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TRANSANAL TOTAL MESORECTUM EXCISION (TATME): RESULTS FROM A REFERENCE CENTER

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Introduction/Objective: TaTME is a technique that combines abdominal and transanal endoscopic approach to overcome limitations and facilitate standard laparoscopic TME. We pretended to evaluate the results of the first years of TaTME of our institution.

Methodology: It was reviewed retrospectively the records of the all consecutive patients submitted to taTME in a single center between January 1st of 2014 and 31st May of 2018.

Results: Twenty three patients were submitted to TaTME: 21 males, 2 females, with a medium age of 66 years. Twenty of them had known comorbidities, like arterial hypertension, diabetes. Neoadjuvant chemoradiotherapy was given to 18 patients. 15 ASA II, 8 ASA III. All of the specimens had integral and incompact mesorectum, all R0 resections, with an average of 24 lymphatic

nodes excised per person. The average hospital stay was 8.7 days. Six cases of post-operative morbidity but only two cases of re-intervention: 1 urinary retention, 3 pelvic abscesses (treated with systemic antibiotics), 1 ischemia of the descending colon (submitted to left colon excision + colostomy) and 1 case of anastomosis leakage (submitted to conservative treatment with success). Only one patient was submitted to protective ileostomy.

Conclusions: TaTME is a technically demanding but feasible technique, with apparently good results in the quality of the extracted specimen and the oncological safety of the procedure. In our series, it had an apparent low grade of complications and re-interventions. Nonetheless, we emphasise that only one patient were submitted to protective ileostomy, and that the procedure doesn't need to be done routinely.

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