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Technique of sphincter-sparing surgery for low-lying rectal cancer

Abstract

The incidence of colorectal cancer is rising in India with a 20% increase in last two decades. More than 30% of these patients have low rectal cancer (defined as lower third of the rectum within 5-6 cm from the anal verge). Surgical treatment for low rectal cancer is very difficult due to proximity to anal sphincters and abdominoperineal resection (APR) with a permanent stoma has been used for a long time as a standard surgical procedure. The recent progress in rectal cancer surgery due to better understanding of the anatomy and pathophysiology of disease has resulted in new techniques for preserving the sphincters, maintaining continuity, and performing oncologically sound surgical resections.

These sphincter saving procedures include ultra-low anterior resections, intersphincteric resections, local excisions and Trans-anal TME procedures. Successful performance of these procedures requires knowledge of the pattern of tumour spread, understanding of the physiology of the sphincter mechanism and training at a specialized high-volume centre. The colorectal unit at Korea University Anam Hospital is a high-volume tertiary referral centre with >300 colorectal surgeries performed per year with many being sphincter preserving procedures. My host supervisor Prof Hahn is also one of the most experienced colorectal cancer surgeons around globe.

I am already familiar with basic skills of anterior resection for high rectal and sigmoid colon cancer through my training in surgical oncology. Through this well-structured mentor-based training program i hope to gain practical insights into patient selection for sphincter preservation surgery and learn the techniques of ultra-low anterior resection, intersphincteric resections, local excision and trans-anal TME procedures.