Down-to-up transanal rectal resection with total mesorectal excision assisted by single-incision laparoscopy – a video vignette

doi:10.1111/codi.13298

Dear Sir,

Transanal laparoscopy, which has been known for more than 30 years [1], has gained interest in the last decade, not only for the removal of benign and early malignant lesions [2] but also for rectal resection with total mesorectal excision (TME) [3].

This video shows a down-to-up rectal resection assisted by single-incision laparoscopy, in a 65-year-old man presenting a rectal adenocarcinoma with its lower border at 4 cm from the anal margin. Preoperative imaging after chemoradiotherapy showed a T2N0M0 tumour. The procedure was performed transabdominally for the vascular dissection using DAPRI curved reusable instruments (Karl Storz - Endoskope, Tuttlingen, Germany) (Fig. 1a,b) and transanally for the TME using a new reusable platform according to DAPRI (Karl Storz - Endoskope) (Fig. 2a,b). The abdominal single-incision site was used at the end of the operation for the placement of the temporary ileostomy. The cost of the procedure was not increased compared with standard laparoscopy owing to the use of reusable instruments.

The total operation time was 301 min and the partial transanal laparoscopy took 145 min. Operative blood loss was 50 cc. The length of the surgical scar after closure of the ileostomy was 2.5 cm, and the patient was discharged at 5 days. Histopathological examination of the resected specimen showed a pT2N0M0 adenocarcinoma with 15 negative nodes.

In conclusion, down-to-up rectal resection is a new procedure which can be assisted by single-incision laparoscopy, finally used as the site for the temporary ileostomy.

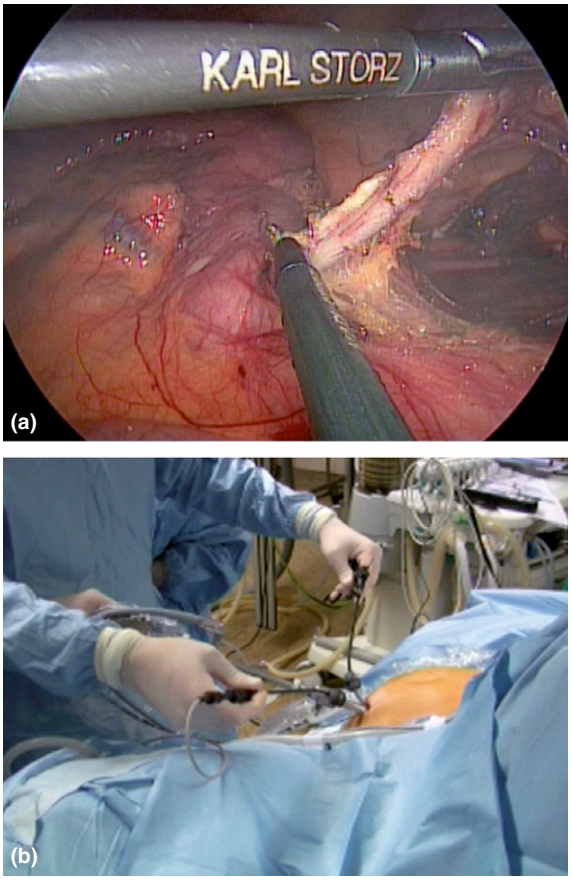

Figure 1 Transabdominal single-incision.

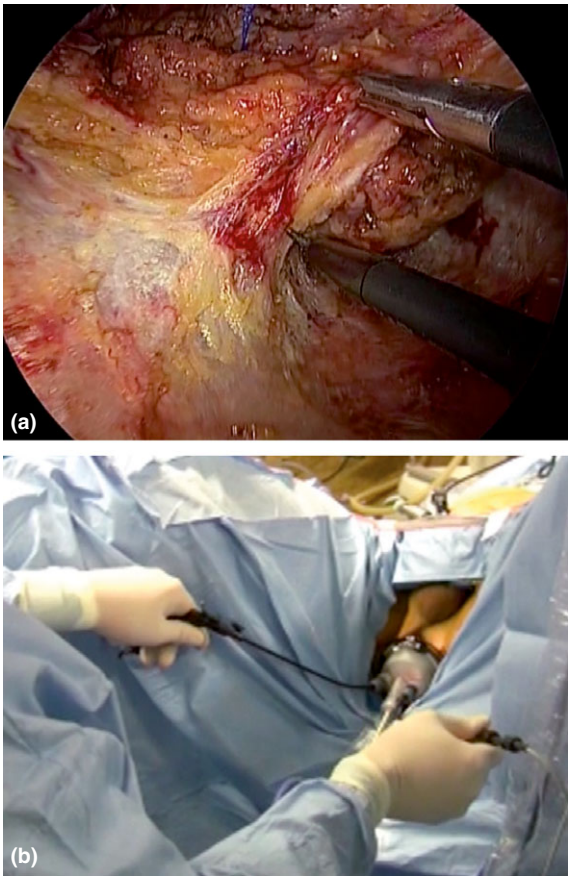

Figure 2 Transanal total mesorectal excision.

Disclosure Statement

G. Dapri is consultant for Karl Storz-Endoskope, Tuttlingen, Germany. The other authors have no conflict of interest or financial ties.

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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. https://www.youtube.com/watch?v=WXZ9rggl_M0.

The final twist: the use of a wound protector in reducing an extracorporeal anastomosis – a video vignette

doi:10.1111/codi.13301

Dear Sir,
This video recording demonstrates our technique of using an Alexis® wound protector (Applied Medical, Rancho Santa Margarita, California, USA) to facilitate the safe return of bowel to the abdominal cavity following laparoscopic right hemicolectomy with extracorporeal anastomosis. After colonic mobilization and ileocolic pedicle ligation, a mini-laparotomy incision is made as an extension of the umbilical port site. A small Alexis® wound protector is used to protect the extraction site; the mobilized bowel is exteriorized and a standard side-to-side stapled ileocolic anastomosis is formed. The technique described here would facilitate return of the bowel to the abdominal cavity without further extension of the incision and with minimal handling of the bowel.

Smaller incisions during an operation would facilitate recovery of patients. Often the incision length is dependent on the size of the pathology and bowel that are being delivered through the abdominal wall. Returning exteriorized bowel through a mini-laparotomy incision could present a risk of undetected injury to the bowel or of placing unwanted tension on a newly formed anastomosis. The Alexis® wound protector assists this by applying pressure evenly across the newly formed anastomosis, facilitating safe and speedy reduction of exteriorized bowel through a smaller incision.

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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:
Data S1. Typed script of the video.
Video S1. A short video demonstrating the use of a wound protector in reducing an extracorporeal anastomosis.

Laparoscopic enucleation of a mesenteric cyst – a video vignette

doi:10.1111/codi.13320

Dear Sir,
Mesenteric cysts are very rare and are twice as common in females. Typically they present in the fourth decade of life [1]. The incidence of malignancy is reported to be approximately 3% [2]. The treatment of choice is surgery. The video vignette presents the laparoscopic enucleation of a jejunal mesenteric cyst.

A 30-year-old female presented with abdominal pain, postprandial fullness and weight loss. There was no lymphadenopathy and abdominal examination revealed a palpable mobile intra-abdominal mass. CT showed a mass measuring 10 × 15 cm and a diagnosis of mesen-