Rectal sling technique to assist rectal washout during laparoscopic anterior resection for colorectal cancer

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BACKGROUND

It is theorised that the implantation of exfoliated malignant cells is a potential cause of local and anastomotic recurrence during anterior resection for rectal cancer. It has been demonstrated in two independent meta-analyses that performing intraoperative rectal washout significantly reduces the rate of local recurrence, presumably by decreasing the load of viable cancer cells in the bowel lumen.^{1,2} Despite this, rectal washout is not routine practice for all colorectal surgeons.^{3,4} We describe a simple technique for performing rectal washout during laparoscopic anterior resection that ensures that the region of the staple line is included in the lavage process.

TECHNIQUE

Mobilisation of the sigmoid colon and upper rectum is performed by a standard approach during laparoscopic anterior resection. A nylon tape is passed around the rectum, above the site of intended anastomosis, and tied firmly to occlude the bowel lumen (Fig 1). The tie may then be lifted and the rectum manoeuvred in order to facilitate thorough mesorectal dissection and later staple gun placement (Fig 2). A rectal tube is sited and washout is performed using 1.5–2.0l of sterile water, ensuring adequate lavage of the rectum and subsequent staple line. The rectum is then divided at the desired level below the rectal sling and the operation is completed as per standard methods.

DISCUSSION

The use of a rectal sling during laparoscopic anterior resection is a simple and cheap means of facilitating rectal mobilisation and adequate intraoperative rectal washout. This technique is standard practice in our unit and has produced no associated morbidity or complications.

References

1. Rondelli F, Trastulli S, Cirocchi R *et al*. Rectal washout and local recurrence in rectal resection for cancer: a meta-analysis. *Colorectal Dis* 2012; **14**: 1,313–1,321.
2. Matsuda A, Kishi T, Musso G *et al*. The effect of intraoperative rectal washout on local recurrence after rectal cancer surgery: a meta-analysis. *Ann Surg Oncol* 2012 Sep 18. [Epub ahead of print.]
3. Edwards DP, Sexton R, Heald RJ, Moran BJ. Long-term results show triple stapling facilitates safe low colorectal and coloanal anastomosis and is associated with low rates of local recurrence after anterior resection for rectal cancer. *Tech Coloproctol* 2007; **11**: 17–21.
4. Augestad KM, Lindsetmo RO, Reynolds H *et al*. International trends in surgical treatment of rectal cancer. *Am J Surg* 2011; **201**: 353–357.

Figure 1 Nylon sling tied laparoscopically around rectum prior to mobilisation, washout and division with cross-stapler

Figure 2 Rectal sling used to facilitate placement of cross-stapler following rectal washout