Sphincter saving surgery in rectal cancer

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Excision of rectal cancer with sphincter preservation and restoration of intestinal continuity by anal anastomosis is feasible from an oncological, technical and functional viewpoint. The success of this technique is largely based on ideal case selection. I present my personal experience by sharing the surgical outcome of these cases over the last 10 years. The case records of 75 patients who underwent sphincter preservation for low rectal cancer were reviewed. All anal anastomosis were performed transabdominally by the double stapled technique. The patients' age ranged from 50-75 years. Males and females were of equal distribution. In contrast to traditional abdominoperineal resections the operation time, blood loss and admission times were considerably less. Significant complications occurred in 15%. These included early complications of anastomotic leak and unsatisfactory long term [at 1-year] functional results of the 'neorectum'. These included a sensation of incomplete evacuation, urgency, straining, perianal soreness/itchiness and incontinence of feces/flatus. Approximately 5% of these cases ended up with the creation of a permanent colostomy to alleviate symptoms. Anastomotic leaks were treated by a combination of conservative therapy, temporary diverting stoma, and in a handful of cases resulted in a permanent stoma. Mortality following this procedure was no different from the standard mortality rates following abdominoperineal resection in complicated matched-cases with co-morbidities of cardiac/respiratory dysfunctions. There was no significant difference in the rate of local recurrence and overall survival compared to abdominoperineal resection in stage-matched cases. In conclusion, I strongly advocate success with proper case selection for sphincter preservation surgery in low rectal cancers.

Biography

Dr. S. Chandra Kanthan is an Associate Professor working as a full time faculty in the Department of Surgery, College of Medicine, University of Saskatchewan, Canada. He has completed his primary medical degree from Colombo Sri Lanka and undertook extensive surgical training in the United Kingdom and Canada with specialized colorectal training at the University of Toronto, Canada. He has been working as a Colorectal Surgeon at the above institution since 1995 with active involvement in the undergraduate and postgraduate training of surgical trainees and have an ongoing special interest in the management of primary rectal cancers and clinical research projects in advanced rectal cancer management.