and obturator nodes were dissected without abdominal incisions/stomas. Discharge occurred on postoperative day 10. Pathology confirmed pT3N0M0 adenocarcinoma. Four-year follow-up showed no recurrence/metastasis, with preserved urinary/defecatory function.

Conclusion: Robotic NOSES with en bloc resection demonstrates safety and feasibility for locally advanced rectal cancer with bilateral LPLN metastasis. This technique combines oncologic radicality (minimizing tumor spread risk) and functional preservation, while transanal extraction optimizes recovery. The 4-year recurrence-free survival supports its dual benefits, offering a minimally invasive paradigm for complex cases. Multicenter validation and protocol standardization are warranted.

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[E1] English Abstract Session 1 Surgical outcome

Moderator: Kazuhiko Yoshimatsu (Department of Digestive Surgery, Kawasaki Medical School), James Ngu (Department of Surgery, Changi General Hospital, Singapore)

[E1-5] Single stapler anastomosis in minimal invasive rectal surgery-outcome in single institution

Chu Cheng Chang¹, Ming Yin Shen^{1,2}, Tzu Liang Chen^{1,2} (1.Department of Surgery, China Medical University HsinChu Hospital, 2.China Medical University)

Background Anastomotic leakage in rectal surgery can lead to increased morbidity, mortality, and a higher rate of local tumor recurrence. Many risk factors, such as blood supply, tension, and patient comorbidities, have been identified as contributing to the risk of leakage. Several studies have noted that the numbers of staplers used during rectal transection is an independent risk factor for anastomotic leakage. Here, we present our experience with single stapler anastomosis in minimal invasive rectal surgery.

Method After completing the dissection of rectum, the transection point was selected. One purse-string suture was made proximal to transection point to close the rectum. The transection was done with scissors. We made another hand-sewn purse-string suture at rectum stump in laparoscopic or robotic platform. The anastomosis was completed with single staple circular stapler.

Result From November 2022 to April 2025, we've performed 28 single stapler anastomosis. 18(64.3%) male and 10(35.7%) female patients. The mean age was 59.3(38-80) years old. 4 patients had received pre-operative radiotherapy. 3(10.7%) patients received laparoscopic surgery and 25(89.3%) had robotic surgery. 7(25%) patients received natural orifice specimen extraction surgery. 3 patients had protective stoma diversion. The mean anastomosis height was 5.25(2-8) cm from anal verge. There were 4(14.3%) patients experienced post-operative complications. One post-operative ileus, one acute urinary retention, one intraabdominal infection, and one patient had anastomosis leakage. The overall leakage rate was 3.6%. The mean length of stay was 6(3-20) days.

Conclusion Our result showed single stapler anastomosis in rectal surgery is a feasible and promising method in minimal invasive surgery.

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[E1-6] Preservation of most nerves in the Denonvilliers' fascia during laparoscopic total mesorectal excision for middle rectal cancer-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

Rectal cancer is a global disease, and surgical resection is the most effective method for its treatment. Total mesorectal excision as the gold standard surgery for rectal cancer was first proposed by professor Heald in 1982, and it significantly reduced the probability of tumour recurrence after surgery. However, some studies have shown that sexual and urinary functions, which are considered closely related to the pelvic autonomic nerves, deteriorate to varying degrees after surgery. Division of the Denonvilliers' fascia can damage the inferior hypogastric plexus and efferent pathways. However, the method of protecting the Denonvilliers' fascia and ensuring the integrity of total mesorectal excision is a difficult point. Especially in some patients receiving neoadjuvant radiotherapy and chemotherapy, the anatomical layer is not very clear. Laparoscopic surgery allows for better visualization of autonomic nerves, and therefore, more precise dissection and preservation. There are different surgical approaches to protect the Denonvilliers' fascia. This video demonstrates in a 56-year old man with low rectal cancer, laparoscopic radical rectal resection after preoperative neoadjuvant chemoradiotherapy. We incise the peritoneum 1 cm above the peritoneal reflection, and then cut it about 0.5 cm from the cranial side after complete exposure of the Denonvilliers' fascia. This approach ensures the integrity of anterior proper fascia of rectum and protects most of the nerves in the Denonvilliers' fascia. The patient was followed-up for 2 years. Sexual and urinary function did not decrease significantly, and the tumour did not recur.

English Abstract Session

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[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator: Atsushi Hamabe (Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen (Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-1]

Outcomes of NOSES vs TLRH for Right-Sided Colon Cancer: A Propensity Score-Matched Study

Zheng Xu, Yueyang Zhang, Xu Guan, Yihang Shi, Haipeng Chen, Zhixun Zhao, Zhaoxu Zheng, Haitao Zhou, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E2-2]

Short-term Outcomes of NOSES vs Conventional Laparoscopic Surgery in CRC

Xu Guan (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E2-3]

ICG Fluorescence Imaging allows Navigation of Critical Vessels during Laparoscopic and Robotic Colorectal Surgery

Trevor M Yeung, Wing Wa Leung, Prudence Tam, Ruby Lau, Julie Ng, Nicole Cheng, Vienna Ng, Cherry Wong, Simon Chu, Sophie S Hon, Kaori Futaba, Simon S Ng (The Chinese University of Hong Kong)

[E2-4]

Ergonomic Advantages of the Open Console System in Robotic Colorectal Resection

Chunlin Wang, Yulingming Wang, Guiyu Wang (Department of colorectal cancer surgery, the Second Affiliated Hospital of Harbin Medical University)

[E2-5]

CUSUM-Based Learning Curve Analysis of RiSSA in Robotic Left-Sided Colorectal Cancer Surgery

Shih-Feng Huang¹, Chih-Chien Wu^{1,2} (1.Division of Colorectal Surgery, Kaohsiung Veterans General Hospital, 2.School of Medicine, National Yang Ming Chiao Tung University)

[E2-6]

Short term outcomes of intracorporeal anastomosis in robotic and laparoscopic left colectomy.

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[E2-7]

The long-term effects of anastomotic leakage after colorectal cancer surgery on Quality of Life – A systematic review

Gielen AHC, Heuvelings DJI, Sylla P, van Loon YT, Melenhorst J, Bouvy ND, Kimman ML, Breukink SO (CoReAL collaborative)

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Zheng Xu, Yueyang Zhang, Xu Guan, Yihang Shi, Haipeng Chen, Zhixun Zhao, Zhaoxu Zheng, Haitao Zhou, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

Background: Small-incision assisted laparoscopic right hemicolectomy with intracorporeal anastomosis, commonly referred to as totally laparoscopic right hemicolectomy (TLRH), represents an advanced minimally invasive technique for the treatment of right-sided colon cancer. Recently, natural orifice specimen extraction surgery (NOSES), using transvaginal or transrectal routes, has emerged as an advancement that potentially minimizes abdominal wall trauma. This study compares the perioperative and long-term outcomes of NOSES and TLRH.

Methods: A retrospective cohort of 349 patients with stage I-III right-sided colon cancer who underwent curative laparoscopic resection from January 2018 to January 2023 was analyzed. Using propensity score matching (1:1), 115 NOSES cases were matched with 115 TLRH cases based on age, BMI, tumor size, neoadjuvant therapy, and T stage. Outcomes included perioperative recovery, fatigue, complications, pelvic floor function, and oncologic results.

Results: Post-matching, baseline characteristics were balanced. Operative time and blood loss were comparable. NOSES patients reported significantly less pain from postoperative days 1-3 ($p < 0.001$), reduced analgesic use ($p < 0.001$) and lower fatigue levels ($p < 0.001$). Learning curves for transvaginal and transrectal NOSES stabilized after 57 and 41 cases, respectively. Incision-related complications were more frequent in TLRH ($p < 0.005$). Functional outcomes were comparable, and no differences were observed in disease-free or overall survival.

Conclusions: NOSES is a safe, effective option for selected patients with right-sided colon cancer. It provides better postoperative pain control, reduced fatigue and fewer incision-related complications with promising oncological outcomes.

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[E2-2] Short-term Outcomes of NOSES vs Conventional Laparoscopic Surgery in CRC

Xu Guan (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

Abstract: This multicenter RCT compared NOSES (n=234) with conventional laparoscopic surgery (CLS, n=235) in patients with stage cT1-3N0-2M0 sigmoid/upper rectal cancer. NOSES demonstrated superior recovery outcomes: significantly shorter time to first flatus (48 vs 50h, $P<0.001$), lower pain scores at 24/48/72h (all $P<0.001$), and reduced opioid analgesic requirement (17.5% vs 37.4%, $P<0.001$). While overall complication rates trended lower (12.0% vs 18.3%, $P=0.056$), major complications (Clavien-Dindo &ge III) were comparable (4.3% vs 5.1%, $P=0.682$). No differences were observed in oncologic safety measures including lymph node harvest (median 22 vs 21, $P=0.312$) or resection margins. Quality of life assessments using EQ-5D-5L showed consistent superiority for NOSES at 1/3/6 months postoperatively (all $P<0.05$), particularly in pain/discomfort and anxiety/depression domains. These robust findings confirm NOSES as a safe, minimally invasive alternative offering meaningful clinical benefits for appropriately selected colorectal cancer patients.

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Moderator: Atsushi Hamabe (Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen (Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-3] ICG Fluorescence Imaging allows Navigation of Critical Vessels during Laparoscopic and Robotic Colorectal Surgery

Trevor M Yeung, Wing Wa Leung, Prudence Tam, Ruby Lau, Julie Ng, Nicole Cheng, Vienna Ng, Cherry Wong, Simon Chu, Sophie S Hon, Kaori Futaba, Simon S Ng (The Chinese University of Hong Kong)

Introduction

This study assesses the role of Indocyanine Green (ICG) in identifying critical vessels in both laparoscopic and robotic colorectal surgery and surgeon satisfaction in the use of this technology.

Methods

This was a prospective single-center study that included patients undergoing laparoscopic and robotic surgery for colorectal cancer. A low dose of ICG was injected intravenously intraoperatively to visualize critical vascular structures, using the Visera Elite III laparoscopic system and Da Vinci Xi Firefly robotic system. Primary outcome was the identification of critical vascular structures under fluorescence imaging. Secondary outcomes included time to visualise vessels under fluorescence, any change in surgical plan, and surgeon ratings on strength of signal, ease of use, helpfulness and overall satisfaction assessed using a Likert scale.

Results

Eight patients (four right sided resections, four left sided resections) were included. ICG successfully identified critical vascular structures in all cases, with visualization occurring 22-35 seconds after injection. The optimal dose was 2.5mg. In four patients, ICG identified critical vessels which altered surgical plan, including an aberrant ascending branch of the left colic artery, an accessory vessel in close proximity to the IMV and, in two cases, the marginal artery in the mesocolon of the colonic conduit. Surgeons reported high satisfaction with the use of ICG in vessel navigation.

Conclusion

ICG fluorescence imaging is a valuable tool for identifying critical vascular structures during minimally invasive colorectal surgery, improving surgical precision and decision-making, with high surgeon satisfaction. Further studies are needed to assess its impact on patient outcomes.

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Moderator: Atsushi Hamabe (Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen (Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-4] Ergonomic Advantages of the Open Console System in Robotic Colorectal Resection

Chunlin Wang, Yulingming Wang, Guiyu Wang (Department of colorectal cancer surgery, the Second Affiliated Hospital of Harbin Medical University)

Background: This study evaluates whether the Kangduo SR-01 (KD) open console system reduces intraoperative ergonomic strain while preserving technical performance during robotic colorectal resection.

Methods: A tripartite assessment framework was implemented: ergonomic strain quantification (Borg CR-10 Scale), team coordination evaluation (Oxford NOTECHS II), and blinded video-based technical performance analysis (OSATS).

Results: Posture during DV was significantly more challenging for Neck and back. There was a significant greater increase in discomfort over time (up to 3 h) for the neck and back in DV group compared with KD group. Notably, both systems achieved equivalent technical proficiency (OSATS, $P=0.259$) and maintained comparable team coordination metrics (NOTECHS II, $P=0.120$) with similar short-term outcomes.

Conclusions: The open console system significantly reduces musculoskeletal strain, especially for neck and back, during robotic colorectal surgery while maintaining critical technical performance.

English Abstract Session

📅 2025年11月14日(金) 9:20 ~ 10:20 🏢 第10会場

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator: Atsushi Hamabe (Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen (Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-5] CUSUM-Based Learning Curve Analysis of RiSSA in Robotic Left-Sided Colorectal Cancer Surgery

Shih-Feng Huang¹, Chih-Chien Wu^{1,2} (1.Division of Colorectal Surgery, Kaohsiung Veterans General Hospital, 2.School of Medicine, National Yang Ming Chiao Tung University)

Background

The robotic intracorporeal single-stapling anastomosis (RiSSA) technique offers a promising alternative to traditional double-stapling methods in minimally invasive colorectal surgery. However, data on its procedural learning curve remain limited.

Methods

This retrospective study assessed the first 28 consecutive robotic low anterior resections using the RiSSA technique by a single surgeon for left-sided colorectal cancer. Operative time was analyzed using cumulative sum (CUSUM) methodology to identify the learning inflection point. Patients were stratified into early (cases 1-14) and late (cases 15-28) phases. Secondary outcomes included console time, intraoperative blood loss, complication rate, and length of stay.

Results

CUSUM analysis demonstrated a learning curve inflection at case 16. Compared to the early phase, the late phase showed significant reductions in operative time (285.0 vs. 269.0 minutes, $p = 0.014$) and console time (194.0 vs. 146.5 minutes, $p = 0.001$). No major complications (Clavien-Dindo $\geq$ III) occurred in either phase.

Conclusions

RiSSA can be safely implemented with a manageable learning curve on a fully robotic platform. The technique demonstrated improved efficiency without compromising patient safety, supporting its feasibility for broader clinical adoption and training programs.

English Abstract Session

📅 2025年11月14日(金) 9:20 ~ 10:20 🏢 第10会場

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator: Atsushi Hamabe (Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen (Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-6] Short term outcomes of intracorporeal anastomosis in robotic and laparoscopic left colectomy.

Yenchen Shao^{1,2}, Mina Mingyin Shen^{1,2}, William Tzuliang Chen^{1,2} (1.China Medical University Hsinchu Hospital, 2.China Medical University)

Background

Colo-colonic intracorporeal anastomosis (ICA) during left hemicolectomy (LH) has become a feasible option. However, its safety and efficacy remain uncertain. Therefore, this study aims to compare the short-term outcomes of ICA in laparoscopic and robotic LH.

Method

This single-center retrospective cohort study analyzed patients diagnosed with colon cancer located between the left-sided transverse colon and the descending-sigmoid junction. Eligible patients underwent ICA in laparoscopic (L-LH) or robotic left colectomy (R-LH) between January 2019 and December 2024 and met no exclusion criteria. Patients were categorized into the laparoscopic (L-ICA) and robotic (R-ICA) groups. The primary outcome measure was length of hospital stay (LOH), while the secondary outcome focused on comparing LOH among the various subgroups.

Results

A total of 93 patients were included in the final analysis (L-ICA n=66 vs R-ICA n=27). The R-ICA group was associated with significantly shorter LOH than L-ICA (5.1 days vs 7.2 days, $p=0.02$). Comparing to alternative anastomosis methods (Anti-peristaltic n=6 and Iso-peristaltic n=5), end-to-end subgroup (n=81) demonstrated significantly shorter LOH (5.6 days vs 13.2 days, $p=0.045$). Within the end-to-end subgroup, using the technique of staple plus suture (n=30) had significant shorter LOH than other techniques (n=51): 4.8 days vs 6.1 days, $p=0.002$.

Conclusion

ICA has proven to be a safe and feasible surgical option. Robotic ICA is associated with enhanced postoperative recovery, shorten length of hospital stay. End-to-end anastomosis using staple plus suture technique is associated with the shortest hospital stay, suggesting a potential benefit in optimizing patient outcomes.

English Abstract Session

2025年11月14日(金) 9:20 ~ 10:20 第10会場

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator: Atsushi Hamabe (Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen (Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-7] The long-term effects of anastomotic leakage after colorectal cancer surgery on Quality of Life – A systematic review

Gielen AHC, Heuvelings DJI, Sylla P, van Loon YT, Melenhorst J, Bouvy ND, Kimman ML, Breukink SO (CoReAL collaborative)

Background Colorectal anastomotic leakage remains one of the most frequent and dreaded post-operative complications following colorectal resection. However, limited research has been conducted on the impact of this complication on quality of life of patients undergoing colorectal cancer surgery. The aim of this systematic review was to identify, appraise and synthesize the available evidence regarding quality of life in patients with anastomotic leakage following oncological colorectal resections in order to inform clinical decision-making.

Methods Pubmed, Embase and the Cochrane library were searched for studies reporting on quality of life using validated questionnaires in patients with anastomotic leakage after oncological colorectal resections. The literature search was performed systematically and according to PRISMA guidelines. Outcomes of quality of life questionnaire scores of patients with and without anastomotic leakage were analysed.

Results Thirteen articles reporting on 4618 individual patients were included, among which 527 patients developed AL. Quality of life was evaluated utilizing ten distinct questionnaires administered at various postoperative time points, ranging from 1 month to 14 years. Quality of life outcomes differed across studies and time points, but overall scores were most negatively affected by AL up to twelve months postoperatively. Limitation of this study is the high heterogeneity between the included studies based on used questionnaires and time of assessment.

Conclusion The published evidence suggests that anastomotic leakage following oncologic colorectal resection is associated with impaired quality of life, especially within the first postoperative year. The impact of anastomotic leakage on quality of life warrants further evaluation and discussion with patients.

English Abstract Session

📅 2025年11月14日(金) 14:40 ~ 15:30 🏢 第10会場

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator: Akihiro Kondo (Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University),
Woramin Riansuwan (Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-1]

Intraoperative Peritumoral Indocyanine Green Injection During Laparoscopic Left Hemicolectomy

Alongkot Kaewkim¹, Kamales Prasitvarakul² (1. Hatyai hospital, 2. Haiyai hospital)

[E3-2]

D3 LND improves the survival outcome in patients with cT2 colorectal cancer

Liming Wang¹, Yinggang Chen¹, Yasumitsu Hirano² (1. National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital & Shenzhen Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Shenzhen, 2. Division of Gastroenterological Surgery, Saitama Medical University International Medical Center, Hidaka, Saitama, Japan.)

[E3-3]

Tailored Minimum Examined Lymph Nodes Threshold in Colon Cancer

Baohong Yang¹, Xu Guan^{1,2}, Jian Ma², Shuai Jiao¹, Qingxia Xu¹, Yanfeng Xi³, Xishan Wang^{1,2}
(1. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3. Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E3-4]

laparoscopic right hemicolectomy in obstructed hepatic flexure colon cancer, a technical challenge

Sumet Saeli (Hatyai hospital)

[E3-5]

Cranial-caudal-medial approach, counterclockwise complete mesocolic excision in laparoscopic right hemicolectomy- A video vignette.

Yao Zengwu, Jinchen Hu, Yifei Zhang (Yantai Yuhuangding hospital)

[E3-6]

Treitz ligament-guided medial approach for complete mesocolic excision in laparoscopic left hemicolectomy- A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

English Abstract Session

2025年11月14日(金) 14:40 ~ 15:30 第10会場

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator: Akihiro Kondo (Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University),
Woramin Riansuwan (Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-1] Intraoperative Peritumoral Indocyanine Green Injection During Laparoscopic Left Hemicolectomy

Alongkot Kaewkim¹, Kamales Prasitvarakul² (1. Hatyai hospital, 2. Haiyai hospital)

Introduction

Accurate lymph node assessment is critical in colon cancer surgery, influencing staging and treatment. Traditional lymphadenectomy relies on anatomical landmarks. Indocyanine green (ICG) fluorescence imaging allows real-time lymphatic visualization and may enhance surgical precision. We present a case using intraoperative peritumoral ICG injection during laparoscopic left hemicolectomy for descending colon adenocarcinoma.

Case Presentation

A 66 year old male presented with anemic symptoms. Colonoscopy demonstrated a mass at descending colon. Biopsies confirmed moderately differentiated adenocarcinoma.

Preoperative computed tomography (CT) showed no distant metastases.

He underwent laparoscopic left hemicolectomy. At the beginning of the procedure, after pneumoperitoneum establishment and laparoscopic exploration, 2 mL of diluted ICG solution was injected subserosally around the tumor using a 25 gauge needle under laparoscopic vision. Following mobilization of the colon, near-infrared (NIR) fluorescence imaging was employed. The lymphatic channels draining from the tumor site were clearly visualized, and fluorescence-guided lymphadenectomy was performed along the inferior mesenteric vessels and corresponding mesocolon.

The operative time was 210 minutes with 150 mL blood loss. No intraoperative complications occurred. Postoperative recovery was uneventful, and the patient was discharged on postoperative day 4. Final pathology revealed pT3N0M0 cancer with 22 negative lymph nodes.

Conclusion

Intraoperative peritumoral ICG injection is a feasible, safe technique to enhance lymphatic mapping in colorectal surgery. It may improve lymph node harvest and surgical precision without significantly prolonging operative time.

English Abstract Session

📅 2025年11月14日(金) 14:40 ~ 15:30 🏢 第10会場

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator: Akihiro Kondo (Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University),
Woramin Riansuwan (Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-2] D3 LND improves the survival outcome in patients with cT2 colorectal cancer

Liming Wang¹, Yinggang Chen¹, Yasumitsu Hirano² (1. National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital & Shenzhen Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Shenzhen, 2. Division of Gastroenterological Surgery, Saitama Medical University International Medical Center, Hidaka, Saitama, Japan.)

Background: The extent of lymphadenectomy in patients with cT2 colorectal cancer (CRC) remains controversial.

Methods: A total of 590 patients diagnosed with cT2 CRC underwent radical colorectal resection. According to the pathological type, patients were divided into the well-differentiated adenocarcinoma (WDA) group and the non-well-differentiated adenocarcinoma (nWDA) group. Each group was further divided into D3LND and D2LND groups according to the extent of lymph node dissection. The main outcomes were overall survival (OS), cancer-specific survival (CSS) and relapse free survival rate (RFS).

Results: Before PSM, there was a statistically significant difference across the cohort in OS and CSS ($p=0.001$ and 0.021) between D3 LND and D2 LND groups in the nWDA patients. The estimated hazard ratio (HR) was 3 (95% confidence interval (CI), 1.3-6.8, $p=0.0084$) for OS and 3.2 (95% CI, 1-10, $p=0.047$) for CSS in the D3 LND group. There was also a significant difference in OS ($p=0.007$) and in CSS (0.012) after matched, with an estimated HR for OS of 4 (95% CI, 1.2-14, $p=0.028$) and an estimated HR for CSS of 16 (95% CI, 1.2-220, $p=0.034$). For cT2 WDA, D2 LND had the same favorable prognosis as D3 LND before and after matching. Postoperative complications were independent risk factor for the prognosis of cT2 WDA CRC.

Conclusions:

D3 LND improves survival outcomes in cT2 colorectal cancer patients with non-well differentiated adenocarcinoma. For patients with well differentiated adenocarcinoma, D3 LND should be preferentially recommended in terms of reducing perioperative complications.

English Abstract Session

📅 2025年11月14日(金) 14:40 ~ 15:30 🏢 第10会場

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator: Akihiro Kondo (Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University),
Woramin Riansuwan (Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-3] Tailored Minimum Examined Lymph Nodes Threshold in Colon Cancer

Baohong Yang¹, Xu Guan^{1,2}, Jian Ma², Shuai Jiao¹, Qingxia Xu¹, Yanfeng Xi³, Xishan Wang^{1,2}
(1. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3. Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

Background: This study aims to identify patient-specific factors associated with the number of ELNs retrieved in CC patients undergoing hemicolectomy and to explore the potential for establishing a minimum ELNs threshold based on patient characteristics.

Methods: We retrospectively analyzed data on patients with stage I-III CC from two sources: the Chinese Multi-Institutional Registry (N=10,367; 2010-2018) and the Surveillance, Epidemiology, and End Results (SEER) database (N=121,216; 2010-2018). We employed logistic regression modelling on the data to identify patient-specific factors associated with the number of ELNs. Subsequently, eight distinct patient cohorts were constructed within the Chinese and SEER datasets. The relationship between ELNs and overall survival (OS) was assessed continuously using restricted cubic spline (RCS) curves. Additionally, Kaplan-Meier curves were generated to estimate 5-year OS within each patient cohort.

Results: A median ELNs count of 16 (IQR: 12 - 22) and 15 (IQR: 12 - 20) was reported in the SEER and Chinese cohorts, respectively; age, tumour size, and location emerged as the specific factors influencing ELN numbers. Notably, across all eight cohorts established within the SEER database, the minimum number of ELNs required for optimal survival exceeded the current recommendation of 12, ranging from 14 - 17. Furthermore, exceeding the minimum ELNs threshold in each cohort was associated with significantly improved OS in both databases.

Conclusion: The present study reported heterogeneity in the minimum number of ELNs required across different patient cohorts undergoing hemicolectomy for CC. Further research is warranted to validate these observations and establish tailored recommendations.

English Abstract Session

📅 2025年11月14日(金) 14:40 ~ 15:30 🏢 第10会場

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University),
Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol
University, Bangkok, Thailand)

[E3-4] laparoscopic right hemicolectomy in obstructed hepatic flexure colon cancer, a technical challenge

Sumet Saeli (Hatyai hospital)

Background: Laparoscopic right hemicolectomy is a minimally invasive surgical technique used to treat right-sided colon cancers. This abstract details a case involving a patient with an obstructed hepatic flexure due to colon cancer.

Case Presentation: A 46-year-old female presented with symptoms of bowel obstruction,abdominal pain,anemia. Imaging studies revealed an obstructed hepatic flexure mass consistent with colon cancer. A multidisciplinary team evaluated the patient and determined that laparoscopic extended right hemicolectomy was the most appropriate intervention.

Surgical Technique: The procedure was performed under general anesthesia using standard laparoscopic techniques. Access was gained through insert one 12 mm trocar at umbilicus and four 5 mm trocar at RUQ,RLQ,LUQ,LLQ. The right side colon was mobilized from inferior and medial mesocolon was open ,the ileocolic vessels , middle colic vessel were ligated. An side to side anastomosis was performed extracorporeal between the ileum and the remaining colon. The operation was completed without conversion to open surgery.

Outcomes: The patient experienced an uneventful postoperative course, with a return to normal bowel function within 3 day.

Conclusion: Laparoscopic right hemicolectomy is a safe and effective approach for managing obstructed hepatic flexure colon cancer. This case highlights the benefits of minimally invasive surgery in reducing recovery time and improving patient outcomes.

English Abstract Session

📅 2025年11月14日(金) 14:40 ~ 15:30 🏢 第10会場

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University),
Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol
University, Bangkok, Thailand)

[E3-5] Cranial-caudal-medial approach, counterclockwise complete mesocolic excision in laparoscopic right hemicolectomy- A video vignette.

Yao Zengwu, Jinchen Hu, Yifei Zhang (Yantai Yuhuangding hospital)

Hohenberger proposed complete mesocolic excision (CME) to optimize oncological outcomes via central vascular ligation. Laparoscopic right hemicolectomy has shifted from lateral (open era) to medial/caudal approaches. However, medial approaches face challenges in identifying the superior mesenteric vein (SMV) in obese patients, while anatomical variations of the gastrocolonic trunk (GCT) increase bleeding risks during dissection.

We propose a cranial-caudal-medial counterclockwise CME approach:

Cranial-first: Early separation of GCT branches reduces bleeding risks.

Caudal: Safely accesses the retrocolonic space, minimizing ureteral/duodenal injury.

Medial: Facilitates SMV branch dissection with better bleeding control.

Guided gauzes are placed after cranial/caudal dissection to merge surgical planes, simplifying subsequent steps. This sequential approach enhances safety, minimizes complications, and ensures oncological efficacy in laparoscopic CME.

English Abstract Session

📅 2025年11月14日(金) 14:40 ~ 15:30 🏢 第10会場

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator: Akihiro Kondo (Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University),
Woramin Riansuwan (Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-6] Treitz ligament-guided medial approach for complete mesocolic excision in laparoscopic left hemicolectomy-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

Complete mesocolic excision (CME), proposed by Hohenberger, improves oncological outcomes in colorectal surgery. Left-sided CME remains challenging due to splenic flexure anatomy and Toldt's space access. We describe a Treitz ligament-guided medial approach: Toldt's space entry: Dissected between IMV and Riola's arch, expanding retroperitoneally. Splenic flexure mobilization: Combined three-directional (medial, cranial, lateral) dissection. Medially, the gastocolic ligament and transverse mesocolon were divided along the pancreatic edge. Laterally, the paracolic sulcus's yellow-white junction was incised. Final steps: Sigmoid artery ligation and mesocolon excision.

This method prioritizes anatomical landmarks (Treitz ligament, pancreatic edge) to simplify splenic flexure dissection, particularly in obese patients. Prior methods accessed Toldt's space near the IMA, but our approach may reduce operative difficulty. Further studies are needed to validate efficacy and safety.