

Three-trocar tubeless natural orifice specimen extraction surgery in rectosigmoid cancer – a video vignette

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Dear Editor,

In this video (Video S1 in the online Supporting Information), we propose a modified natural orifice specimen extraction surgery (NOSES) technology, called three-trocar tubeless NOSES, to radically resect rectosigmoid cancer; this procedure can avoid a large abdominal incision for extraction of the specimen. Only three trocar incisions are used to complete the whole procedure, and no tubes (e.g. nasogastric tube, drainage tube or catheter) are left *in situ* after surgery, which can minimize patient complications and pain.

Our patient was a 62-year-old man with a high rectal lesion shown on colonoscopy and pathologically confirmed as adenocarcinoma. The CT scan showed this to be localized in the upper rectum without distant metastasis.

We confirmed there was no liver or omental metastasis. Next, we dissected the lymph nodes and soft tissue along the inferior mesenteric artery. Meanwhile, we expanded the plane to free the sigmoid colon in order to stretch the colon easily later. After skeletonization of the distal rectum, we closed the rectal lumen at the distal margin by ligation. After an iodophors wash, we closed the proximal lumen by ligation and cut the bowel using a Harmonic Scalpel. A stapler anvil was placed into the abdominal cavity after separation of the bowel wall. Then, the specimen was amputated from the proximal colon and extracted from the anus. The distal lumen was closed using an Ethicon Endo GIA. Subsequently, we placed the stapler anvil into the proximal lumen and completed the anastomosis, and no leaks were found. The whole procedure was completed after closing the mesocolon and the trocar incisions.


Conflicts of interest

The authors declare that they have no conflict of interest.

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[Correction added on 24-December-2020, after first online publication: The copyright line was changed.]

Supporting Information

The video may be found in the online version of this article and also on the Colorectal Disease Journal YouTube and Vimeo channels:

Video S1. Three-trocar tubeless natural orifice specimen extraction surgery in rectosigmoid cancer – a video vignette.

Data S1. Script of the video.

Placement of pelvic mesh prior to pelvic radiotherapy using FlexDex™ – a video vignette

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Low lying small intestine can limit the ability to deliver safely external beam radiation therapy for pelvic malignancy, because of the risk of iatrogenic enteritis. Pelvic mesh placement, to sling the bowel out from the field, can eliminate this concern and short-life biodegradable (e.g. vicryl) meshes along with a laparoscopic approach minimize any intermediate or long-term morbidity that may result from the additional surgical intervention [1,2]. This strategy has now largely displaced the