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#### TU4.1 Single-center experience in robotic-assisted colorectal surgery during COVID pandemic: First 72 cases

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**Aim:** To present an analysis of the first 2-years' experience of robotic-assisted colorectal procedures (RACP) using the DaVinci Xi platform.

**Methods:** This data were prospectively collected and include 72 RACP between February 2020 and December 2021. Indications were: malignancy in 74.3%, diverticular disease 10%, inflammatory bowel disease 8.6%, rectal prolapse 4.3%, intussusception 1.4% and recurrent volvulus 1.4%.

**Results:** Over the 13-month study period, 72 RACP were performed including elective 57 cases and 15 semi-elective cases. These comprised: 25 right hemicolectomies, 25 high anterior resections, 6 extended right hemicolectomies, 4 low anterior resections, 4 subtotal colectomies, 2 restorative proctectomies, 3 abdominoperineal excisions of the rectum, 3 rectopexies that were performed. 51.2% were female and 48.6% were male with a median age of 45 years (22–85 years) and the median body mass index was 31 (18–46) kg/m<sup>2</sup>. Preoperative American Society of Anaesthesiology scores were

reported as 1-2 in 72.9% (n=51) of patients and 27.1%(n=19) as 3. The median length of stay was 5 days (1-35), with readmission rate within 30 days of 8.6% (n=6) that were resolved conservatively. The mean operating time was 268 minutes and the mean console operative time was 158 minutes, with only 3 (4.3%) reported cases of conversion to open. The incidence of postoperative complications was 24.3% (Clavien-Dindo (CD) I/II- 12.9%, CD III- 10%, and CD V-1 case with superimposed COVID 19 within 30 days.

**Conclusion:** RACP is a safe and viable modality in the treatment of colorectal conditions and can be introduced safely with appropriate guidance and proctorship.