

6. Ulusal CERRAHI ONKOLOJİ KONGRESİ
24 - 27 Şubat 2022 | Gloria Golf Resort - ANTALYA

PROF. DR. İKER SİDİCİLLİ
MEDİKAL ONKOLOJİ UZMANI, FAKÜLTESİ CERRAHİ ONKOLOJİ AD.
Cerrahi teknik:
Yüksek ligasyon vs alçak ligasyon?
Splenik flektura mobilizasyonu rutin mi?
Ekstralevator APR vs konvansiyonel APR?

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HL vs LL

Tanım

HL }
LL } **Sol kolik arter**

- Maksimum LN Sayısı
- Anastomoz güvenliği (kanlanma-gerginlik)
- Ürolojik, seksüel ve defekasyon fonksiyonları korunmalı
- GS-HS

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HL vs LL

World Journal of Gastrointestinal Surgery
Genitourinary function and defecation after colorectal cancer surgery with low- and high-ligation of the inferior mesenteric artery: A meta-analysis
Jin-Nan Chen, Zheng Liu, Zhi-Jie Wang, Fu-Qiang Zhao, Fang-Zi Wei, Shi-Wen Mei, Hai-Yu Shen, Juan Li, Wei-Pei, Zheng Wang, Jun-Yu, Qian Liu

- 14 Çalışma
- 1984 LL & 2766 HL
- Erken bağırsak hareketleri ve anastomotik stenoz LL daha iyi
- Üriner disfonk açısından fark yok
- Postop Komp, LN Sayısı, Kan kaybı, Operasyon süresi, Rekürrens, 5 yıllık GS ve HS Fark yok

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Level of inferior mesenteric artery ligation in low rectal cancer surgery: high tie preferred over low tie
E. Girard^{1,2,3,4}, B. Telling^{1,2,3}, P.-Y. Rabattu², P.-Y. Sage¹, N. Taton¹, Y. Robert¹, P. Chaffignon¹, J.-L. Faucheron^{1,2}

11 Kadavra
HL 9 cm daha uzun
Distal Rektum tümörlerinde tercih sebebi

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World Journal of Surgical Oncology
Low ligation has a lower anastomotic leakage rate after rectal cancer surgery
Jin-Nan Chen, Zheng Liu, Zhi-Jie Wang, Fu-Qiang Zhao, Fang-Zi Wei, Shi-Wen Mei, Hai-Yu Shen, Juan Li, Wei-Pei, Zheng Wang, Jun-Yu, Qian Liu

- 462 Ardışık rektal kanser
- 235 HL & 227 LL
- Anastomoz kaçığı LL'de daha az ($p < 0.001$)
- Diverting stoma HL'de daha fazla ($p < 0.003$)

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World Journal of Surgical Oncology
High ligation of the inferior mesenteric artery during sigmoid colon and rectal cancer surgery increases the risk of anastomotic leakage: a meta-analysis
Jinshui Zeng and Guoqiang Sun

18 Çalışma, 5917 Hasta (3652 HL - 2265 LL)

- Anastomoz kaçığı } **HL daha kötü**
- Overall morbidite }
- Total LN Sayısı }
- Mortalite, Rekürrens } **Fark yok!**
- 5 yıllık sağkalm }

Study	Year	HL	LL	Leakage (%)	Morbidity (%)	Mortality (%)	Recurrence (%)	5-year survival (%)
Chen et al.	2017	235	227	1.7	1.3	0.0	0.0	92.0
Zeng et al.	2021	3652	2265	1.8	1.5	0.0	0.0	92.0
Total		3887	2492	1.75	1.4	0.0	0.0	92.0

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Abstracts

Abstracts of Colorectal Disease
From February to March 2022

Review

Lymph node yield, survival benefit, and safety of high and low ligation of the inferior mesenteric artery in colorectal cancer surgery: a systematic review and meta-analysis

Shahab Hajibandeh, M.R.C.B., M.R.C.S.,* Shahn Hajibandeh, M.R.C.S.† Andrew Maav, M.R.B.S., F.R.C.S.*

30 Çalışma

- Anastomoz kaçığı
- Ürolojik disfonksiyon
- Total LN Sayısı
- Lokal rekürrens
- Operasyon süresi
- 5 yıllık OS-DFS

HL daha kötü

Fark yok!

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CURRENT STATUS REVIEWS

Meta-analysis and Trial Sequential Analysis of Randomized Controlled Trials Comparing High and Low Ligation of the Inferior Mesenteric Artery in Rectal Cancer Surgery

Shahab Hajibandeh, M.R.C.B., M.R.C.S.,* Shahn Hajibandeh, M.R.C.S.† Andrew Maav, M.R.B.S., F.R.C.S.*

8 Çalışma, 1102 Hasta (555HL - 547LL)

- Total LN Sayısı
- Anastomoz kaçığı
- Postop Komp-Mortalite
- Operasyon süresi
- GS-HS

Fark yok!

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Splenik Fleksura Mobilizasyonu Rutin mi?

Anastomoz Güvenliği (Gerginlik)

Arq Gastroenterol, 2012
Assessing the extent of colon lengthening due to splenic flexure mobilization techniques: A cadaver study
Araujo SEA et al

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Splenik Fleksura Mobilizasyonu

Sadece SFM Yeterli mi?

Anastomoz Güvenliği (Gerginlik)

SFM + High Ligation: 29.54 cm.
SFM + Low Ligation: 24.94cm. **p < 0.0001**

Kye BH et al, Int J Med Sci, 2014

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Splenik Fleksura Mobilizasyonu

Neden?

Anastomotik Striktür

- AS gelişmemesi için
- Vasküler yüksek ligasyonu
- Sf Px mobilizasyonu

Tec Coloproctol, 2013
Colorectal anastomotic strictures: Is associated with inadequate colonic mobilization?
Hirayakas A, et al

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Splenik Fleksura Mobilizasyonu

Tehlikeli mi?

- 2004-2010
- 229 Hasta
- Süreyi uzatıyor
- Komplikasyon oranları aynı

TABLE 3. Postoperative Outcomes				
	With Mobilization	Without Mobilization	P	
Total Mortality	40/196	22/91		0.321
Cancer (22)	2/21	4/24	NA	
Noncancer (18)	1/6	4/24	0.264	
Reoperation (49)	6/32	1/31	0.427	
Majorities (14)	2/15	1/18	0.509	
Local Recurrence (25)	1/25	—	NA	
Cancer (22)	10/106	4/49	0.232	
Noncancer (13)	1/21	6/24	NA	
Reoperation (49)	2/45	4/24	1.444	
Majorities (14)	10/24	1/18	1	
Local recurrences (25)	1/25	—	NA	
Abscess	10/106	2/9	0.318	
Cancer (22)	2/21	1/21	NA	
Noncancer (18)	2/40	1/24	0.256	
Reoperation (49)	1/32	2/31	0.434	
Majorities (14)	1/16	0/18	1	
Local recurrences (25)	2/25	—	NA	
Rectal Cancer (22)	10/106	8/9	1	
Noncancer (13)	1/21	2/24	NA	
Reoperation (49)	1/32	2/31	0.887	
Majorities (14)	1/16	1/18	0.617	
Local recurrences (25)	1/25	—	NA	

Surg Lap Percutan Tech, 2014
Impact of splenic flexure mobilization on short term outcomes after laparoscopic left colectomy for colorectal cancer
Gauvas N, et al

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International Journal of Surgery
Journal homepage: www.ijournalofurgery.net

Original Research
Location is everything: The role of splenic flexure mobilization during colon resection for diverticulitis
Andrew T. Schussel, D.O., Jason T. Wiseman, M.D., M.S.P.H., John F. Kelly, M.D., Jennifer S. Dawkins, M.D., Justin A. Madoff, M.D., Paul B. Starnock, M.D., William B. Swenney, M.D., Karim Alavi, M.D., M.P.H.

- 2007-2015
- Divertiküler Hastalık
- 208 Ant Rezeksiyon
- %71 Lap
- %53 SFM
- Aml süresi daha uzun (226-180) ($p<0.01$)
- Minör morbidite daha fazla ($p=0.05$)
- Majör komplikasyon eşit
- SFM bireysel olarak değerlendirilmeli

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Ekstrelevator vs Konvansiyonel APR

- Distal rektum tümörlerinde onkolojik sonuçlar kötü
- Spesimendeki 'waist' (bel oyuntusu)
- Çevresel rezeksiyon sınırını (CRM-ÇRS) ve GS riski




Adam U et al Lancet, 1994

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Ekstrelevator vs Konvansiyonel APR

- Çevresel rezeksiyon sınırı (ÇRS)
- Intraoperatif bağırsak perforasyonu (IOBP)
- ÇRS (+)'liği ve IOBP, LR için **prediktiftir!**

Spesiminin silindirik çıkartılması



Holm T et al Br J Surg 2007

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Avantaj

Daha düşük oranda;

- Intraoperatif bağırsak perforasyonu (IOBP)
- Çevresel Rezeksiyon Sınır (ÇRS) pozitifliği
- Lokal rekürrens LR

Dezavantaj

Geniş doku çıkarılması;

- Uzun ameliyat süresi
- Morbidite artışı
- Yara iyileşmesi sorunları
- Rekonstrüksiyon ihtiyacı
- Uzun süre hastanede kalma ihtiyacı

West NP et al. (2010) Br J Surg 97:588-599

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Original article

Multicentre experience with extralevator abdominoperineal excision for low rectal cancer
N. P. Wier, C. Andriak, K. J. E. Smith, T. Hahn, and P. Quirk* on behalf of the European Extralevator Abdominoperineal Excision Study Group

N=300, ELAPR 176, APR 124 hasta

- ÇRS (mesafe) $p=0.001$
- IOBP $p=0.001$
- Perineal yara komp. $P=0.019$ (Neoadj RT ilgisi yok)
- Myokütanöz flep yara komp.larını engeller

British Journal of Surgery 2010

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Digital article

Multicentre propensity score-matched analysis of conventional versus extended abdominoperineal excision for low rectal cancer
H. Orita, M. A. Ciga, P. Ammendt, E. Kevik, A. Collins-Casade, J. Gomez-Barbadillo, E. Garcia-Graena, J. V. Raig, and S. Blonda* on behalf of the Spanish Rectal Cancer Project

2008-2013, n=1909, APE or ELAPE, 914 matched patients (457-457)

- ÇRS $p=0.846$
- IOBP $p=0.902$
- Postop komplikasyon $p=0.141$
- Lokal rekürrens $p=0.664$

British Journal of Surgery 2014

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Original Article
Outcome of extralevator abdominoperineal excision over conventional abdominoperineal excision for low rectal tumor: a meta-analysis

Yao Yang*, Huang XP*, Zhenhua Shang*, Shoukhen Chen*, Fan Chen*, Qiang Deng*, Li Lian*, Liang Zhu*, Dongfang Shi*

10 çalışma, 1797 (1099 ELAPR, 698 APR) hasta

- ÇRS p= 0.07
- Yara komplikasyonu p= 0.45
- IOBP p= 0.00001
- LR riski daha düşük p= 0.003

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REVIEW ARTICLE - COLORECTAL CANCER

Standard Versus Extralevator Abdominoperineal Low Rectal Cancer Excision Outcomes: A Systematic Review and Meta-analysis

Paola De Nardi, MB, Valeria Summo, MD, Andrea Vignoli, MB, and Giovanni Caporini, MD

6 çalışma, ELAPR 361, APR 402 hasta

- ÇRS %12.2 & 17 p= 0.001
- IOBP %5.5 & 11.8 p= 0.001
- LR %6.3 & 13.1 p= 0.02
- Hst kalma süresi (kısa) p= 0.001
- Perineal yara komp. P= 0.007

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In American Journal of Surgery

Extralevator vs conventional abdominoperineal resection for rectal cancer—A systematic review and meta-analysis

Koray Nigog, M.D., Ph.D., Boris Hoadji, M.D., Ph.D., Soren Paus, M.D., Ph.D., Shantika I. Nigog, M.D., Ph.D., Merve Isikcan, M.D., Ph.D.

2007-2015, 11 çalışma, N=1736

- ÇRS
- IOBP p=0.025
- ÇRS ve LR yönünden fark yok

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Reference	Authors	Year	Type	Group	n	CRMs (%)	IOBP (%)	Local recurren-ence (%)	Perineal wound-healing failure (%)	Urinary incontinence (%)	Sexual dysfunction (%)	Chronic perineal pain (%)	QoL scores
1	Wang et al	2009	Retrospective cohort	ELAPR/A	179/174	30.3/69.6	8.2/26.8	P = 0.0001	0.0/0.0	40.7/31.8	40.7/31.8	40.7/31.8	-
2	Wang et al	2012	Retrospective cohort	ELAPR/A	160/152	17.7/28.1	5.7/18.4	P = 0.0001	0.0/0.0	31.3/23.0	40.7/31.8	31.3/23.0	31.3/23.0
3	Wang et al	2012	Retrospective cohort	ELAPR/A	79/79	17.7/28.1	5.7/18.4	P = 0.0001	0.0/0.0	31.3/23.0	40.7/31.8	31.3/23.0	31.3/23.0
4	Yoshimura et al	2012	Retrospective cohort	ELAPR/A	167/163	10.2/15.0	0.0/0.0	P = 0.0001	0.0/0.0	32.0/23.9	32.0/23.9	32.0/23.9	32.0/23.9
5	Cheng et al	2014	Retrospective cohort	ELAPR/A	407/407	13.6/13.1	7.7/7.8	P = 0.0001	0.0/0.0	31.9/29.6	31.9/29.6	31.9/29.6	31.9/29.6
6	Wang et al	2015	Retrospective cohort	ELAPR/A	76/113	4.3/7.7	0.0/0.0	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001
7	Wang et al	2015	Retrospective cohort	ELAPR/A	23/23	4.3/7.7	0.0/0.0	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001
8	Wang et al	2015	Retrospective cohort	ELAPR/A	101/103	18.7/11.7	2.5/1.9	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001
9	Wang et al	2016	Retrospective cohort	ELAPR/A	130/128	11.5/10.8	0.0/0.0	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001
10	Wang et al	2016	Retrospective cohort	ELAPR/A	76/76	20.2/8.4	0.0/0.0	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001
11	Wang et al	2017	Retrospective cohort	ELAPR/A	27/23	7.4/6.5	0.0/0.0	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001
12	Hahn et al	2017	Retrospective cohort	ELAPR/A	23/20	13.0/14.0	0.0/0.0	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001
13	Cheng et al	2018	Retrospective cohort	ELAPR/A	43/37	28.4/11.4	0.0/0.0	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001
14	Wang et al	2019	Retrospective cohort	ELAPR/A	100/99	4.0/7.6	0.0/0.0	P = 0.0001	0.0/0.0	31.0/21.3	31.0/21.3	31.0/21.3	P = 0.0001

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Turkish Journal of COLORECTAL DISEASE

Official Journal of the Turkish Society of Colon and Rectal Surgery



TKRCD SANAL AKADEMİ
E-EĞİTİM PLATFORMU
SANALAKADEMI.TKRCD.ORG.TR

The banner features the TKRCD logo on the left, which includes the text "TÜRK KOLON VE REKTUM CERRAHİSİ DERNEĞİ" and "1990". The background is a warm orange and yellow gradient with a grid pattern. The text is in white and black.



TKRCD TV
WEBİNAR PLATFORMU
TV.TKRCD.ORG.TR

The banner features the TKRCD logo on the left, which includes the text "TÜRK KOLON VE REKTUM CERRAHİSİ DERNEĞİ" and "1990". The background is a dark blue gradient with a grid pattern. The text is in white and black. On the right, there is a circular inset image showing surgeons in an operating room with a camera recording the procedure.



Turkish Journal of
**COLORECTAL
DISEASE**
Official Journal of the Turkish Society of Colon and Rectal Surgery
**TÜRK KOLON VE REKTUM
HASTALIKLARI DERGİSİ**
WWW.TURKISHJCRD.COM

The banner features a circular inset image of surgeons in an operating room. The background is a dark blue gradient with a grid pattern. The text is in white and black.



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KONGRESİ
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PROF. DR. İhsan SÖCÜLÜ
MEZURULU ÖZEL TOP FANESİ TED CERRAHI ONKOLOJİ UZM. DR.

Cerrahi teknik:
Yüksek ligasyon vs alçak ligasyon?
Splenik fleksura mobilizasyonu rutin mi?
Ekstalevator APR vs komansiyonel APR?

The banner features a circular inset image of a hand holding a surgical instrument. The background is a light blue gradient with a grid pattern. The text is in white and black.