2026年11月21日(土)

Invited Lecture | 肛門科

9:50 ~ 10:20 | 第5会場（1F 会議室102）

Invited Lecture 3

Moderator: Shota Takano (Takano Hospital, Coloproctology Center, Japan)

[IL-3] Cutting-Edge Anorectal Surgery: Multimodal Strategies, Sphincter Preservation, and Transanal Innovations

*Donglin N Ren[1] (1. The Sixth Affiliated Hospital, Sun Yat-sen University, China)

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The cutting-edge of the anal surgery

The cutting-edge development in anorectal surgery aims to maximize the preservation of tissue and organ function as well as the appearance of the perineum while providing precise treatment and excision of lesions, thereby improving the quality of life for patients.

1. Hemorrhoids: Although there is debate, stapled hemorrhoid procedure remains one of the most effective and preferred methods for severe hemorrhoids with rectal mucosal prolapse. For early-stage hemorrhoids (especially those primarily characterized by bleeding), endoscopic injection and ligation are becoming increasingly common. The treatment of external hemorrhoids is a concern for both doctors and patients in Asian countries: painlessness and good appearance. One of the most important trends in the treatment of hemorrhoids over the years has been the combined use of multiple methods and techniques, such as stapled hemorrhoid procedure combined with external hemorrhoid excision, ligation combined with external hemorrhoid excision, and hemorrhoid injection therapy combined with external hemorrhoid excision.

2. Anal fistula: Incision and drainage of anal fistulas remains the most reliable method for treating anal fistulas. Despite many efforts, sphincter-preserving surgeries for anal fistulas have not been satisfactory, with high recurrence rates being disheartening! Transmuscular approaches are increasingly recognized and affirmed and have become more mature. Laparoscopic management of complex infections above the levator ani muscle is meaningful. The most valuable diagnostic tools for anal fistulas include digital rectal examination、MRI、and anorectal ultrasound. staged surgery for complex anal fistulas is an important strategy for dealing with this issue. It is necessary to re-evaluate the treatment strategies for anal fistula malignancy.

3. Rectal prolapse: Excision or fixation? Fixing the free and mobile rectum is the most important core step in treatment.

4. Transanal approaches can handle a wide variety of anorectal diseases. This approach should be valued by colorectal surgeons.

5. Low rectovaginal fistulas. The success rate of surgical treatment is much lower than that for mid and high rectovaginal fistulas. Repair or incision?

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6. Anal or anal canal cancer, with many pathological types and very few large case treatment experiences, treatment choices are highly based on pathological grounds.

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