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Transanal endoscopic video assisted rectal cancer resection, new techniques addressing neoplasms

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Background: Early rectal cancer beyond the reach of conventional instruments has resulted in major abdominal and pelvic operations. As visualization is compromised beyond 6-8 cm, proximal to the anal verge, there have been several innovations and techniques to address T1 and T2 rectal cancer in the mid to upper rectum. Transanal Endoscopic Microsurgery (TEM) was a technique that had garnered some success, however with expensive instrumentation along with limitations in instrument mobility, this technology was not applicable to many patients. Transanal Endoscopic Video Assisted (TEVA) rectal resection offers a cheap and readily accessible media to address rectal cancer.

Objective: The objective of this study was to evaluate the safety and efficacy of TEVA rectal resection. This is a rather new technique and has the propensity to avoid a major pelvic dissection and its associated morbidity.

Methods: From August 2010 to July 2013, all consecutive cases of TEVA rectal resection were examined and evaluated. The size of the cancer, T invasion, lymph node status and distance from the anal verge were recorded. The margins following resection were evaluated. The disease free occurrence was followed and recorded. Individual surgical techniques were compared.

Results: 30 TEVA cases were retrieved. The average distance from the anal verge was 7.3 cm with a deviation of +/- 2.0 cm. The tumor size median was 2 cm. The T status was T1 or less for 25/30 (83.3%) with the remaining 5 lesions being T2. Margins for all lesions were negative. There was a single episode of returning to the operating room to increase a negative proximal margin, from 1 mm to 2.8 mm. The average length of stay was 0.7 days. There was a single outlier that stayed in the hospital for 3 days due to cardiac issues that arose peri-operatively. All follow up has rendered the patients disease free.

Significance: Rectal cancer that is found between 6-10 cm proximal to the anal verge, that is staged at T1 or less can be successfully resected without performing a radical pelvic dissection. This has been made possible though TEVA rectal resection. Patients are spending less than 24 hours in the hospital. Their return to work and quality of life is not compromised in comparison to formal oncologic surgery. Thus so far, the disease free survival has been excellent. This is yet another technique that can and will be utilized in the management of cancer.

Biography

Ali Mahmood graduated from Baylor University. Upon completion of medical school in New York, he matriculated at St. Joseph Mercy Oakland / Wayne State University for his general surgery training. Upon completion of his residency he pursued a fellowship in colon and rectal surgery at the Ferguson Clinic, Michigan State University. He is board certified by the American Board of Surgeons. He has authored numerous papers published in peer reviewed journals. He has delivered multiple talks and presentations at national and international conventions. He was awarded the Alexander J. Walt award in 2008, one of two top awards given at the Michigan Chapter of the American College of Surgeons. He was selected as Faculty for the International Endovascular and Laparoscopic Congress in New York, 2006. He serves as a reviewer for Radiology Case Reports journal and served as a reviewer for Contemporary Surgery. He is appointed Faculty and an Assistant Professor in the Michael E. DeBakey Department of Surgery at Baylor College of Medicine. His primary interest in the field of colorectal surgery is *colon and rectal cancer,* along with benign diseases such as Crohn's disease, *ulcerative colitis* and *diverticular disease*. He presently serves as Chairman of Surgery at Methodist Sugar Land hospital. He is an appointed member to the medical executive committee at St. Luke's Sugar Land hospital. He is an appointed member to the committee on cancer for Methodist Sugar Land hospital.

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