

8 Huntington CR, Prince J, Hazelbaker K *et al.* Safety first: significant risk of air embolism in laparoscopic gasketless insufflation systems. *Surg Endosc* 2019; **33**: 3964–9.

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. Laparoscopic pneumoperitoneum escape and contamination during surgery using the Airseal Insufflation System.

Robotic low anterior resection for a distal sigmoid colon cancer during the COVID-19 pandemic- a video vignette

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Dear Editor,

The COVID-19 pandemic brings unprecedented challenges for both surgeons and patients. For patients who still require surgical management during this time, measures to decrease the risk of exposure during their hospitalization should be a priority. Minimally invasive approaches to low anterior resection (LAR) have been shown to result in early return of bowel function and a short length of stay [1].

A 52-year-old man presented with symptomatic rectal bleeding. A colonoscopy revealed an obstructing mass at the rectosigmoid level, which was biopsied and found to be positive for high-grade adenocarcinoma. Further work-up with MRI and CT scans was negative for any distant metastases and the patient was scheduled for a LAR (Video S1 in the online Supporting Information). The operation involved four robotic arms and began with a medial-to-lateral mesocolic dissection. A fully robotic partial mesorectal excision was achieved using a stapler after direct proctoscopy identified the appropriate transection level at 5 cm from the anal verge. Specimen extraction through a port incision was followed by an end-to-end anastomosis using an EEA circular stapler, with subsequent assessment of vascularization and an air-leak test. The postoperative course was uncomplicated and the patient was discharged on postoperative day 2 after the return of normal bowel activity.

Several recommendations regarding the surgical response to the COVID-19 crisis were followed

perioperatively [2–4]. Accordingly, the measures taken during this operation included strict pneumoperitoneum release through a smoke evacuation system and adequate protective equipment for all operating room staff.

Conflicts of interest

KC and NB-A have no conflicts of interest or financial ties to disclose. OYK has received a teaching course and/or consultancy fees from Intuitive Surgical, Bard-Davol and W.L. Gore outside the submitted work.

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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References

- 1 Staudacher C, Vignali A, Saverio DP, Elena O, Andrea T. Laparoscopic vs. open total mesorectal excision in unselected patients with rectal cancer: impact on early outcome. *Dis Colon Rectum* 2007; **50**: 1324–31.
- 2 Pryor A. Sages and EAES recommendations regarding surgical response to Covid-19 crisis, 2020. <https://www.sages.org/recommendations-surgical-response-covid-19/> (accessed April 2020).
- 3 Group MISF. How to manage smoke evacuation and filter pneumoperitoneum during laparoscopy to minimize potential viral spread: different methods from SoMe. *Colorectal Dis* 2020; **22**: 644–645. <https://doi.org/10.1111/codi.15086>.
- 4 Di Saverio S, Pata F, Gallo G *et al.* Coronavirus pandemic and Colorectal surgery: practical advice based on the Italian experience. *Colorectal Dis* 2020; **22**: 625–34.

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. Robotic low anterior resection during the COVID-19 pandemic.