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### TU4.2 Robotic surgery for colorectal cancer: a single-center experience

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**Aim:** To present our learning-curve data for patients that underwent robotic-assisted colorectal surgery (RCRS) at a large NE London DGH.

**Methods:** We report our data from 50 initial colorectal cancer resections, performed by two surgeons. We report the gender, age, histopathology, surgery performed, surgical time, conversion, post-operative complications, and hospital stay.

**Results:** The first 50 patients who underwent RCRS between February 2020 and December 2021 for malignancy were included. Twenty-one were right hemicolectomies, 16 high anterior resection, 6 extended right hemicolectomies, 4 low anterior resections (including a planned robotic boari flap in 1 case by a trained urologist), 3 abdominoperineal excisions of rectum. The male to female ratio was 1:1 and the mean age was 65 (range: 22–85) years. The ASA class distribution was 4% ASA I, 64% ASA II, 32% ASA III.

The median surgical time was 263 minutes (120–620) with median console time 136 minutes (50–540), the median hospital stay 5 days (range: 2–35) and a conversion rate of 6% (3/50 patients). The most common post-operative complications were ileus 4% (4/50), wound infection 6% (3/50), anastomotic leak 6% (3/50), and abscess formation 2% (1/50). 1 mortality occurred in a patient with an operated leak who contracted COVID-19. All patients underwent confirmed R0 resections with a negative CRM.

**Conclusion:** We report our first 50 robotic cases for colorectal malignancy, showing that robotic-assisted surgery can be performed with low rates of conversion 3 cases (6%) and low rates of post-operative complications despite a challenging patient demographic and a sharp learning curve.