

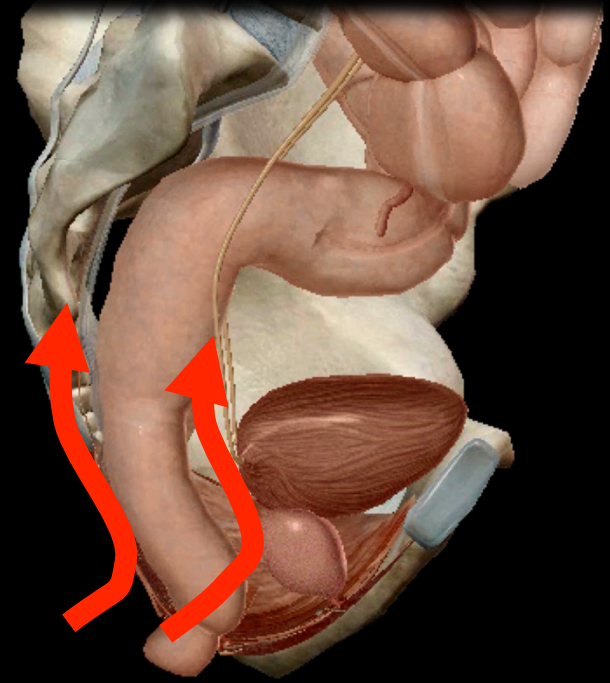
# DA VINCI – ROBOTER ASSISTIERTE LAPAROSKOPIE

# TATME

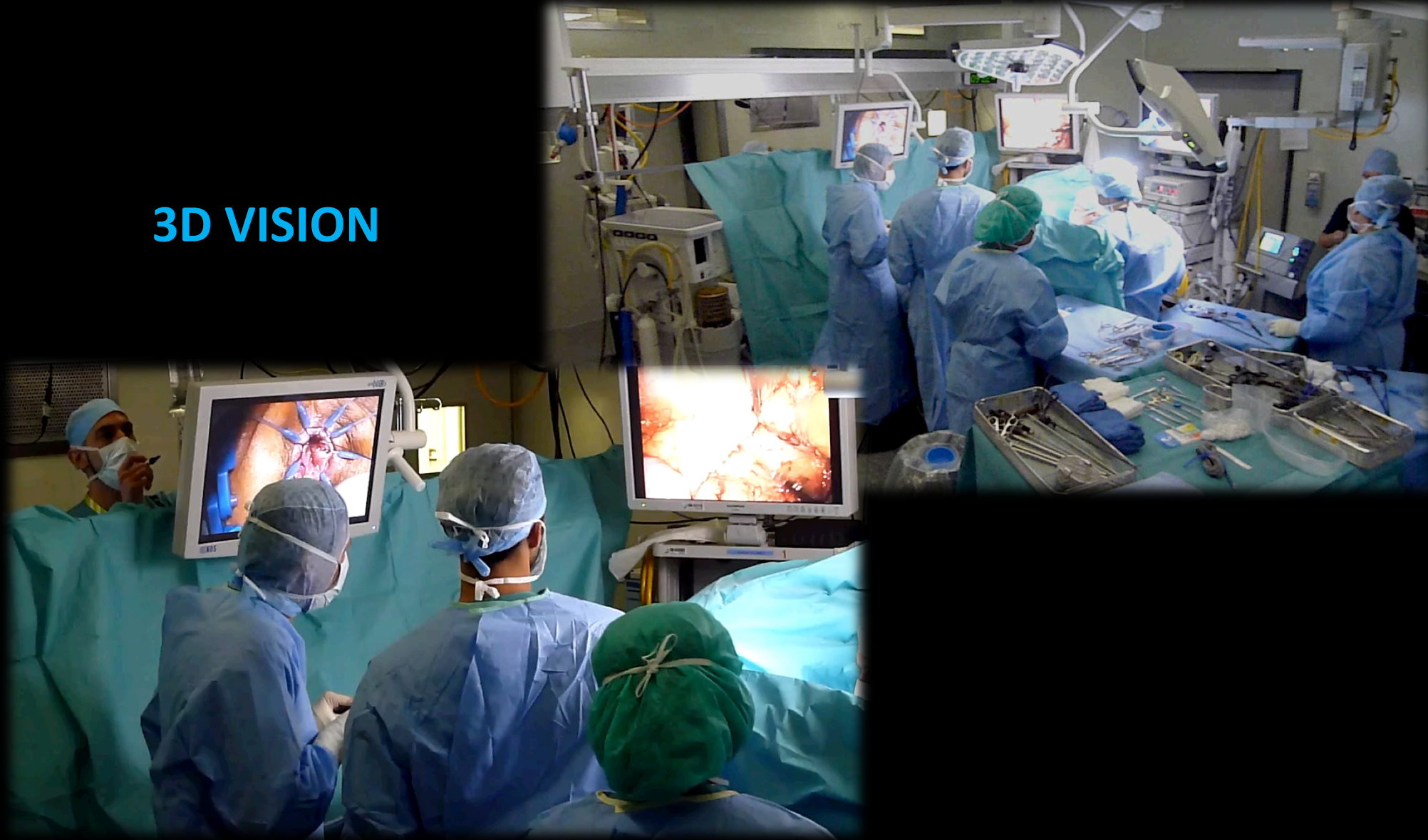
ADVANCED LAPAROSKOPIE: NOTES + SINGLE PORT

NÜTZT DEN TRANSANALEN ZUGANG  
3D BILD KANN

PARALLEL OPERIEREN  
ABDOMINELL UND TRANSANAL



## 3D VISION

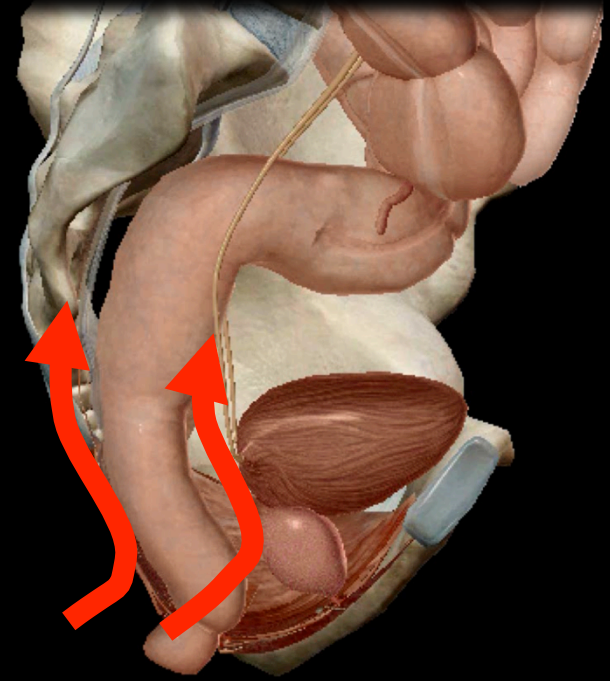






## WORKSHOP

DOWN TO UP IN RECTAL SURGERY –  
TRANSANAL TOTAL MESORECTAL  
EXCISION





DA VINCI

UND

TATME

WENIGER LARS MIT NEUEN OP – METHODEN

???



# BMJ Open Bowel dysfunction after rectal cancer treatment: a study comparing the specialist's versus patient's perspective

Tina Yen-Ting Chen, Katrine Jøssing Emmertsen, Søren Laurberg

BMJ Open 2013;4:e003374

- This is the first study to highlight the incongruity between the doctor's and the patient's perspective regarding bowel dysfunction following rectal cancer treatment.

**Conclusions:** Rectal cancer specialists do not have a thorough understanding of which bowel dysfunction symptoms truly matter to the patient, nor how these symptoms affect QOL.







Add the scores from each 5 answers to one final score.

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**Do you ever have occasions when you cannot control your flatus (wind)?**

<input type="checkbox"/> No, never	0
<input type="checkbox"/> Yes, less than once per week	4
<input type="checkbox"/> Yes, at least once per week	7

**Do you ever have any accidental leakage of liquid stool?**

<input type="checkbox"/> No, never	0
<input type="checkbox"/> Yes, less than once per week	3
<input type="checkbox"/> Yes, at least once per week	3

**How often do you open your bowels?**

<input type="checkbox"/> More than 7 times per day (24 hours)	4
<input type="checkbox"/> 4-7 times per day (24 hours)	2
<input type="checkbox"/> 1-3 times per day (24 hours)	0
<input type="checkbox"/> Less than once per day (24 hours)	5

**Do you ever have to open your bowels again within one hour of the last bowel opening?**

<input type="checkbox"/> No, never	0
<input type="checkbox"/> Yes, less than once per week	9
<input type="checkbox"/> Yes, at least once per week	11

**Do you ever have such a strong urge to open your bowels that you have to rush to the toilet?**

<input type="checkbox"/> No, never	0
<input type="checkbox"/> Yes, less than once per week	11
<input type="checkbox"/> Yes, at least once per week	16

Total Score: \_\_\_\_\_

Interpretation:

0-20:	No LARS
21-29:	Minor LARS
30-42:	Major LARS

Bowel dysfunction after low anterior resection with and without neoadjuvant therapy for rectal cancer: a population-based cross-sectional study

S. Bregendahl\*, K. J. Emmertsen\*, J. Loust† and S. Laurberg\*      Colorectal Dis 2013 Sep;15(9):1130-9

Variable	No LARS <i>n</i> (%)		Minor LARS <i>n</i> (%)		Major LARS <i>n</i> (%)		
Operative method							
PME	174	(45)	108	(28)	101	(26)	54%
TME	160	(29)	113	(20)	282	(51)	71 %
Anastomotic leakage							
No	327	(36)	217	(24)	365	(40)	64%
Yes	7	(24)	4	(14)	18	(62)	76%
Neoadjuvant therapy							
NT–	302	(40)	185	(25)	260	(35)	60%
NT+	32	(17)	36	(19)	123	(64)	83%
Subset of NT+ patients undergoing TME*							
Short-course radiotherapy	15	(16)	16	(17)	62	(67)	84%
Long-course (chemo)radiotherapy	14	(17)	14	(17)	53	(65)	81%

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Variable	NT + ( <i>n</i> = 174)			NT- ( <i>n</i> = 747)					
	TME			TME ( <i>n</i> = 381)			PME ( <i>n</i> = 366)		
	Prv	95% CI	Bother*	Prv	95% CI	Bother*	Prv	95% CI	Bother*
Four or more bowel movements daily	56.9	49.2–64.4	74.0	43.0	38.0–48.2	51.9	25.7	21.3–30.5	41.4
Nocturnal bowel movements†	35.1	28.0–42.6	76.7	23.9	19.7–28.5	58.0	11.8	8.6–15.5	50.0
Urgency†	43.7	36.2–51.4	96.0	28.3	23.9–33.2	82.4	14.8	11.3–18.8	70.6
Ability to defer defaecation for < 15 min	76.3	69.3–82.4	71.3	56.1	50.8–61.2	53.5	47.2	41.9–52.5	39.1
Incomplete evacuation†	54.1	46.3–61.7	83.9	42.1	37.1–47.2	67.9	28.8	24.2–33.7	55.3
Obstructive sensation‡	37.9	30.7–45.6	60.9	34.3	29.5–39.4	43.9	28.1	23.5–33.0	40.0
Quality of life§	57.5	49.8–64.9	–	39.4	34.5–44.5	–	26.3	21.8–31.1	–

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## Conclusion

The present study has illustrated long-term survivorship issues in rectal cancer. At 14.6 years, almost one half (46%) of the Dutch TME trial patients without a stoma experienced major LARS. Although a greater proportion of irradiated patients experienced major LARS (56% vs. 35%), the finding that one third of the nonirradiated patients had major LARS indicates that TME surgery was most probably the main contributing factor, with PRT and age  $\leq 75$  years at the follow-up point posing additional risks. Major LARS was associated with poorer HRQL.

Bowel Function 14 Years After Preoperative Short-Course Radiotherapy and Total Mesorectal Excision for Rectal Cancer: Report of a Multicenter Randomized Trial

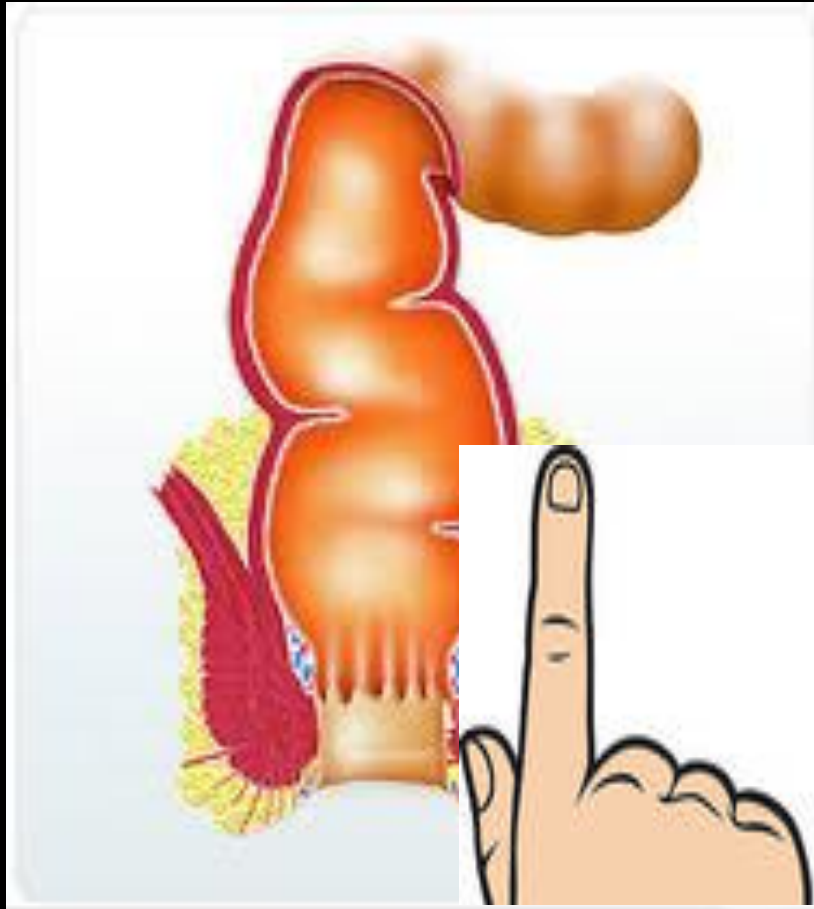




## RECTAL CANCER

## COLOR II

## TUMOR LOCALIZATION



15 cm

33 %

PME

10 cm

39 %

TME

5 cm

27 %

TME vs APR

TME: 699 lap vs 345 offen

Van der Pas MHS, Lancet oncol 2013



# COLOREKTALE CHIRURGIE

Qualitätsindikatoren der Schweizer Akutspitäler  
Indicateurs de qualité des hôpitaux suisses de soins aigus  
Indicatori di qualità degli ospedali per cure acute svizzeri  
2012

COLOREKTALE RESEKTIONEN

9873

MALIGNE ca. 42%

4147

REKTUM RESEKTIONEN

1475

MORTALITÄT

2 – 4,4 %

