

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

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

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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.