558P Robot-assisted natural orifice specimen extraction surgery for radical resection of colorectal cancer

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Background: As an emerging technique, natural orifice specimen extraction surgery(NOSES) can avoid abdominal incision and improve cosmetic outcomes. However, the robotic application in NOSES for colorectal surgery is scarcely investigated.

Methods: For present study, all the colorectal specimen was transanally extracted. NOSES was classified into two types as following:1) Transanal eversion and extracorporal resection technique, which is mainly used for resection of lower and middle rectal cancer. 2) Intra-abdominal specimen resection and transanal extraction technique, which is mainly used for upper or middle rectal resection and sigmoid colectomy.

Results: Between October 2013 and March 2019, there were 155 patients with colorectal cancer undergoing robot-assisted NOSES. All the procedures were performed successfully without emergency requiring conversion to open surgery. The maximum diameter of rectal lesions was average 3.9±1.7cm, and distance to the lower edge of the lesion from the anal verge was measured to be 8.4±3.9 cm. The operating time for the entire procedures including rectal eversion, resection and anastomosis was 169.1±40.3 min, and blood loss during the procedures was 41.6±34.7 ml. Moreover, there were 16.1±5.7 lymph nodes dissected, and length to distal resection margin from

tumor lower border was 1.7±0.9cm. Postoperatively, patients began first flatus and resumed fluid diet average 2.2±0.8 days and 1.3±0.3 days after surgery. Duration of postoperative hospital stay was median 7 days, while 12 patients developed anastomotic leakage, and both managed with conservative treatment. Median 15-month follow-up of all the 155 patients was performed to assess the middle/short term outcomes. During the follow-up period, there is no abdominal infection, pelvic abscess and other severe infectious complication for bacteriological outcome. For functional outcome, no dysuria, sexual function disorder and fecal incontinence were found among all the patients. Importantly, none of 155 patients were dead, and 8 patients were observed local recurrence or distant metastasis.

Conclusions: Robotic NOSES for colorectal cancer is safe and feasible. However, its long-term outcomes needs further investigation.

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