

## **(21330) - COLORECTAL ROBOTIC SURGERY: EVALUATION OF THE FIRST CASES**

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### **Introduction**

Laparoscopic surgery has revolutionized the surgical management of colorectal cancers, reducing morbidity and mortality, decreasing hospitalization days and inactivity time, as well as providing comparable oncological results. Still, there are inherent limitations such as two-dimensional view, instability of the assistant-dependent camera, straight fine tip instruments and poor ergonomics. Robotic assisted surgery was designed to overcome some of these constraints, also enabling more precise gestures and access anatomically difficult locations.

### **Objectives**

Describe the initial experience with robotic surgery at a reference centre for colorectal surgery in Portugal Present representative recorded segments of some surgical procedures along with the statistical analysis.

### **Materials and Methods**

A retrospective study was conducted based on the prospective database of patients from our institution submitted to robotic surgery for treatment of colorectal cancer from April 2023 to October 2023. Anthropometric, clinical and surgical parameters were analysed. Statistical analysis was performed with SPSS v.27.

## Results

A total of 20 patients were submitted to robotic assisted colorectal surgery. Eighty percent were males and twenty percent were females with an average age of  $67.6 \pm 7.7$  years. Average BMI was  $24.6 \pm 3.89$  Kg/m<sup>2</sup>. The patients were ASA grades 2 (61.5%) and 3 (38.5%). The majority of patients were submitted to right hemicolectomy (58.9%), with the remaining being submitted to anterior rectum resection (23.5%) and left hemicolectomy (17.6%). Average time of surgery was  $221.8 \pm 125,2$  minutes, although an outlier was included, since one procedure required significantly more time including a shift from robotic to strictly laparoscopic approach. Learning curves showing a tendency for overall surgical time decrease are presented. Nearly 70% (69.2%) of the excised lesions were malignant on post operative histology. Regional lymphadenectomy retrieved an average of 24 ( $23,6 \pm 11,9$ ) lymph nodes. Average days until discharge were  $8.1 \pm 5.6$  days. Post-operative ileus occurred in two patients. One fatality occurred with another patient following a Covid-19 infection not surgically related directly.

## Discussion/Conclusion

Robotic assisted colorectal surgery is safe and feasible, enabling adequate oncological resections and delivering satisfactory results in terms of hospital stay and post-operative complications. The learning curve shows a progressive reduction in surgical time with a tendency to approximate conventional laparoscopy colorectal surgery.

**Palavras-chave : Robotic, Colorectal, Laparoscopy**