Invited Lecture | Surgery

Fri. Nov 20, 2026 10:35 AM - 11:05 AM JST | Fri. Nov 20, 2026 1:35 AM - 2:05 AM UTC | Room 8 (1F 108)

Invited Lecture 1

Moderator: Seiichiro Yamamoto (Department of gastroenterological surgery, Tokai University, Japan)

[IL-1] Intracorporeal anastomosis in robotic colorectal surgery

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Intracorporeal anastomosis (ICA) is increasingly used in robotic colorectal surgery. Compared with extracorporeal anastomosis, ICA reduces bowel mobilization and mesenteric traction, enables flexible specimen extraction, and may decrease incision length, postoperative pain, and wound-related complications. It also allows better bowel orientation and facilitates a tension-free anastomosis. The robotic platform supports these procedures through three-dimensional visualization, wristed instruments, and precise suturing.
In right colectomy, an antiperistaltic side-to-side ileocolic anastomosis is created using a linear stapler, followed by direct closure of the common enterotomy with a single stapler firing. In left colectomy, ICA reduces the need for extensive bowel mobilization and our end-to-end technique uses a linear stapler to construct the posterior wall and a hand-sewn Connell suture for the anterior wall. After total mesorectal excision (TME), colorectal anastomosis may be performed using either the double-stapling or single-stapling technique. For single-stapling anastomosis, accurate purse-string suturing, secure anvil fixation, and reinforcement of the anastomosis are essential.
Regardless of the resection site, successful ICA requires adequate perfusion, correct bowel orientation, absence of tension, complete circumferential closure, and confirmation of luminal patency. With appropriate patient selection and standardized techniques, ICA expands reconstructive options and maximizes the benefits of robotic colorectal surgery.

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