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Laparoscopic techniques for colorectal surgery have developed slowly.

Quantifying the value of laparoscopy in colorectal surgery has also been difficult.

Improvements in laparoscopic techniques has allowed treatment of a variety of colorectal diseases of increasing complexity.





7- year period from 11/91 to 12/98717 consecutive cases in 2 institutionsProspective database



# Results - Biodata

400 F, 317 M Age - Median 49, Range 12-92 yr ASA I 14.9% III 31.1% II 51.0% IV 3.0% BMI - Median 24.8, Range 12.1-49.6 kg/m<sup>2</sup>







Mount Sinai



#### IBD 165 Endometriosis 47 Crohn's 117 Rectal prolapse 43 MUC FAP 39 48 Others 149 Neoplasm 162 (pain, volvulus, Malignant 141 motility disorders, Benign 21 etc)

Diverticulitis 112



## Operations

Proctosigmoidecton	ny 185	Appende	ctomy	16
Ileocolectomy	144	Hartman	n's closure	15
Stoma creation	107	APR	11	
Colectomy	96	Small bowel	resection 11	

25

	Others
Rectopexy	42
Adhesiolysis	40
TPC/IPAA	25



# Estimated Blood Loss

#### Median: 100 ml Range: 0 - 2000 ml







#### Median: 170 min Range: 15 - 491 min







#### Flatus

Median: 2 days, Range: DOS - 11 days

**Bowel movement** 

Median: 4 days, Range: DOS - 13 days







#### Median: 5 days Range: 0 - 62 days











# Reason for conversion

Adhesions 22 Inflammation 11 Obesity 7 Tumor 5 Distension 4 Bleeding 3 1 Hypoxia Others 6



## Complications

Death4Ileus35Anas. Leak16Others30

- Pneumonia 10 Infection 12
- DVT/PE 3/1 Hernia 3
- MI 4 Hematoma 3

#### Port Site Recurrences: 0(141 cases)



# Anastomotic Leak

#### 16/476=3.4%

7 Proctosigmoidectomy

4 Ileocolectomy

4 Colectomy

1 Small bowel resection



# Conclusions

Laparoscopic techniques can be applied safely and effectively to a wide range of colorectal diseases.

With further improvements in instrumentation and technique, laparoscopic surgery has the potential to be an advantageous alternative to conventional methods for patients with colorectal diseases.





#### In surgical advances, instrumentation often lags behind imagination







# It is not the size of your cannula, but its performance that counts







# Of course you would be a great surgeon, if ONLY you had better assistants



