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TITLE: Robotic abdominoperineal resection and lateral pelvic lymph node dissection – a video vignette.

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Video Vignette

In this video, our method for performing a robotic abdominoperineal resection and lateral pelvic lymph node dissection is described. It has been demonstrated that advanced rectal tumors below the peritoneal reflection are at a higher risk of spreading to the lateral lymph nodes. There is mounting evidence that chemoradiotherapy is not sufficient to prevent lateral node local recurrence [1–4]. A recent large multi-institutional retrospective study showed that the addition of lateral lymph node dissection results in a significantly lower lateral lymph node recurrence rate. Over a 5-year period, patients with low cT3/4 rectal cancers with nodes greater than 7mm resulted in a 19.5% recurrence rate with chemoradiotherapy and total mesorectal excision, and only 5.7% if combined with lateral pelvic lymph node dissection [5]. To describe our operative technique, we present the case of a 54-year-old female with a rectal tumour 4cm
from the anal verge. The patient was discharged day-6 post operatively and there were no short or long
term complications. Pathology revealed a moderately differentiated adenocarcinoma invading the
muscularis propria. The margins were clear and there was no evidence of malignancy in six lateral pelvic
lymph nodes.


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