
Surgical Techniques in Rectal Cancer

Giovanni Dapri • John H Marks
Editors

Surgical Techniques in Rectal Cancer

Transanal, Laparoscopic and Robotic
Approach

 Springer

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Foreword 1

Perhaps it is providence that set the stage for the sea change in rectal cancer management that has occurred in the last decade. After nearly a century of relatively sparse production of new and acceptable scientific information regarding rectal cancer, the recent surgical revolution has changed everything. The explosion of interest and performance of minimally invasive surgery with the involvement of an entirely new breed of surgeons, youthful and energetic, has led to new and imaginative ways to accomplish surgical objectives. A small cadre of surgeons who focus their talents upon rectal cancer treatment has developed procedures that are beyond ordinary imagination. These methods are capable of reducing perioperative discomfort, increasing patient safety and curability while maximizing the preservation of normal sphincter function; and as a result these new methods, despite the technical challenge, are gaining traction in the surgical community. Based on a platform of neoadjuvant therapy that the surgical–oncologic world has accepted as beneficial, these new surgical techniques have become transformational.

With this backdrop of dramatic changes in rectal cancer surgery, this book, *Surgical Techniques in Rectal Cancer*, is timely and serves a powerful need. The book is also a celebration of the energy, creativity, courage, and pioneering spirit of the authors. This text is predicted to become a standard reference for contemporary cutting-edge comprehensive rectal cancer management. Rectal cancer’s reputation among patients and surgeons alike as one of the most dreaded visceral neoplasms may diminish with the adoption of the surgical techniques and multidisciplinary treatment plans described in this text. Having spent almost seven decades in search of better ways to treat rectal cancer, I have the distinct privilege and honor to offer this commentary and to salute the author heroes who through their talents and new ideas have provided new hope and promise for the rectal cancer patient.

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Foreword 2

There has never been a time in coloproctology when there are so many “known unknowns.” This book brilliantly sets out to update us on each of them and to inform us of where each new technology stands in the spectrum of our specialty. In a book so dazzling with new technology for surgery and endoscopy, it is good that the first great “known unknown”—the Complete Response—is given the priority it deserves. I believe that it is now urgent for the profession to recognize that a pathological complete response (pCR) on a histology report after major surgery usually represents one or more errors of judgment or communication by the attending physicians. In their hands a major technological achievement has been reduced for the patient to a truly “hollow victory.” That there should be a whole chapter on the management of such cases by surveillance is testament to the balanced editorship of this volume. All the old-fashioned human skills and ability to communicate with the patient are challenged in the face of this new “known unknown.”

The year 2016 is indeed a battleground for so many new technologies. Many patients have been led to believe that a robot performing their operation will be superior to a human. Patients need to understand that a bad surgeon with the very best robot is a bad choice when compared with a good surgeon with the instruments of yesteryear—sharp long scissors, the St. Marks retractor, a good light, and the “Patience of Job.” Nevertheless, the future will belong to the surgeon who takes those same qualities and applies them with all the advantages of magnification, superior vision, the best diathermy, the ligasure, and all the panoply of aids to modern precision and hemostasis. He will certainly win the everlasting battle for the best outcome.

So many new technologies also threaten the patient with the “hammer and nail” syndrome—if the only tool you have is a hammer the world becomes populated with nails! Throughout medicine the super-specialist with one procedure needs restraint: “because it can be done is not necessarily a reason for doing it!” Another old-fashioned skill required of the attending physician is that of the broker who puts the patient into the right hands.

All the new technologies require patience, skill, and practice, and the specialist colorectal unit of the future will need a wide menu of available alternatives. Laparoscopy, robotics, and endo-luminal tools of the future—all will be needed along with an improved anatomical grasp of the fascial layers of the pelvis, a keen pursuit of the neuro-anatomy of sex and continence—all these will need to be

combined with recognition that “practice makes perfect.” Sadly, as Sir Edmund Hillary of Mount Everest fame said, “If it is more difficult it will be done worse by some.” Teaching, auditing, peer review, and a willingness to accept criticism and improvement—all these mean that the impending struggle between technologies needs to be backed by great skill, hard work, and humility from the surgeons of the next generation. For coloproctology “know-how” they can start by reading this book.

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Preface

In the last century, the treatment of rectal cancer has been predicated on an abdominoperineal resection (APR). The last decade has seen an explosion of alternatives for rectal cancer specialists to use for the cure of their patients. Widespread use of neoadjuvant chemoradiation, total mesorectal excision (TME), transanal abdominal transanal surgery (TATA), and minimally invasive surgery (MIS) have allowed for the expansion of sphincter preservation and greater cure for the rectal cancer patient. The merger of these approaches has promoted an emphasis on both curing the cancer and maximizing the quality of life.

However, while an impressive multitude of options are now available, the quantity of techniques coupled with the variety of technology and the judgment required to offer an individualized treatment for the rectal cancer patient can leave both the beginning surgeon and the experienced practitioner at a loss as to how best to proceed.

This book has been created to offer the clearest explanation and description of the most cutting-edge options available to treat rectal cancer. Starting with the introductions by Bill Heald, the father of TME surgery, and Gerald Marks, a pioneer in sphincter preservation after radiation therapy and TATA, the 32 chapters have been assigned to an all-star cast of worldwide pioneers in rectal cancer. Each chapter has been written with care and precision to offer to the reader an emphasis on the critical technical points as well as the major take-home messages. The clarity of the text is enhanced immeasurably by the numerous figures and illustrations, permitting complete understanding of each surgical technique from its beginning until the final step.

The two forewords, offered by giants in the field, introduce the reader to the tremendous content of this book. The organization of the book was created to take the reader from presentation of the cancer, through the essential anatomy, neoadjuvant treatment options, and then to the operating room.

This book on rectal cancer has been divided into three main parts: I. History, Anatomy, Evaluation and Medical Treatment; II. Abdominal Laparoscopy and Robot-Assisted; and III. Transanal Laparoscopy and Robot-Assisted.

The book has been written to be useful for everyone involved in rectal cancer management. From internists, gastroenterologists, endoscopists, oncologists, radiotherapists, and radiologists involved in the treatment of rectal cancer during their daily practice, to surgeons specialized in colorectal surgery, to junior faculty, to trainees all interested in new and innovative techniques, this book is for you. We hope you enjoy it!



Giovanni Dapri



John H Marks

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