

ICS-Czech Joint Symposium

📅 Sat. Nov 15, 2025 3:00 PM - 4:40 PM JST | Sat. Nov 15, 2025 6:00 AM - 7:40 AM UTC 🏢 Room 10

[ICS] ICS-Czech Joint Symposium Various Approaches in Colorectal Surgery

Moderator: Kotaro Maeda (Oumeimai Hospital), Karel Novák (Czech section of ICS / 1st World Vice President of ICS)

[ICS-4] Current Status and Future Prospects of Robotic Colorectal Surgery

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Background: At our institution, all rectal cancer surgeries are performed using a minimally invasive robotic-assisted approach. For tumors located distal to the first Houston valve, a two-team procedure incorporating transanal total mesorectal excision (TaTME) is employed.

Objective: To evaluate the surgical and oncological outcomes of robotic-assisted rectal resection combined with TaTME.

Methods: A retrospective analysis was conducted on 176 patients who underwent this combined approach between January 2018 and December 2024, selected from a total of 664 patients who received curative rectal cancer surgery during the same period.

Results: The cohort included 125 men and 51 women, with a median age of 64 years and a median BMI of 22.5. Clinical staging was 0/I/II/III/IV in 1/59/53/50/13 patients, respectively. Neoadjuvant therapy was administered to 99 patients, and lateral lymph node dissection was performed in 73 cases. Robotic systems used included da Vinci Xi (152), hinotori (5), da Vinci SP (5), and Hugo (14). The median console time for rectal resection was 131 minutes (IQR: 99-166), median operative time was 446 minutes (IQR: 307-631), and median estimated blood loss was 20 mL (IQR: 5-50). Grade ≥ 3 complications (Clavien-Dindo classification) occurred in 20 cases (11.3%), with no anastomotic leakage observed. The median postoperative hospital stay was 18 days. All cases had negative distal margins, and the circumferential resection margin (CRM) positivity rate was 5.1%.

Conclusion: Robotic-assisted rectal resection combined with TaTME is a feasible and safe approach for distal rectal cancer, with acceptable short-term surgical and oncological outcomes.