Recent advances in colorectal surgery

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Background

• Advances in surgery largely linked to improvements in technology & better understanding of the disease process

• Developments in screening, diagnostics and treatment methods
Screening for colorectal cancer

- NBCS Programme
- New developments:
  - Flexible sigmoidoscopy screening
  - Virtual colonoscopy screening
Flexible sigmoidoscopy screening

- National pilot from March 2013
- In addition to current FOB testing
- One examination at 55 years
- To detect adenomatous polyps
- Claim to prevent 3000 cancers a year
Virtual colonoscopy screening

- Useful method of screening
- Uses CT (radiation) but low dose can be used
- Upto 7 mm lesions may be detected
- Five yearly examinations suggested in the US
Diagnostics

- **CT colonography** (VC) has better quality images and radiologists now formally trained in reporting.
- Quality of **MRI** scans better in:
  - Local staging of rectal cancer
  - Road mapping of complex anal fistulae
- **3-D Endoanal Ultrasound**:
  - Useful in fistulae and low rectal cancers
Treatment

• More laparoscopic surgery

• More interventional radiology

• More stenting of obstructing cancers

• Less trauma to the patient
Interventional radiology
Stenting of colorectal cancers

SEMS

• Palliation
• "Bridge to Surgery"
• Decreased incidence of permanent stomas
Laparoscopic washout for perforated diverticulitis

- Laparoscopic washout for Diverticulitis
  
  *(Myers et al, 2008)*

  92/100 avoided Hartmann’s

- No resection of affected segment
- Patient selection crucial
- Results not reproduced in other centres
- Hence ongoing RCTs
Robotic surgery

• Precise dissection
• Overcomes some limitations of laparoscopic surgery
• Very useful in deep pelvic dissection
• Da Vinci robot
• ROLARR Trial: Robotic versus Laparoscopic Resection for Rectal Cancer
SILS

- Single incision laparoscopic surgery
- Cosmetic advantages
- Quick recovery
- Learning curve
NOTES

- Natural orifice transluminal endoscopic surgery
- “Scar less surgery”
- Hybrid NOTES
- Trials ongoing
- Watch this space...
Haemorrhoids

- From Milligan Morgan H’oidectomy – stapled haemorrhoidopexy (PPH) – suture haemorrhoidopexy
- Less invasive; can be repeated
- Useful for prolapse & bleeding
- Virtually pain free
Fistula in ano

- Fistula plugs (FIAT Trial)
- Permacol Collagen paste
- LIFT procedure (Ligation of intersphincteric fistula tract)
Rectal prolapse

Laparoscopic ventral mesh rectopexy

Mesh inserted anterior to rectum

Avoids constipation

Good intermediate results

Long term results awaited
Conclusion

- Rapid developments in management of colorectal disease
- Emphasis on minimally invasive techniques with lesser insult to patient
- Safety profile of every innovation to be considered safely before application in clinical practice