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Current problems in surgical oncology

3. On total mesorectal excision, with sincerity. Why are not all pacients with rectum cancer operated minimally invasive (neither by laparoscopy nor by robotic surgery)?

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Abstract
The main evaluation criterion in rectum cancer surgery is the accuracy of total mesorectal excision (TME). Laparoscopic TME has some advantages (sharp dissection, a better visibility) over open surgery; there are other factors that limited the dissemination of the laparoscopic approach (rigid instruments, with a limited maneuverability). Laparoscopic TME can be beneficial for selected patients. Robotic surgery, with a better view and instrument versatility, may overcome in part the limitations of laparoscopic TME. The excellent results demonstrated by robotic surgery in other types of pelvic malignancies (in urology and gynecology) are expected in the treatment of rectum cancer surgery. However, still remain patients with advanced rectum cancers that can be operated correctly only by open surgery. Laparoscopy and robotics are only tools and not aims of the oncological surgery.
Key words: rectum cancer, total mesorectal excision, laparoscopy, robotic surgery

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